Information Requirements for Consumer Choice of Plans in Insurance Exchanges
Pacific Business Group on Health
Version 1.0 - March 2, 2012

1. The following worksheets are organized by information categories that represent dimensions and topics to support consumer choice of health plan. The purpose of this document is to provide candidate data elements to support consumers in plan choice decisionmaking. Most of these data elements would be supplied by issuers; other data elements would be created by the Exchange or supplied by other parties. Each tab is set up to print on 1-2 legal pages.

2. The Consumer Choice of Health Plans: Decision Support Rules for Health Exchanges - a separate attachment - addresses how this information is organized and used in a consumer choice of plan software application.

3. This information set is based on meeting the consumer's information needs – it has not been fully vetted for consistency with industry standards, federal exchange reporting requirements or overall reporting burden. Most of the Covered Services elements are drawn from the Summary of Benefits and Coverage Final Rule[1], although we have added two additional categories for consideration. Several categories/data characteristics also were drawn from the Healthcare.gov content requirements [2].

4. This is a Version 1.0 - there will be a version update later in 2012. Outstanding federal guidance is expected to impact these information requirements. Please submit any feedback to aketchel@pbgh.org with the subject line "Data Elements Feedback".

1. http://cciio.cms.gov/resources/regulations/index.html#sbc
2. http://cciio.cms.gov/resources/other/index.html#crh

User Vignettes to Illustrate Unique Information Requirements
The following anticipates some of the unique information needs of potential exchange customers, which are also reflected in the subsequent tabs.

Example 1: Family with varied program eligibility (Medicaid, Subsidized Exchange)
*Needs to know if family members can keep the same doctor despite being enrolled in different programs (searchable provider directory linked to plans)
*Needs to know total cost of each plan option, taking subsidies into account

Example 2: Couple, one member requires breast cancer treatment and needs continuity of physician
*Needs to filter total plan cost based on heavy use of the healthcare system
*Needs to look up personal doctor and see what plans are contracted with that physician
*Needs to understand details of what plan covers relevant to cancer treatment, hospitalization, specialist access

Example 3: Spanish-speaking individual has a chronic disease and must use a specific medication
*Needs to filter plan cost based on heavy use of the healthcare system
*Needs to compare plans based on cost of prescriptions - view formulary and tiered pricing structure
*Needs to review quality ratings to confirm plan supports good chronic disease management
*Needs to be aware of language access support services

ELIGIBILITY

Category	Element Name	Description	Data Characteristic	Data Source	Update Frequency
Insurance Program	*Isssuers identify the programs within which their QHP(s) offer coverage*		*Yes (plan offered within this program) or No (not applicable)*		
	Qualified Health Plan (Individual)	Includes stand-alone dental plans if they offer pediatric dental benefits; includes Co-Op plans	Y/N	Issuer	Annual
	Qualified Health Plan (Group)	Plans offered within the SHOP Exchange	Y/N	Issuer	Annual
	Medicaid (MAGI and non-MAGI)		Y/N	State	Annual
	CHIP		Y/N	State	Annual
	Basic Health Plan		Y/N	State	Annual
QHP Levels of Coverage	*Issuers identify what level of coverage their plan(s) provide*	*Note: data elements must account for regional variation by rating area*	*Yes (plan provides this level of coverage) or blank (not applicable)*		
	Platinum	Indicates equivalence to 90% of actuarial value	Y/blank	Issuer	Annual
	Gold	Indicates equivalence to 80% of actuarial value	Y/blank	Issuer	Annual
	Silver	Indicates equivalence to 70% of actuarial value	Y/blank	Issuer	Annual
	Bronze	Indicates equivalence to 60% of actuarial value	Y/blank	Issuer	Annual
	Catastrophic	Minimal benefits paid until member cost sharing requirements met	Y/blank	Issuer	Annual
Product Type			*Select from menu*		
	QHP type		Select: Indemnity, PPO, POS, EPO, HMO, CDHP w/ HRA Account or Other/Describe.	Issuer	Annual
HSA Compatible			*Yes (qualifies as an HSA-Eligible HDHP) or No (not applicable)*		
	Plan can be used with a health savings account (HSA)?		Y/N	Issuer	Annual
Who Will Be Covered	*Issuers identify the family unit(s) that the plan covers*		*Yes (plan provides coverage to this unit) or no (plan does not provide coverage to this unit)*		
	Individual		Y/N	Issuer	Annual
	Two adults		Y/N	Issuer	Annual
	Adult plus child(ren)		Y/N	Issuer	Annual
	Family		Y/N	Issuer	Annual
	Same-sex partner coverage	Does this plan allow enrollment of same-sex partners?	Y/N	Issuer	Annual
	Domestic partner coverage	Does this plan allow enrollment of domestic partners?	Y/N	Issuer	Annual

PREMIUM COST

Category	Element	Description	Data Characteristic	Data Source	Update Frequency
Total Premium	*Family Unit*	*Issuers identify monthly premium rates for QHP by family composition*			
	Individual	Table of monthly premiums by age, rating area, and tobacco use	Currency	Issuer	Annual
	Two adults	Table of monthly premiums by age, rating area, and tobacco use	Currency	Issuer	Annual
	Adult plus child(ren)	Table of monthly premiums by age, rating area, and tobacco use	Currency	Issuer	Annual
	Family	Table of monthly premiums by age, rating area, and tobacco use	Currency	Issuer	Annual
Health Insurance Premium Tax Credit	*100-400% FPL*	*Dollar amount that primary taxpayer will receive monthly based on household income*			
	Household credit		Currency	Exchange (user can adjust amt of advanced premium tax credit they will apply to premium reduction to avoid tax consequences / penalties if they err in income estimate)	
Net Premium	*Software rules engine to calculate net premium*	*Total annual premium minus subsidies / credits*			
	Individual		Currency	Exchange	Static formula, total calculated for each user
	Two adults		Currency	Exchange	Static formula, total calculated for each user
	Adult plus child(ren)		Currency	Exchange	Static formula, total calculated for each user
	Family		Currency	Exchange	Static formula, total calculated for each user

COST WHEN GETTING CARE

Category	Element	Data Chacteristic	Description	Data Source	Update Frequency
Annual Cost At Time of Care			*Software rules engine and/or actuarial datasets used to calculate costs*	*Estimated annual cost at time of care given plan's covered benefits and user's expected medical and prescription services use*	
	Individual	Currency	Utilization profile; pre-defined or customized	Actuarial/Cost Calculator*	Static formula, totals update based on user input
	Two adults	Currency	Utilization profile; pre-defined or customized per user input	Actuarial/Cost Calculator*	Static formula, totals update based on user input
	Adult plus child(ren)	Currency	Utilization profile; pre-defined or customized per user input	Actuarial/Cost Calculator*	Static formula, totals update based on user input
	Family	Currency	Utilization profile; pre-defined or customized per user input	Actuarial/Cost Calculator*	Static formula, totals update based on user input
	Alternative version (below) uses two family unit categories and may include age, health status and other adjustments				
	Child	Currency	Utilization profile; pre-defined or customized per user input	Actuarial/Cost Calculator*	Static formula, totals update based on user input
	Adult	Currency	Utilization profile; pre-defined or customized per user input	Actuarial/Cost Calculator*	Static formula, totals update based on user input

*Cost calculator applies expected services use and unit costs to QHP's covered services, incorporating any applicable cost-sharing reductions. **For more details about the cost calculator, please see the Decision Support Rules for Health Exchanges (separate attachment).**

PLAN FEATURES

Category	Element	Description	Data Characteristic	Data Source	Update Frequency
Note: The data characteristic is listed as Y/N; however, exchanges should consider if plans should submit additional text or select from a checklist to accommodate different approaches to providing wellness, disease management and how to save money services (i.e. integrated delivery models vs. traditional health plans).					
Wellness Resources: Programs		*QHP wellness resources*	*Yes (plan includes this resource) or No (plan does not offer this resource)*		
	Wellness/Healthy Behaviors Financial Incentives		Y/N	Issuer	Annual
	Health Risk Assessment & Improvement Plans		Y/N	Issuer	Annual
	Cardiovascular Health/Controlling Cholesterol & Blood Pressure		Y/N	Issuer	Annual
	Back Health/Back Pain Prevention		Y/N	Issuer	Annual
	Behavioral Health/Managing Your Stress		Y/N	Issuer	Annual
	Physical Activity/Fitness		Y/N	Issuer	Annual
	Tobacco Use		Y/N	Issuer	Annual
	Weight Management/Nutrition		Y/N	Issuer	Annual
Wellness Resources: Delivery Mode		*Modes in which wellness resources are delivered*	*Yes (plan includes this method) or No (plan does not offer this method)*		
	Nurse Clinical Advice (Phone/Online)		Y/N	Issuer	Annual
	Health Coach/Program-specific (Phone/Online)		Y/N	Issuer	Annual
	Personal Health Record		Y/N	Issuer	Annual
	Plan Generated Electronic Alerts/Reminders		Y/N	Issuer	Annual
	Classes/Other In-Person Wellness Services		Y/N	Issuer	Annual
	Online Wellness Educational Resources		Y/N	Issuer	Annual
Disease Management Program		*QHP disease management programs*	*Yes (plan offers this program) or No (plan does not offer this program)*		
	Arthritis		Y/N	Issuer	Annual
	Asthma		Y/N	Issuer	Annual
	Back Pain		Y/N	Issuer	Annual
	Cancer		Y/N	Issuer	Annual
	Congestive Heart Failure / Coronary Artery Disease		Y/N	Issuer	Annual
	Depression		Y/N	Issuer	Annual
	Diabetes		Y/N	Issuer	Annual
	Gastrointestinal / Stomach Disease		Y/N	Issuer	Annual
	HIV/AIDs		Y/N	Issuer	Annual
	Hypertension & Cholesterol Management		Y/N	Issuer	Annual
	Joint & Bone Disease/Disorder		Y/N	Issuer	Annual
	Kidney Disease		Y/N	Issuer	Annual
	Lung Disease / Pulmonary		Y/N	Issuer	Annual
	Migraine Headaches		Y/N	Issuer	Annual

		Other Complex Conditions		Y/N	Issuer	Annual
		Pain Management		Y/N	Issuer	Annual
		Pregnancy		Y/N	Issuer	Annual
		Pregnancy, High-Risk		Y/N	Issuer	Annual
		Transplants		Y/N	Issuer	Annual
How to Save Money				*Brief text explaining plan rules, links*		
		Buying Medications (includes plan formulary)	Exchange summarizes key aspects of prescription drug/medication coverage that offer savings opportunities (formulary, generic vs. brand; retail vs. mail; specialty drugs, preventive drug coverage, OTC education, etc.)	Free text, link to plan online page (including plan formulary)	Exchange	Annual
		Free or Discounted Services	Discounted/free services available (e.g., gym membership)	Y/N, Link to plan online page	Issuer	Annual
		Help to Compare Prices	Cost information to shop for plan providers and services	Y/N, Link to plan online page	Issuer	Annual
		Use Your Benefits Coverage to Save Money	Exchange summarizes plan coverage and services that offer savings opportunities (preventive care, convenient care clinic, e-visits, etc.)	Free text or select from checklist of cost-saving services	Exchange	Annual
		Your Share of Cost When Getting Care	Exchange summarizes key benefits coverage rules (distinguishes products on use of deductibles, coinsurance, copays, in/out of network, other coverage types)	Free text or select from checklist of cost-saving services	Exchange	Annual

COVERED SERVICES

Category	Element	Description	Data Characteristic		Limitations / Exceptions	Included in general annual max?	Included in service-specific max?	Subject to deductible?	Data Source
						Accumulator rules:	*Accumulator rules:*	*Accumulator rules:*	
Common Medical Event*			*List co-pay or co-insurance. Identify as covered, not covered, covered with limitations or covered at additional cost. Should be flexible to accommodate other network arrangements such as a high-value network, patient-centered medical home, and accountable care organizations.*		*Explanation of limitations/exceptions to cost or co-insurance applicability - select one of the following: *requires a waiting period, *has a separate deductible, *has a benefit cap/limit lower than what is commonly covered *limited only to certain circumstances (e.g. acupuncture is covered in lieu of anesthesia)*	Are the following included in the annual max?	Are the following included in the service-specific max?	Are the following subject to the general deductible ?	
Health care provider office or clinic visit									
	Primary care visit to treat an injury or illness		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Specialist visit		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Other practitioner office visit (Includes chiropractic and/or acupuncture)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Preventive care / screening / immunization		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Test									
	Diagnotic test (x-ray, blood work)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Imaging (CT/PET scans, MRIs)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Drugs									
	Generic drugs		$/% for Retail	$/% for Mail Order	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or Rx Deductible or N/A	Issuer
	Preferred brand drugs		$/% for Retail	$/% for Mail Order	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or Rx Deductible or N/A	Issuer
	Non-preferred brand drugs		$/% for Retail	$/% for Mail Order	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or Rx Deductible or N/A	Issuer
	Specialty drugs (e.g. infusion)		$/% for Retail	$/% for Mail Order	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or Rx Deductible or N/A	Issuer
Outpatient surgery									
	Facility fee (e.g. ambulatory surgery center)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Physician / surgeon fees		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Immediate medical attention									
	Emergency room services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Emergency medical transportation		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Urgent care		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Hospital stay									
	Facility fee (e.g.hospital room)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Physician / surgeon fee		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Mental health, behavioral health or substance abuse needs									
	Mental/Behavioral health outpatient services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Mental/Behavioral health inpatient services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Substance use disorder outpatient services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Substance use disorder inpatient services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Pregnancy									
	Prenatal and postnatal care		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Delivery and all inpatient services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Recovery or other special health need									
	Home health care		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Rehabilitation services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Habilitation services		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Skilled nursing care		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Durable medical equipment		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Hospice service		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Child dental or eye care									
	Eye exam		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Glasses		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Dental Check-Up		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Excluded Services and Other Covered Services*			Text describing services						
	Services the Plan Does Not Cover	e.g. Bariatric surgery	Choose from allowed list of services; see SBOC instructions						Issuer
	Other Covered Services	e.g. Hearing aids	Choose from list of services; see SBOC instructions						Issuer
Preventive Care	*These are additional coverage elements for consideration*		In-Network deductible, co-pays, co-insurance as applicable	Out-of-Network deductible, co-pays, co-insurance as applicable	Explanation of limitations/exceptions to cost or co-insurance applicability				

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*Categories and elements drawn from the final rule on the Summary of Benefits and Coverage: http://cciio.cms.gov/resources/files/08222011_updated_2715_guidance.pdf.pdf

Category	Element	Notes	In-Network	Out-of-Network	Explanation				Source
	Adult preventive office visit		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Child preventive office visit		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Adult screenings/immunizations		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Child preventive screenings/immunizations		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Family Planning / Reproductive Health	*These are additional coverage elements for consideration*		*In-Network deductible, co-pays, co-insurance as applicable*	*Out-of-Network deductible, co-pays, co-insurance as applicable*	*Explanation of limitations/exceptions to cost or co-insurance applicability*				
	Infertility treatment (visits, labs, medications)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Family planning office visit		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Sterilizations and reversals (tubal ligations, vasectomy, other)		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
	Abortions		$/% for In-Network	$/% for Out-of-Network	Select from above options	Y/N or N/A	Y/N or N/A	Y/N or N/A	Issuer
Total Out of Pocket Costs			*Plan Deductible / OOP Max - or does not apply*	*Plan Deductible / OOP Max - or does not apply*					
	Deductible self (general/medical)		$ / N/A	$ / N/A					Issuer
	Deductible self (drug)		$ / N/A	$ / N/A					Issuer
	Deductible family (general / medical)		$ / N/A	$ / N/A					Issuer
	Deductible family (drug)		$ / N/A	$ / N/A					Issuer
	Annual maximum self		$	$					Issuer
	Annual maximum family		$	$					Issuer
	Are there additional, service-specific deductibles?		Y/N (explain)	Y/N (explain)					Issuer
	Are there deductibles for preferred / non-preferred providers?		Y/N (explain)	Y/N (explain)					Issuer
Cost-Sharing Under Specific Scenarios*	*Cost sharing if patient receives services in-Network under 3 scenarios listed in SBOC form*		*In-Network Deductible, Co-pays, co-insurance as applicable*	*Out-of-Network Deductible, Co-pays, co-insurance as applicable*	*Explanation of limitations/exceptions to cost or co-insurance applicability*				
	Office visits & procedures	Includes services by all physicians (primary care, specialist, etc.) and alternative providers (chiropractor, acupuncture, etc.)	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Anesthesia		$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Hospital charges (baby)	Applies to maternity scenario only; other scenarios would use "Hospital charges"	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Hospital charges (mother)	Applies to maternity scenario only; other scenarios would use "Hospital charges"	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Laboratory tests	Includes blood work	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Medical equipment & supplies	Includes durable medical equipment, orthotics, prosthetics	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Prescriptions	Includes all prescription drugs (generic, brand/preferred, non-preferred) which are not administered in a hospital, physician's office or other facility	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Radiology	Includes radiology and imaging procedures, CT, MRI, Ultrasounds, x-rays	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Routine obstetric care	Applies to maternity scenario only; typically a bundled payment	$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
	Vaccines, other preventive		$/% for In-Network	$/% for Out-of-Network	Select from above options				Issuer
Aggregated Cost Sharing by Scenario*	*How plan might cover medical care in two situations (aggregated from categories above)*		*Sample deductible, co-pays, limits/exclusions, and co-insurance as applicable*		*Explanation of limitations/exceptions to cost or co-insurance applicability*				
	Having a Baby		$/%		Select from above options				Issuer
	Managing Type 2 Diabetes		$/%		Select from above options				Issuer

DOCTOR CHOICE

Category	Element	Description	Data Characteristic	Data Source	Update Frequency
Access to Provider Rules					
	Specialist Referral	Is referral needed for the individual to access designated specialists/specialty services?	Y/N	Issuer	Annual
	Specialist Referral Types	Designate specialties that require a referral	Specialty Codes (CMS Specialty Health Care Taxonomy Codes)	Issuer	Annual
	Specialty Services Referral Types	Designate specialty services that require a referral	Service Codes (e.g., behavioral health)	Issuer	Annual
	Primary Care Physician (PCP) Designation	Must individual choose/enroll with a primary care provider?	Y/N	Issuer	Annual
	Service Area Coverage	Are coverage levels specific to a designated geographic area?	Y/N	Issuer	Annual
	Service Area Template	Provide geographic parameters for service area if Item 9 answer is Yes.	Region, zip code, county	Issuer	Annual
	Provider Network	Does plan use a network of providers?	Y/N	Issuer	Annual
	Out of Network Authorization	Is an authorization required to use an out-of-network provider?	Y/N	Issuer	Annual
	Essential Community Providers	Are essential community providers in the plan network?	Y/N	Issuer	Annual
Provider Network					
	Network size -- professional practitioners	Total # of professional practitioners in issuer network as of specified date	Count	Issuer	Annual or per exchange request
	Doctor directory	Doctor directory at QHP level	Link to online provider directory **OR** database of medical providers including name, gender, degree, specialty, names of affiliated practice (s), mailing address, phone, e-mail if available, language(s) spoken, Y/N indication of accepting new patients, QHP affiliation	Issuer	Issuer must indicate frequency of update (Note: For most updated information on new patient acceptance, patients should contact the doctor)

	Facility directory	Contracted facilities and affiliated practitioners at QHP level	Link to online facility directory **OR** database of: facility type, facility name, mailing address, phone, special programs and recognitions, and associated providers	Issuer	Issuer must indicate frequency of update
Pharmacy Network					
	Pharmacy directory	Contracted pharmacies available at issuer level (include Line of Business and QHP levels if different from issuer level)	List of participating pharmacies: name, national pharmacy ID number, mailing address, phone	Issuer	Annual
	Mail-order option	Is mail-order an option?	Y/N	Issuer	Annual
Access Support Services					
Language Support Services					
	Non-English language plan customer services staff available		Y/N; phone number to access plan alternative language customer service	Issuer	
	Plan arranges for member-provider face-to-face interpreters		Y/N	Issuer	

QUALITY

Category	Element	Description	Data Characteristic	Data Source	Update Frequency
Accreditation Scores			*Note: HEDIS and CAHPS information will not be available for new products - this information may only be reportable in future years.*	*Given that there are several accreditation organizations, this is an NCQA example*	
	Overall report card	This is the health insurer's accreditation score from NCQA. NCQA evaluates the insurer's quality measures and ongoing improvement.	Categorical (Commendable, excellent, etc.)	NCQA	Annual
	Access & service	NCQA evaluates how well the insurer provides access to needed care and with good customer service. To evaluate these activities, NCQA reviews the insurer's appeals and denials, interviews the insurer's staff and grades the results from consumer surveys.	Star rating	NCQA	Annual
	Qualified providers	NCQA evaluates the insurer's efforts to confirm that each doctor is licensed and trained to practice medicine and that the health plan's members are happy with their doctors. To evaluate these activities, NCQA uses records of doctors' credentials, interviews the insurer's staff, and grades the results from consumer surveys.	Star rating	NCQA	Annual
	Staying healthy	NCQA evaluates the insurer's activities that help people maintain good health and avoid illness. To evaluate these activities, NCQA reviews the insurer's records, grades independently verified clinical data and reviews materials sent to members.	Star rating	NCQA	Annual
	Getting better	NCQA evaluates health plan activities that help people recover from illness. To evaluate these activities, NCQA reviews the insurer's records and interviews the insurer's staff.	Star rating	NCQA	Annual
	Living with illness	NCQA evaluates health plan activities that help people manage chronic illness. NCQA grades independently verified clinical data and interviews the insurer's staff.	Star rating	NCQA	Annual
Clinical Ratings	*Exchange will calculate summary scores that aggregate composite and individual measures*		*Flag is required to indicate granularity of data at the issuer, qualified health plan or line of business levels*		
	Preventive care	Summary rating	Rate (numerator/denominator)	NCQA/HEDIS	Annual
	Chronic care	Summary rating	Rate (numerator/denominator)	NCQA/HEDIS	Annual
Plan Service			*Flag is required to indicate granularity of data at the issuer, qualified health plan or line of business levels)*		
	Plan Service Summary Rating	Summary of following 3 topics	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Customer Service	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Cost Information Services	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Paying Claims	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
Access to Care			*Flag is required to indicate granularity of data at the issuer, qualified health plan or line of business levels)*		
	Access to Care Summary Rating	Summary of following 2 topics	Rate (numerator/denominator)	NCQA/CAHPS	Annual

	Ease of getting appointments	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Getting needed care, tests or treatment	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
Doctor Communications and Care					
	Health Care Highly Rated	Item	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Doctor Communications and Care	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Patient and Doctor Share Decisions	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Health Promotion	Composite rating	Rate (numerator/denominator)	NCQA/CAHPS	Annual
	Coordinated Care	Item	Rate (numerator/denominator)	NCQA/CAHPS	Annual
Provider-level Quality			*Yes (issuer provides online physican-level ratings) or No (issuer does not provide physician-level ratings)*		
	Doctor Ratings	Plan provides members with physician-specific quality ratings (clarify physician-level vs. medical group, PCMH, ASO, other organizational levels).	Y/N -if yes, link to plan online page	Issuer	Annual