Quality Assurance Reporting Requirements (QARR)

Glossary of Terms

Administrative method	The method of HEDIS measure calculation that requires use of data captured from billing processes, such as claims and encounters, to identify the eligible population and numerator. It also includes data captured from supplemental data sources that reflect services provided with details not captured in the billing systems.
CAHPS	Consumer Assessment of Healthcare Providers and Systems is a standardized survey to assess the satisfaction and experience members have with their health care and their health plan.
Child Health Plus	Government-sponsored health insurance, although individuals may pay part of the premium for some eligibility levels. This is a form of health insurance where a health plan contracts with a network of providers to provide care, the member selects a primary care provider to coordinate care, and referrals to some services or specialists may be required. This is the NYS version of the federal State Children's Health Insurance Program (SCHIP) for people up to age 19.
Commercial HMO	Individual or employer-sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care, the member selects a primary care provider to coordinate care, and referrals to some services or specialists may be required.
Commercial PPO	Individual or employer sponsored-health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care, there is no primary care provider assignment,and referrals to some services or specialists are not usually required.
Confidence Interval	A range around a measurement that conveys how precise the measurement is.
Denominator	The number of, or a sample of, members or events , who meet criteria for a measure because of member characteristic (eg. enrollment, age, gender) or because of an event, a diagnosis or a service.
Domain	A grouping of measures that represents an area of care.
Eligible Population	The entire group of members who meet the denominator criteria for a measure. For administrative measures the denominator and eligible population may be the same group. For hybrid measures, the random sample will be drawn from the eligible population and this subset of measures will become the denominator for the hybrid measure.
Event	The qualifying service or diagnosis that is needed to determine which members are eligible for measures.
HEDIS	Healthcare Effectiveness Data and Information Set is a measurement set developed by the National Committee for Quality Assurance. The set is used to evaluate health plan performance with quality indicators.

Hybrid Method	The method of HEDIS measure calculation which requires the health plan to look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. The organization reports a rate based on members in the sample who are found through either administrative or medical record data to have received the service required for the numerator.
Inverted Measure	The result of an inverted measure is calculated by subtracting the percentage (numerator/denominator) from 1. Numerators for inverted measures identify events of <u>inappropriate</u> care. The percentage of people getting inappropriate care is subtracted from 1 to allow presentation of the result as percentage receiving <u>appropriate</u> care. Caution should be used when analyzing numerators for inverted measures.
Level of Significance	Statistical significance comparing the health plan rate to the statewide average.
Measures	Quality indicators or indicators of performance.
Medicaid Managed Care	Government-sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care, the member selects a primary care provider to coordinate care, and referrals to some services or specialists may be required. This includes people who are eligible for Medicaid managed care and Family Health Plus (a NYS expansion program for adults age 19 to 64).
Member months	Is a member's contribution to the total yearly membership.
Member years	Serve as a proxy for annual membership and are calculated as member months divided by 12 months.
NCQA	The National Committee for Quality Assurance is a not-for-profit organization that accredits and evaluates health care delivery systems such as health plans.
Numerator	The members of a denominator who meet the criteria for the service or outcome being measured.
Payer	The general area financing care. In QARR the four payers are commercial HMO, commercial PPO, Medicaid managed care and Child Health Plus.
Product Line	In QARR, product line is used to define members who have different payers. For example, a plan with commercial and Medicaid members would have 2 product lines.
QARR	Quality Assurance Reporting Requirements is a measurement set required annually from health plans in New York.
Risk Adjustment	Statistical method of reducing the effect of confounding factors that may disproportionately influence a health plan's result allowing for fairer comparisons.
Sample	A subset of an eligible group used in measurement. To reduce costs of measurement, samples may be used and results are intended to

	reflect the overall eligible group. Samples for hybrid measures for QARR are systematic random samples.
Specifications	Instructions for the collection of data for each measure, as well as guidelines for calculations and sampling.
Statewide rate	For administrative measures the statewide rate is calculated as the total numerator divided by the total denominator. For hybrid measures the weighted statewide rate is calculated by the sum of the weighted rates divided by the total eligibles.
Statistically Significant	Differences between results that are 95% likely to be due to real differences and not random chance. Denominator sizes influence how large differences need to be to be statistically significant.
Survey method	A method of data collection that uses voluntary self-reported data for questions.
Weighted rate	The weighted rate is calculated by multiplying the rate (numerator/denominator) by the health plan elgibles.