Managed Care Plan Utilization Data

Glossary of Terms

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 Individual or employer-sponsored health insurance. This is a form of **HMO**

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.

Event The qualifying service or diagnosis that is needed to determine which

services or 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.

Level of Indication of whether the plan performs above the 90th percentile or

below the 10th percentile for all plans included. Significance

Measures Quality indicators or indicators of performance.

Medicaid Government-sponsored health insurance. This is a form of health Managed Care 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.

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.

Specifications Instructions for the collection of data for each measure, as well as

guidelines for calculations and sampling.