

**NYQA / WNYQMC Plan Reporting Elements Document  
2/12/2009**

**File Delivery Information** – The plan reporting elements will be sent as a TAB delimited file. If a field is not populated, the field will be NULL.

**Provider Summary** – Information will be presented at the provider level. The same data will be presented consistently for all plans. The summary level report will display information for all plans combined.

<b>Field Name</b>	<b>Description</b>	<b>Field Type</b>	<b>Field Length</b>
Provider MasterLinkID	ID assigned to Provider across all plan records. This ID is a VIPS defined ID that does not correspond to Plan Specific ID's	Varchar	150
Provider Attributed Specialty (Internal Med, Family Practice, OB, etc.)	Primary Specialty will be included in this file. Only one primary specialty will be assigned to each Provider MasterLinkID	Varchar	150
Master Provider Name	Master Provider Name will be assigned from the Master Provider Link File. This will be either the provider name on the National Provider File or the maximum count of provider names across all plan records	Varchar	150
Master Provider Address	Master Provider Address will be assigned from the Master Provider Link File. This will be either the provider address on the National Provider File or the maximum count of provider addresses across all plan records	Varchar	150

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Provider NPI	Master Provider NPI will be assigned from the Master Provider Link File. This will be either the provider NPI on the National Provider File or the maximum count of provider NPI across all plan records	Varchar	150
Provider DEA#	Master Provider DEA# will be assigned from the Master Provider Link File. This will be either the provider DEA# on the National Provider File or the maximum count of provider DEA# across all plan records	Varchar	150
Provider TIN	Master Provider TIN (TaxID) will be assigned from the Master Provider Link File. This will be either the provider TIN on the National Provider File or the maximum count of provider TIN across all plan records	Varchar	150
Reporting Timeframe Begin (Measurement Period)	The reporting timeframe will reflect the measurement time period (For Example, the initial baseline reporting begin date will be January 2007)	Date	8 (CCYYMMDD)
Reporting Timeframe End (Measurement Period)	The reporting timeframe will reflect the measurement time period (For Example, the initial baseline reporting end date will be December 2007)	Date	8 (CCYYMMDD)
Product (HMO, POS, PPO)	The product ID of the member as of the last day of the reporting period will be used to derive this field value	Varchar	3

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Product Line (Commercial, Medicare, Medicaid, Total)	The product Line of the member as of the last day of the reporting period will be used to derive this field value	Varchar	10
Count of Members attributed to Provider	Calculation of total members attribution to the provider	Integer	10
Count of Member Months for Members attributed to Provider	Calculation of total member months for members attributed to the provider	Integer	10
Members Selected by Enrollment PCP Method	Calculation of the subset of members attributed to the provider that were attributed by the Enrollment PCP attribution logic	Integer	10
Enrollment PCP Method E&M and Preventive Visit count (Will be 0 if member never saw PCP)	Calculation of count of distinct visits by service date / Member / Provider combination of E&M and/or Preventive Care visits for members selected with the enrollment PCP attribution method during the last 12 months of the reporting period	Integer	10
Members Selected by Imputed Method	Calculation of the subset of members attributed to the provider that were attributed by the Imputed PCP attribution logic. Members selected by this means will not have an enrollment PCP selected.	Integer	10
Imputed PCP Method E&M and Preventive Visit count	Calculation of count of distinct visits by service date / Member / Provider combination of E&M and/or Preventive Care visits for members selected with the Imputed PCP attribution method during the last 12 months of the	Integer	10

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	reporting period		
Measure Indicator (Measure name)	Full name of Measure and Submeasure	Varchar	150
Eligible Members (Count of Members in Denominator)	Calculation of total members that have been attributed to the measure for that provider	Integer	10
Excluded Members (Count of Excluded Members)	Calculation of total members that have been excluded from the measure for that provider based upon the NCQA specifications	Integer	10
Compliant Members (Count of Numerator Hits)	Calculation of fully compliant members that have been attributed to the measure for that provider	Integer	10
Provider Rate (Commercial, Medicare, Medicaid, Total)	Calculation of the providers rate based upon the elible members and compliant members	Decimal	
Consortium Rate (Commercial, Medicare, Medicaid, Total)	Calculation of the measure rate across all eligible members in the measure across the consortium	Decimal	
Consortium Rate – Hybrid Adjusted (Commercial, Medicare, Medicaid, Total)	Calculation of the measure rate across all eligible members in the measure across the consortium adjusted to reflect the hybrid adjustment rate where applicable	Decimal	
50th Percentile Rate – Consortium Rate(Commercial,	Calculation of the 50th percentile or median rate across all eligible members	Decimal	

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Medicare, Medicaid, Total)	in the measure across the consortium		
70th Percentile Rate – Consortium Rate (Commercial, Medicare, Medicaid, Total)	Calculation of the 70th percentile across all eligible members in the measure across the consortium	Decimal	
90th Percentile Rate – Consortium Rate (Commercial, Medicare, Medicaid, Total)	Calculation of the 90th percentile across all eligible members in the measure across the consortium	Decimal	
Provider Hybrid Adjusted Factor Rate	Calculation of the adjustment factor that will be used to adjust a providers rate to account for data from the physician that is not being presented as part of the medical claim or pharmacy claim data. This rate will more accurately reflect the plans hybrid rate submitted to NCQA for HEDIS reporting	Decimal	
Provider Percentile Ranking	Calculation to define how the provider rates compared to peers rate	Decimal	

**Provider Crosswalk** – This file will contain a crosswalk of all plan supplied provider IDs and the associated Master Link Provider ID that they belong to.

<b>Field Name</b>	<b>Description</b>	<b>Field Type</b>	<b>Field Length</b>
Health Plan Name	Name of the health plan on the provider record	Varchar	3
Provider ID	Provider ID as submitted by the plan	Varchar	150

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Provider MasterLinkID	ID assigned to Provider across all plan records. This ID is a VIPS defined ID that does not correspond to Plan Specific ID's	Varchar	150
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**Member Detail** - Plan files will include the plans members only. Data from one plan will not be shared with any other plan. Counts on the member detail report will not add up to the provider summary report when multiple plans data is attributed to one physician.

Field Name	Description	Field Type	Field Length
Health Plan Name	Name of the health plan on the members eligibility record	Varchar	3
Member MasterLinkID	ID assigned to member across all plan records. This ID is a VIPS defined ID that does not correspond to Plan Specific ID's	Varchar	150
Product (HMO, POS, PPO)	The product ID of the member as of the last day of the reporting period will be used to derive this field value	Varchar	150
Product Line (Commercial, Medicare, Medicaid, Total)	The product Line of the member as of the last day of the reporting period will be used to derive this field value	Varchar	150
Member Name	Member Name as submitted by plan	Varchar	150
DOB	Member's DOB included on the member record submitted by plan	Date	8 (CCYYMMDD)
Phone	Member's phone number included on the member record submitted by plan	Varchar	20
Enrollment Provider / Imputed Provider MasterLinkID	MasterLinkID of provider that has been defined as the Enrollment or Imputed PCP	Varchar	150

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Enrollment Provider / Imputed Provider Master Provider Name	Name of Physician derived from the MasterLink file that defines the provider	Varchar	150
Count of E&M or Preventive Care visits with enrollment / Imputed provider	Calculation of count of distinct visits by service date / Member / Provider combination of E&M and/or Preventive Care visits for members selected by the enrollment or imputed PCP attribution method during the last 12 months of the reporting period	Integer	10
Method (Imputed vs. Enrollment)	Defines whether the member was selected as the Enrollment or Imputed PCP	Varchar	10
Measure Indicator (Measure Name)	Full name of Measure and Submeasure	Varchar	150
Compliance Indicator (Y or N)	This field defines whether the member was fully compliant or not	Varchar	1
Member's Most Recent E&M Visit date	This field provides the members last E&M or Preventive care visit date with the provider during the reporting timeline or measurement period	Date	8 (CCYYMMDD)

**Member Crosswalk** – This file will contain a crosswalk of all plan supplied member IDs and the associated Master Link Member ID that they belong to. Note that members were not linked across plans, only within each plan.

<b>Field Name</b>	<b>Description</b>	<b>Field Type</b>	<b>Field Length</b>
Health Plan Name	Name of the health plan on the member record	Varchar	3

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Member ID	Member ID as submitted by the plan	Varchar	150
Member MasterLinkID	ID assigned to member across all plan records. This ID is a VIPS defined ID that does not correspond to Plan Specific ID's	Varchar	150