

NYQA Hybrid Adjustment Methodology Document

Finalized Methodology

February 10, 2009

Health plans follow NCQA procedures in calculating the quality measure results. For other measures, health plans follow what is called a “hybrid” method, first identifying members whose care meets the measure standard based on billing data and then, for those members who do not pass based on billing data, conducting a review of the medical record. Measures that use the hybrid method include:

- Comprehensive Diabetes Care - Eye Numerator
- Comprehensive Diabetes Care - HBA1c Testing
- Comprehensive Diabetes Care - LDLC Testing
- Comprehensive Diabetes Care – Nephropathy
- Cervical Cancer Screening

There are many reasons why billing data may be less complete and accurate than chart review. ** As a result the hybrid method scores for a given measure are always higher than the score would be for that measure if only billing data were used. Because reviewing charts is cumbersome, expensive and disruptive, it would not be possible for the New York Quality Alliance to review the thousands of charts that will be included in this project. Someday widespread use of electronic health records capable of reporting performance measures will make it possible for collaborative projects like this one to efficiently collect clinical measures from electronic chart data. However, until then we must rely on imperfect billing data to calculate measures.

For those QARR/HEDIS measures that employ the hybrid method, an adjustment factor will estimate the proportion of failing records attributable to data issues and adjust physician’s scores accordingly.

HOW WILL THE ADJUSTMENT FACTOR BE CALCULATED?

The score for a measure is the percentage of eligible patients whose records comply with the measure standard. For example, the diabetes A1C screening measure requires that patients with diabetes have a blood test for A1C level at least once a year. The score is:

$$\frac{\text{Number of Patients with Diabetes who had an A1C Test}}{\text{Number of Patients with Diabetes}}$$

In calculating the adjustment factor we assume that measure compliant records are accurate (true positives) and that non-compliant records include both records of patients who are not compliant with the standard (true negatives) and records of patients whose care is compliant with the measure but for whom data is missing or in error (false negatives.) The adjustment factor is an estimate of the number of false negatives.

In the example above, if X= the % of patients who had an A1c test, then (1-X) = the % of patients who did not have an A1C test. But some portion of those patients may have really had a test performed but the data was lost, perhaps because a lab didn't bill the health plan. The lost claims data is estimated by calculating the difference between the plan's hybrid score and its score calculated from the claims data submitted to NYQA.

Plan's reported hybrid QARR scores from the prior year are available at: http://www.health.state.ny.us/health_care/managed_care/reports/

The adjustment factor (AF) is then:

$$AF = (PQ - PC) / (1 - PC)$$

Where PQ is the plan's hybrid score and PC is the plan's claims based score.

HOW IS THE ADJUSTMENT FACTOR APPLIED TO A PHYSICIAN'S SCORE?

If DC = the % of a "doc's" patients with diabetes who had their eyes examined based on claims data, then the "doc's" adjusted score (DA) is:

$$DC + ((1 - DC) * AF)$$

Because a physician will have patients from multiple health plans in his or her panel, the adjustment factor will be calculated for each plan for each measure and applied to the patients from that plan in the measure. (THE VIPS WORKSHEET REVISED TO SHOW THE NEW CALCULATION FORMULA WOULD BE ATTACHED)

WHAT MEASURES DOES THE HYBRID ADJUSTMENT APPLY TO?

The adjustment factor will apply to those measures designated by NCQA as "hybrid" measures. The list of measures is included at the beginning of this document.

WHAT IF A PLAN DOES NOT CONDUCT CHART REVIEWS ON A HYBRID MEASURE?

The hybrid adjustment methodology will use the final submitted rate from a plan; therefore, if a plan chooses to submit a hybrid measure to NCQA or DOH and does not complete chart reviews, then the adjustment will be based on the administrative submitted rate presented by the plan.

HOW WILL THE HYBRID ADJUSTMENT FACTOR BE CALCULATED FOR PPO POPULATIONS?

Health Plans do not conduct chart reviews on PPO populations at this time. It has been decided by the Clinical Advisory Workgroup that the hybrid adjustment methodology should be applied to the PPO populations as well. Therefore, in order to calculate the hybrid adjustment for PPO populations, the plans final hybrid rate for their HMO population will be used.

For NYQA the following measures will be presented:

Preventive Care Domain

1. Breast Care Screening
2. Chlamydia Screening Rates
3. Cervical Cancer (Hybrid)

Heart Disease Domain

4. Persistence of Beta-blocker therapy post MI

Diabetes Domain

5. HbA1C Testing (Hybrid)
6. Lipid Measurement in Diabetes (Hybrid)
7. Urine Protein Screening (Hybrid)
8. Eye Exam in Diabetics (Hybrid)

Appropriate Antibiotic Use

9. Appropriate Treatment for Children with Upper Respiratory Infection (URI)
10. Appropriate Testing for Children with Pharyngitis

* Measures developed by NCQA are included in the national Healthcare Effectiveness Data and Information Set (HEDIS®).

**If all patients had continuous insurance coverage; and if every physician, laboratory, pharmacy and health care provider correctly billed for every service provided using the codes allowed by HEDIS®; and if every health plan accurately processed every claim and captured every field of data, the scores for these measures using claims data would accurately reflect the care delivered. But patients change and lose insurance, billers use outdated codes or don't bill at all for components of care included in a global rate, insurers fail to capture data elements not needed for payment, and everyone makes mistakes.

Hybrid Adjustment Method Examples

PC: VIPS plan claims rate	PQ: plan QARR hybrid rate	AF: Adjustm ent Factor (PQ-PC) /(1-PC)	DC: VIPS Doc Claims rate	DA: Doc Adjusted rate DC+ ((1-DC)*AF)	Difference DA-DC
Example 1 VIPS Claim Rate 25% and Plan Hybrid Rate 60%					
25%	60%	47%	15%	55%	40%
25%	60%	47%	25%	60%	35%
25%	60%	47%	40%	68%	28%
25%	60%	47%	50%	73%	23%
25%	60%	47%	60%	79%	19%
25%	60%	47%	75%	87%	12%
25%	60%	47%	85%	92%	7%
25%	60%	47%	95%	97%	2%
Example 2 VIPS Claim Rate 50% and Plan Hybrid Rate 65%					
50%	65%	30%	15%	41%	26%
50%	65%	30%	25%	48%	23%
50%	65%	30%	40%	58%	18%
50%	65%	30%	50%	65%	15%
50%	65%	30%	60%	72%	12%
50%	65%	30%	75%	83%	8%
50%	65%	30%	85%	90%	5%
50%	65%	30%	95%	97%	2%
Example 3 VIPS Claim Rate 75% and Plan Hybrid Rate 90%					
75%	90%	60%	15%	66%	51%
75%	90%	60%	25%	70%	45%
75%	90%	60%	40%	76%	36%
75%	90%	60%	50%	80%	30%
75%	90%	60%	60%	84%	24%
75%	90%	60%	75%	90%	15%
75%	90%	60%	85%	94%	9%
75%	90%	60%	95%	98%	3%