3M HIS Prospective Dashboard Checklist



Provider Name:	Provider Tax ID Number (TIN):	
Total Cost of Care – Key Performance	Measure (p.15-21)
Variance from Budget (PMPM \$)	☐ Above Expected	☐ Below Expected
Variance In-Patient (IP) Allowed (PMPM \$)	☐ Above Expected	☐ Below Expected
Variance Out-Patient (OP) Allowed (PMPM \$)	☐ Above Expected	☐ Below Expected
Variance Provider (PR) Allowed (PMPM \$)	☐ Above Expected	☐ Below Expected
Variance RX Allowed (PMPM \$)	☐ Above Expected	☐ Below Expected
Potentially Preventable Events – Key	Performance Meas	ure (p.22-32)
Variance Potentially Preventable Readmissions (PPR) Admits PKPY	☐ Above Expected	□ Below Expected
Variance Potentially Preventable Admissions (PPA) Admits PKPY	☐ Above Expected	☐ Below Expected
Variance Potentially Preventable ER Visits (PPV) PKPY	☐ Above Expected	☐ Below Expected
Variance Potentially Preventable Services (PPS) PKPY	☐ Above Expected	☐ Below Expected
Utilization – Key Performance Measure (p.22-32)		
Variance IP Admits PKPY	☐ Above Expected	☐ Below Expected
Variance ER Visits PKPY	☐ Above Expected	☐ Below Expected
Variance Rx Scripts PKPY	☐ Above Expected	☐ Below Expected
Percent Rx Generic Scripts	Program YTD%age:	

Review	Domain 1 - Primary and Secondary Prevention: 4 Measures	VIS Improvement Guide
	 Breast Cancer Screening Care Management Gap Report: Identifies members not meeting this measure. 	p. 36-37
	 Colorectal Cancer Screening Care Management Gap Report. Identifies members not meeting this measure. 	p. 38-39
	 Well-Child Visits (0-15 months) Care Management Gap Report. Identifies members not meeting this measure. 	p. 40-41
	 Well-Child Visits (3-6 years) Care Management Gap Report. Identifies members not meeting this measure. 	p. 42-43

Review	Domain 2 - Tertiary Prevention: 2 Measures	VIS Improvement Guide
	Variance PPA Admits PKPY Member List: Identifies members who have been hospitalized and could benefit from more focused primary care intervention.	p. 44-45, 49
	PPV Variance PPV PKPY Member List: Identifies members who have one or more ER visits flagged as a visit that could have been more appropriately treated in a primary care setting. Member education may impact future scores.	p. 46-49

Review	Domain 3 - Panel Health Status Change: 2 Measures	VIS Improvement Guide
	 Non Status Jumpers Recorded Gap - Newly Chronic: Identifies members who have acquired a new chronic condition. 	p. 50-51
	 Non Severity Jumpers Recorded Gap - Jump in Illness Burden: Identifies members who have experienced an increase in the severity of their chronic condition. 	p. 52-53

Review	Domain 4 - Continuity of Care: 2 Measures	VIS Improvement Guide
	Primary Care Provider Visit Care Management Report: Members with zero physicians seen are affecting this score (column: Total Number of PCPs Seen During Performance Period).	p. 54-55
	 Continuity of Care Index Care Management Report: Members with higher number of PCP visits are decreasing the Continuity of Care index score (column: Total Number of PCPs Seen During Performance Period). 	p. 56-58

Review	Domain 5 - Chronic and Follow-Up Care: 3 Measures	VIS Improvement Guide
	 Three Chronic Care Visits Care Management Gap Report: Identifies members not meeting this measure. 	p. 59-61
	PPR Variance PPR Admits PKPY Member List: Use for outreach to members affecting this score.	p. 62-63
	 3. 30 Day Discharge Visit Recorded Gap: Lack of Discharge Follow-Up: Use for further member education and improved coordination of care. 	p. 64-65

Review	Domain 6 - Efficiency: 2 Measures	VIS Improvement Guide
	 PPS Variance PPS PKPY Member List: Identifies members with highest number of PPS allowed in the measurement period. 	p. 66-68
	Generic Prescribing Percent Rx Generic Scripts Member List: Identifies members with less than 60% utilization of generic prescriptions.	p. 69-70