

# 3M Health Information Systems Frequently Asked Questions



## 3M Health Information Systems Implementation

### What is 3M Health Information Systems (HIS)?

**HIS** is a healthcare analytics suite that gives providers access to data about the quality and access to care within their practice. **HIS** features a user-friendly dashboard, that will help improve performance, manage costs and promote quality of care.

### When did this service begin?

Superior started using **HIS** in July, 2015. Trainings with providers will continue throughout the second half of 2015.

### Do I need a special login?

Yes. To request access, please contact your Provider Relations Specialist or Clinical Nurse Liaison.

### Can multiple staff in my office have their own accounts?

Yes. Each staff member will need to request their own login. To do so, please contact your Provider Relations Specialist.

### How often do I need to log in?

Each person will need to log into **HIS** within 5 days of the notice that access has been granted. From there, you must access your account every 90 days or will be locked out.

### What do I do if I get locked out?

Please use the 'Forgot Password' link located on the **HIS** login page.

### How is the information in HIS gathered?

Superior sends paid claims information to **HIS** each month. This information is then analyzed and updated on the dashboard by **HIS's** analyst team.

### What is the range of claim data used?

The information on the dashboard displays a rolling 12 month period.

### How can I use the information in HIS?

Providers can use information from **HIS** to receive a Value Index Score (VIS) and to monitor their own patients' ER visits, receive reports on total cost of care, potentially preventable events and utilization.

### How will Superior be using the information from HIS?

Superior will use the data in **HIS** to analyze provider performance and create incentive-based programs.

## Value Index Score

### What is the Value Index Score (VIS)?

The VIS is a single composite score that shows how the provider's overall quality of care ranks, relative to all other providers in the network.

### Why do some providers have a VIS or Domain Score listed, while others do not?

To be considered for scoring on an individual measure, a Primary Care Provider (PCP) panel must meet a minimum sample size threshold. For most measures, the PCP must have at least 19 members eligible for that measure in order to receive a score.

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### **Are there exceptions to the minimum sample size threshold?**

Yes. When a PCP is part of a group practice and has fewer than 19 eligible members but at least 10 members, the score is imputed as the average of that PCP's score for that measure, plus the combined score for the PCP's group practice.

Two measures are also exceptions to the sample size rule: 30 day post discharge visits and potentially preventable readmissions. These require a minimum of 10 eligible cases (not members), and a minimum of 6 cases to have a score imputed from the group practice.

### **What domains are measured?**

Sixteen measures fall within 6 key domains. The domains are:

- Chronic and follow-up care
- Primary and secondary prevention
- Tertiary prevention
- Continuity
- Panel health status
- Efficiency

### **How is the VIS determined?**

To determine a comprehensive VIS, a PCP must have domain scores available for at least 5 of the 6 domains. The scores are ranked and converted to a percentile ranking on a range from 0-100. A score of 100 would indicate that provider is the top performing provider in the network. This percentile score is reported as the VIS for that PCP.

### **In a group practice, do visits with different doctors within the practice have a negative effect on the Continuity of Care score?**

As long as the providers share the same Tax ID, this would not have a negative effect on the score. Visits in a group practice to another PCP within the group are treated as if those visits were to the same provider. This is consistent with the idea that group practices afford common coverage, common medical records and ancillary staff and may represent common cultures of care.

## General Information

**Superior HealthPlan Provider Services**  
**3M HIS Help and Support**

Phone: 1-877-391-5921

Phone: 1-800-455-7338

**Email:** [service@treosolutions.com](mailto:service@treosolutions.com)

Visit the websites below for additional help and reference materials, such as a glossary of terms or technical documentation.

**Superior Website:** <http://www.SuperiorHealthPlan.com/for-providers/provider-resources/>

**3M HIS Website:** [www.TreoServices.net](http://www.TreoServices.net) (log-in and click on "Treo U").