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3M Health Information Systems Resource Guide

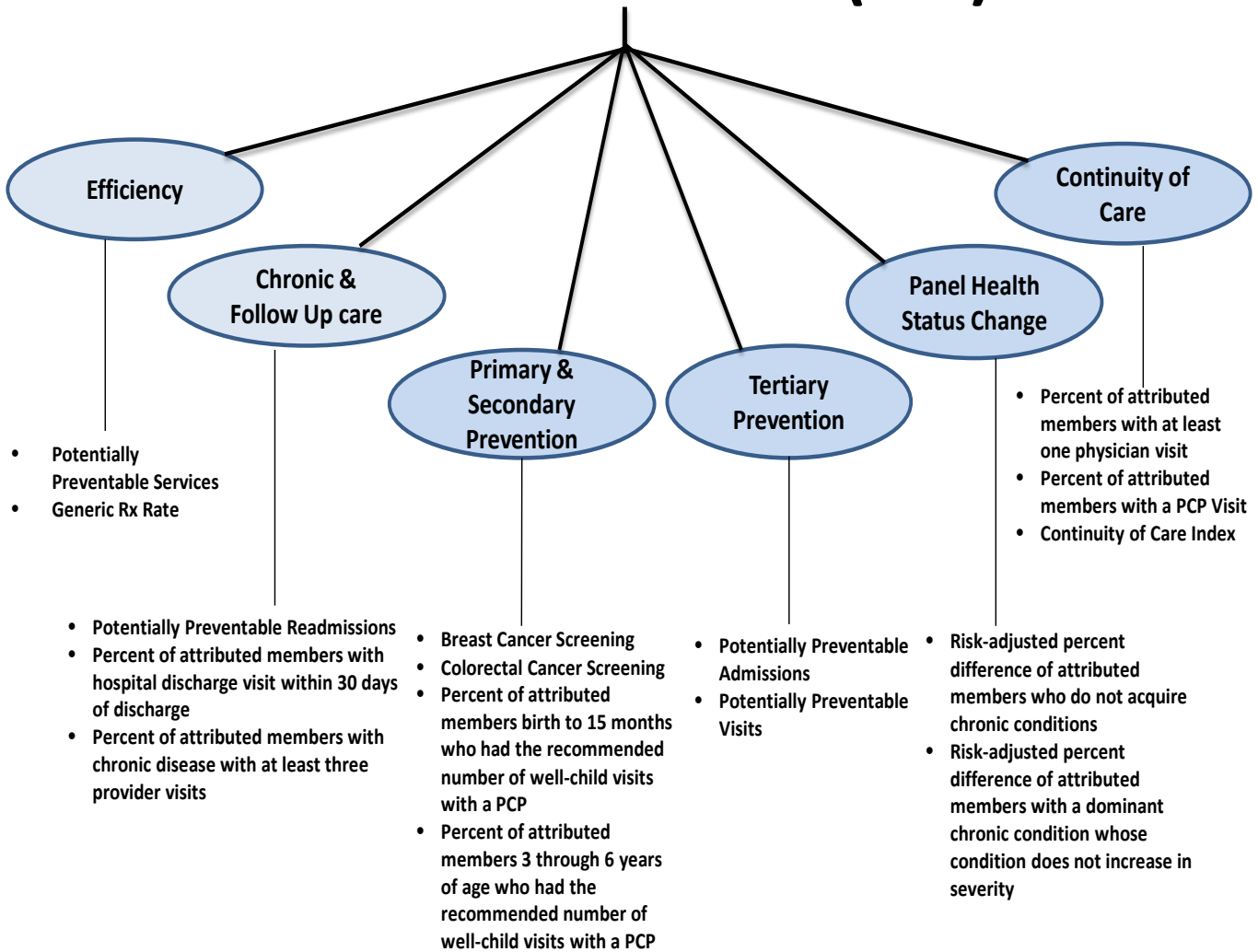
Understanding how domains and metrics are calculated.

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Value Index Score, Domains and Metrics

Value Index Score (VIS)



Domain 1: Chronic and Follow Up Care

This domain is calculated using these three metrics:

1. Risk-adjusted percent difference in potentially preventable readmissions.

The rate of hospital readmissions within 30 days of the initial discharge that are potentially preventable, compared with the expected rate, adjusted for DRG and severity.

Eligible: Inpatient stays that have been identified as “candidates” through 3M’s methodology for PPRs. Admissions that result in a clinically related readmission within 30 days deemed potentially preventable result in a decreased score.

2. Percent of attributed members with hospital discharge visit within 30 days of discharge.

Percent of members with a PCP visit within 30 days after an acute care hospitalization discharge, 45 days with a PCP or OB-GYN following a normal birth without complications.

3. Percent of attributed members with chronic disease with at least three provider visits.

Percent of members with a dominant chronic condition who had three or more visits with a qualified provider during the measurement period.

Domain 2: Primary and Secondary Prevention

This domain is calculated using these four metrics:

1. Breast cancer screening.

The percent of female members between 52 and 74 years of age who have had a mammogram during the previous 27 months. Exclusions: Women who have had a mastectomy or were not in hospice.

2. Colorectal Cancer Screening.

The percent of members 51 to 75 years of age who had screening for colorectal cancer within the measurement period, as weighted average of FOBT (10%), sigmoidoscopy (50%), and colonoscopy (100%).

Exclusions: Members who have had a colectomy, colorectal cancer or were in hospice.

3. Percent of attributed members, birth to 15 months, who had the recommended number of well-child visits with a primary care provider.

The percent of members who turned 15 months old during the measurement period, who received six or more well-child visits during their first 15 months of life.

4. Percent of attributed members 3 through 6 years of age who had the recommended number of well-child visits with a primary care provider.

The percent of members who were between 3 and 6 years of age and who had one or more well-child visits with a PCP during the measurement year.

Domain 3: Tertiary Prevention

This domain is calculated using these two metrics:

1. Risk-adjusted percent difference in potentially preventable admissions.

The rate of initial hospital admissions that are 3M Potentially Preventable Admissions (3M's designation of ambulatory care sensitive conditions), compared with the expected rate adjusted for 3M CRG, age group, gender, and line of business.

2. Risk-adjusted percent difference in potentially preventable visits.

The rate of hospital ED visits that are 3M Potentially Preventable Visits (3M's designation of the ambulatory sensitive concept to Emergency Room visits), compared with the expected rate adjusted for 3M CRG, age group, and gender, and line of business.

Domain 4: Continuity of Care

This domain is calculated using these three metrics:

1. Percent of attributed members with at least one physician visit.

The percent of members with one or more visits to a qualified provider (not necessarily a PCP).

2. Percent of attributed members with a PCP Visit.

Percent of members with a PCP visit in the measurement period.

3. Continuity of Care Index.

An index of the number of visits in the reporting period between members of the provider's panel and any qualified provider, compared with the expected value for that index, adjusted for CRG, age and sex. Eligible: All attributed members that have had at least four visits to either a physician or the ER. Score for each person is a formula that measures care dispersion.

Domain 5: Panel Health Status Change

This domain is calculated using these two metrics:

1. Risk-adjusted percent difference of attributed members who do not acquire chronic conditions.

The rate of members who had a dominant chronic condition in the previous measurement year and acquired an additional dominant chronic condition during the measurement year, compared with the expected rate, adjusted for CRG, age group and gender.

2. Risk-adjusted percent difference of attributed members with a dominant chronic condition whose condition does not increase in severity.

The rate of members with a dominant chronic condition in the previous measurement period whose severity of disease increased in the current period, compared with the expected rate, adjusted for CRG, age group and gender.

Domain 6: Efficiency

This domain is calculated using these two metrics:

1. Risk-adjusted percent difference in potentially preventable services.

The allowed amount of qualifying services that are designated as potentially preventable, compared with the expected amount, adjusted for CRG, age group and gender.

2. Generic Prescription Rate.

Percent of prescriptions that are filled with generic drugs, compared with the expected number, adjusted for CRG, age group and gender.