

# 3M Health Information Systems (HIS)

## Glossary of Terms



### **Allowed Preventable PMPM**

The total amount of preventable dollars paid to the provider calculated on a per member per month basis.

### **Ambulatory Care Sensitive Condition**

A medical condition which, if managed in a timely and effective manner, can often be treated on an out-patient basis.

### **All Patient Diagnosis Related Group (AP-DRG)**

AP-DRG is an expansion of the basic DRG classification to be more representative of the non-Medicare population.

### **All Patient Refined Diagnosis Related Group (APR-DRG)**

APR-DRG was developed by 3M and is an expansion of the AP-DRG structure where each APR-DRG includes four severities of illness subclasses and four mortality subclasses. Subclass assignments are driven by patient discharge coding, in particular, patient age and sex and secondary diagnoses.

### **Diagnosis Related Group (DRG)**

DRG is based on hospital-reported patient discharge data. Each patient case is assigned a DRG. DRG form a classification system designed to group similar discharges according to the medical condition being treated and the resources consumed by the hospital in treating the condition.

### **Expected**

A severity adjusted value based on the case mix of the subject population, using the APR-DRG methodology for severity adjustment. A more complex case mix generally will have a higher expected value, and vice versa. Expected values are primarily dependent upon two factors: the specific mix of APR-DRGs for the subject population, and the underlying distribution of severity (either severity of illness or risk of mortality) within each APR-DRG. In calculating expected values, statewide averages are substituted for the hospital's numbers at the severity level within each APR-DRG.

### **Inpatient Allowed PMPM**

The amount paid to the provider(s), including payments from health plan members and claim payments from the health plan calculated on a per member per month basis.

### **Outpatient- ER-PPV Allowed**

The allowed preventable dollars calculated on a per member per month basis, in the outpatient setting.

### **Percent Difference**

The percent difference between the observed value and the expected value. Negative values indicate actual (reported) performance better than expected, given the population's case mix. Percent difference values in HIS Services can be considered "apples-to apples" for comparison purposes, as differences in case mix have been accounted for in defining the expected values used in the calculation of percent difference. The formula for percent difference is observed minus expected, divided by expected.

### **Percentile Ranking (Star Rankings in HIS Services)**

Percentile ranking is based on the hospital's relative ranking for percent difference versus the rest of the state. Each star represents a quintile (or fifth). \*\*\*\*\* indicates the hospital's percent difference value fell into the 81st to 100th quintile, (i.e., a top performer,) and \* indicates the hospital's percent difference value fell into the 0 through 20th quintile, (i.e., the bottom fifth versus the rest of the state).

### **PPS Allowed Preventable PMPM**

The amount paid to the provider from allowed PPS preventable calculated per member per month basis.

### **Provider- PPA/PPR Allowed Preventable PMPM**

The difference between the allowed amount of PPA and PPR preventable calculated per member per month basis.

### **Risk Weight**

Adjusted risk for patient pool.

### **Severity of Illness and Risk of Mortality Subclass**

The extent of physiological decomposition or organ system loss of function experienced by the patient. Risk of mortality subclass refers to the patient's likelihood of dying. Severity of illness and risk of mortality are divided into four subclasses based on reported discharge data, particularly patient demographics and secondary diagnoses. The four severity subclasses are numbered 1 to 4 indicating respectively: minor, moderate, major and extreme severity of illness. Level zero is assigned to those patients that are assigned into the ungroupable class. High numbers of cases in the level zero subclass may indicate coding deficiencies. Severity of illness and risk of mortality subclasses are distinct patient attributes. For example, a patient with acute cholecystitis has a significant amount of organ decomposition but a low risk of dying. Separate subclasses are assigned to patient for severity of illness and risk of mortality. In the APR-DRG system, a patient is assigned three distinct descriptors: the base APR-DRG (e.g., 302 Kidney Transplant), severity of illness subclass, and risk of mortality subclass.

### **Total Cost of Care**

Overview of population data per member per month for a specific facility or provider.

### **Utilization**

Overview of the population data in monetary form per thousand per year. The Utilization section of the dashboard breaks down the Inpatient and ER visits, Pharmacy Rx and Generic prescription percentage.

### **Variance Potentially Preventable Admits (PPA)**

The difference between Allowed Amount and Expected Amount of PPAs in Provider Preventable dollars.

### **Variance Potentially Preventable Visits**

The total provider preventable visits per thousand per year above or below expected.

### **Variance Potentially Preventable Services (PPS)**

Ancillary services ordered by Providers that may not provide useful information for diagnosis and treatment calculated. The difference between the allowed amount and expected amount of PPSs per thousand per year above or below expected.

### **The Value Index Score (VIS)**

A single score that quantifies the quality of care incorporating Risk Adjustment (removing the variability of sickness of the patient pool). VIS quality measures exist in six domains – chronic and follow-up care, primary and secondary prevention, tertiary prevention, continuity, panel health status and efficiency.

## VIS Measurement Glossary

### **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.

### **Percent of Attributed Members with Hospital Discharge Visit within 30 Days of Discharge**

Percent of members with a Primary Care Physician (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.

### **Percent of Attributed Members with Chronic Disease with at Least Three Provider Visits**

The percent of members with a dominant chronic condition who had 3 or more visits with a qualified provider during the measurement period

#### Primary and Secondary Prevention

### **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.

### **Colorectal Cancer Screening**

The percent of members aged 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.

### **Percent of Attributed Members (birth to 15 months) who had the Recommended Number of Well-Child Visits with a PCP**

The percent of members who turned 15 months old during the measurement period, who received 6 or more well-child visits during their first 15 months of life.

### **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.

#### Tertiary Prevention

### **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.

### **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.

## Continuity

### **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).

### **Percent of Attributed Members with a PCP Visit**

The percent of members with a PCP visit in the measurement period.

### **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 4 visits to either a physician or the ER. Score for each person is a formula that measures care dispersion.

## Panel Health Status

### **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.

### **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.