

GLOSSARY

COST

Allowed Costs - Contractual "allowed amounts" due to providers inclusive of member out of pocket obligations such as coinsurance, copays, deductibles, etc. Report shows allowed rather than "net" to provide easier comparisons between plans with different benefit designs (e.g., HMO plans vs PPO plans).

Allowed Costs Per Member Per Month (PMPM) - Allowed cost divided by sum of member months in period. Adjusts for population size.

Allowed Costs Per Admit - Allowed costs for acute care hospitalizations per each admit.

Allowed Costs Per Rx Days Supply - Allowed costs Rx divided by the sum of Rx days supply, or average cost per day of Rx.

UTILIZATION

Visits - Same patient, same date of service for all non-inpatient care.

Per 1,000 Members - Visits divided by average annual membership times 1000. Adjusts for population size.

Admits - Acute care hospitalizations (excludes Skilled Nursing Facilities).

Rx Days Supply PMPM - Number of days of Rx prescribed divided by member months.

SERVICE CATEGORIES

Mutually exclusive "buckets" of health care experience based on a hierarchy of place of service, provider type, procedure, diagnostic category and admission type.

Inpatient - All facility and professional claims for Inpatient hospitalizations except Mental Health/Substance Abuse.

Emergency Room (ER) - All Facility and Professional claims in ER, except when visit results in admission.

Ambulatory Surgery (Amb Sx or Srg) - All non-inpatient facility and professional claims where a surgical procedure was performed.

Office Visit - All physician and professional claims where office visit procedure code present. Includes all laboratory, radiology and other claims occurring on same date for same patient.

Ambulatory Radiology (Amb Rad) - Outpatient radiology claims not associated with office visits.

Ambulatory Laboratory (Amb Lab) - Outpatient lab claims not associated with office visits.

Mental Health/Substance Abuse (MH/SA) - Includes all claims (Inpatient and Ambulatory) with MH/SA diagnoses.

Other Professional - Includes Professional services for Physical and Occupational Therapy, Durable Medical Devices, Dialysis and other Professional services not assigned above.

Rx - All prescription drug claims.

All Other - All other claims not assigned above, including Facility Physical and Occupational Therapy, Drug, etc., and Kaiser Other Medical Services.