

## GLOSSARY

**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

**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. VISITS ARE BASED ON SAME PATIENT, SAME SERVICE DATE

**MENTAL HEALTH / SUBSTANCE ABUSE (MH/SA)** - INCLUDES ALL CLAIMS (INPATIENT AND AMBULATORY) WITH MENTAL HEALTH/SUBSTANCE ABUSE DIAGNOSES

**INPATIENT** - ALL FACILITY AND PROFESSIONAL CLAIMS FOR INPATIENT HOSPITALIZATIONS, EXCEPT MENTAL HEALTH/SUBSTANCE ABUSE

**PRESC R<sub>x</sub>** - ALL PRESCRIPTION DRUG CLAIMS

**MEDICAL R<sub>x</sub>** - DRUGS ADMINISTERED IN AN OUTPATIENT OR PROFESSIONAL SETTING

**EMERGENCY ROOM (ER)** - ALL FACILITY AND PROFESSIONAL CLAIMS IN ER EXCEPT WHEN VISIT RESULTS IN ADMISSION

**AMBULATORY SURGERY (AmbS<sub>x</sub>)** - ALL NON-INPATIENT FACILITY AND PROFESSIONAL CLAIMS WHERE SURGICAL PROCEDURE PERFORMED

**OFFICE VISIT (Office)**- ALL PHYSICIAN AND PROFESSIONAL CLAIMS WHERE OFFICE VISIT PROCEDURE CODE PRESENT, INCLUDES ALL LAB, RAD, OTHER CLAIMS OCCURRING ON SAME DATE FOR SAME PATIENT

**AMBULATORY LABORATORY (Lab)**- OUTPATIENT LAB CLAIMS NOT ASSOCIATED WITH OFFICE VISITS

**AMBULATORY RADIOLOGY (Rad)** - OUTPATIENT RADIOLOGY CLAIMS NOT ASSOCIATED WITH OFFICE VISITS

**HOSPITAL OUTPATIENT (Hosp Outpatient)** - SERVICES PERFORMED IN A HOSPITAL OUTPATIENT SETTING. EXAMPLES INCLUDE: DIALYSIS AND DIAGNOSTIC

**PREVENTATIVE CARE** - SERVICES PERFORMED IN EITHER A HOSPITAL OUTPATIENT OR PROFESSIONAL SETTING. EXAMPLES INCLUDE: COLONOSCOPY, MAMMOGRAPHY, LIPID PANEL, OR PREVENTATIVE IMMUNIZATIONS

**OTHER PROFESSIONAL (Other Prof)**- INCLUDES PT,OT,ST,DME,AND OTHER PROFESSIONAL SERVICES NOT ASSIGNED ABOVE

**ALL OTHER** - ALL OTHER CLAIMS NOT ASSIGNED ABOVE INCLUDING FACILITY PT,OT,R<sub>x</sub>, ETC., AND KAISER OTHER MEDICAL SERVICES

**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 UTILIZATION FOR POPULATION SIZE.

**ADMITS** - ACUTE CARE HOSPITALIZATIONS (EXCLUDES SKILLED NURSING FACILITIES)

**ALLOWED COSTS PER ADMIT** - ALLOWED COSTS FOR ACUTE CARE HOSPITALIZATIONS

**R<sub>x</sub> DAYS SUPPLY PMPM** - NUMBER OF DAYS OF R<sub>x</sub> PRESCRIBED DIVIDED BY MEMBER MONTHS

**ALLOWED COSTS PER R<sub>x</sub> DAYS SUPPLY** - ALLOWED COSTS R<sub>x</sub> DIVIDED BY THE SUM OF R<sub>x</sub> DAYS SUPPLY - AVERAGE COST PER DAY OF R<sub>x</sub>