

# Population Health Risk Dataset

## PHRD v1.0 — Business Glossary

### Business Glossary

#### HCC

Hierarchical Condition Category — CMS risk adjustment model that predicts healthcare costs based on diagnosis codes.

#### RAF Score

Risk Adjustment Factor — a numeric score derived from HCC codes that reflects a member's expected healthcare cost relative to the average.

#### HEDIS

Healthcare Effectiveness Data and Information Set — NCQA's set of standardized performance measures used to assess health plan quality.

#### SDOH

Social Determinants of Health — non-clinical factors such as food insecurity, housing instability, and transportation barriers that affect health outcomes.

### Population Segmentation

The process of grouping members by risk level, condition burden, and care needs to prioritize interventions.

#### Care Gap

A preventive or chronic care service that is recommended but has not been completed by the member.

#### PMPM

Per Member Per Month — a standard healthcare cost metric expressing total cost divided by member months.

#### Star Rating

CMS Medicare Advantage star rating system (1–5 stars) measuring plan quality across multiple domains.

#### CAHPS

Consumer Assessment of Healthcare Providers and Systems — standardized patient experience survey.

#### HOS

Health Outcomes Survey — CMS survey measuring physical and mental health outcomes for Medicare Advantage members.

#### Dual Eligible

A member enrolled in both Medicare and Medicaid programs simultaneously.

#### LIS

Low Income Subsidy — CMS program providing financial assistance for Medicare Part D prescription drug costs.

#### Rising Risk

Members not yet high-cost but showing indicators of increasing health risk and utilization.

### **Complex Case Management**

Intensive care coordination for members with multiple chronic conditions and high utilization.

### **Polypharmacy**

The concurrent use of multiple medications (typically 5+), which increases the risk of adverse drug interactions.