

UNITED STATES OF AMERICA

OFFICE OF ADMINISTRATIVE LAW JUDGES

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In the matter of )  
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)

Evanston Northwestern Healthcare )  
Corporation. )

a corporation )  
\_\_\_\_\_ )

Docket No. 9315

AMENDED GLOSSARY OF TERMS

At the Court's request, the parties are submitting an Amended Glossary of Terms, which amends the Glossary of Terms filed on February 10, 2005. This amendment includes all of the

- **ADMINISTRATIVE SERVICES ORGANIZATION (ASO)** - A company that administers a managed care plan on behalf of an entity, usually an employer or union, that is self-insured, *i.e.*, that directly bears the risk for the costs of the health care services required by the company's employees. Typically, an ASO will provide back office services (claims administration, enrollment verification, etc.), and medical management and network development services (network access, contract negotiation and provider

relations) for self-insured employers. In particular, an ASO will typically negotiate contracts with hospitals, doctors, and other providers and then, through its contract with the self-insured employer, provide the employer and its employees access to those providers under the negotiated contracts. Many managed care companies will market their product both as an "ASO" in which the employer or union retains the liability for

all services that are furnished to enrollees, and as an insurer, in which the managed care

- **AMERICAN COLLEGE OF CARDIOLOGY (ACC) /AMERICAN HEART ASSOCIATION (AHA) CLINICAL PRACTICE GUIDELINES** – Clinical practice guidelines are developed through a rigorous methodological approach that mandates the review and consideration of the available medical literature. Practice guidelines define

and invasive procedures, in the diagnosis and treatment of patients with cardiovascular (heart) diseases. These evidence-based guidelines are intended to assist physicians in clinical decision making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. They attempt to define practices that meet the needs of most patients in most circumstances by categorizing the recommendations into a classification system. The development of

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- **CLINICAL DECISION SUPPORT SYSTEMS (CDSS)** – An electronic system that can make clinical suggestions to a physician by applying information on patient

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codes are most commonly used by physicians for billing purposes: sometimes they are

also used for outpatient services provided by facilities. Rarely they are used to categorize inpatient services.

- **DIAGNOSIS RELATED GROUP (DRG)** - A grouping of inpatients into hundreds of separate categories based on their diagnoses and the procedures they undergo while hospitalized. Each DRG is assigned a case weight based on the average resources among many hospitals required to treat patients in that DRG.
- **DIAGNOSIS RELATED GROUP (DRG) REIMBURSEMENT** - A method of payment in which the reimbursement for inpatient hospital services is set based on the DRG into which a patient is classified. As a general rule, the amount of payment will not vary if the hospital renders significantly greater or less services in treating the patient than is the estimated average, or if the hospital incurs costs that are greater or less than the typical cost incurred by hospitals.
- **DISCOUNT FROM CHARGES OR DISCOUNT OFF CHARGES REIMBURSEMENT** - A method of payment where reimbursement for inpatient

services, outpatient services or both is based upon a discount from the hospital's

- **ELECTRONIC MEDICAL RECORD (EMR)** – Patient clinical information that is electronically recorded and stored.







contracts to provide services to enrollees of a health benefit plan (HMO, PPO, POS, etc.) for the contractually-determined prices.

- **OBSERVED MORTALITY (OMR)** – Is the observed number of deaths (for patients who underwent a specific procedure or had a specific diagnosis) divided by the total

number of patients (who underwent the same procedure or had the same diagnosis).

- **OBSTETRIC TRAUMA** – Refers to injuries suffered by women during delivery. In the



relevant statewide mortality rate (for example 2.25% for isolated CABG patients in 1999-2001 or 7.12% for NY-1 or NY-10 CABG patients in 1999-2001)

- **RISK-ADJUSTMENT** – A statistical technique that is used to account for differences in patient characteristics

- **VAGINAL BIRTH AFTER CESAREAN (VBAC)** – A vaginal delivery after a previous caesarean delivery. One of the most common reasons for cesarean sections is the presence of a uterine scar from a previous cesarean section. A previous uterine scar can tear or open up during a labor with a subsequent pregnancy. Some physicians attempt a VBAC in their patients in order to avoid repeat cesarean sections (because of the increased morbidity associated with cesarean sections).

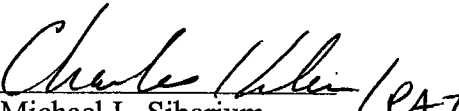
- **VOLUNTARY REVIEW OF QUALITY OF CARE (VRQC) PROGRAM** – An ACOG program that assists hospitals and physicians in assessing the quality of care provided in their departments of obstetrics and gynecology. Through this program, ACOG can supply, upon request, a team of qualified obstetrician/gynecologists to evaluate the clinical performance in the area of obstetrics and gynecology.

Respectfully Submitted,

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Counsel for Respondent

**CERTIFICATE OF SERVICE**

I hereby certify that on April 22, 2005, a copy of the foregoing Amended Complaint of \_\_\_\_\_

*Terms* was served by hand, email and first class mail, postage prepaid, on:

The Honorable Stephen J. McGuire  
Chief Administrative Law Judge  
Federal Trade Commission  
600 Pennsylvania Ave. NW (H-106)  
Washington, DC 20580

*(two copies served delivered by hand)*