



SHP *Solutions*[™] for Agencies

Comprehensive Report Catalog

9/21/2018

Version 1.11

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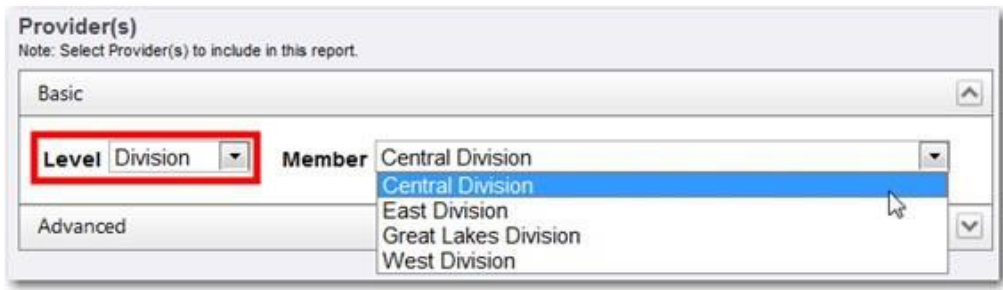
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Introduction

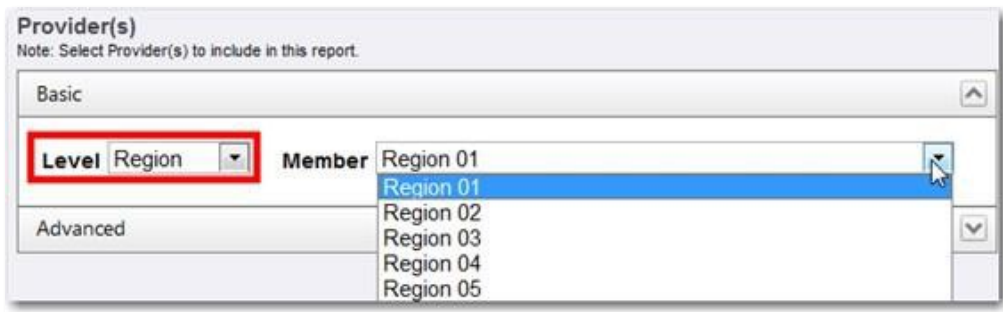
The purpose of this document is to list the dynamic reports that can be found in SHP and how they can be utilized.

Provider Selection

For organizations with multiple agencies utilizing SHP, nearly all reports can be run and grouped by any combination of agencies in your enterprise. If your organization utilizes a hierarchy that groups agencies into regions, divisions or any other sub-grouping, SHP can be configured to utilize your organizational hierarchy. Once the hierarchy is configured in SHP by your Customer Manager, the "Report Parameters" page will reflect the levels that have been configured.

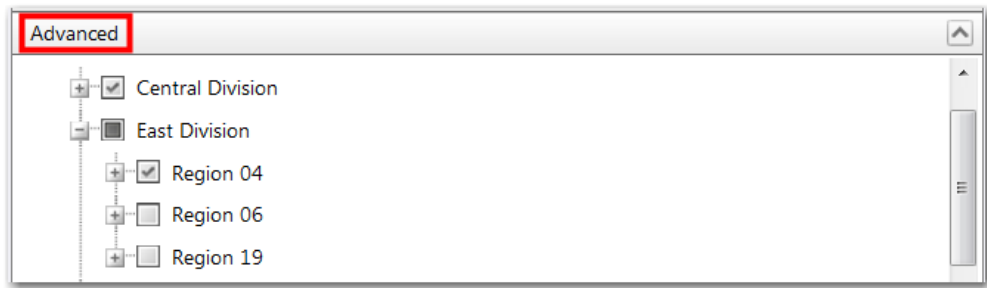


The screenshot shows the "Provider(s)" control with the "Basic" section selected. The "Level" dropdown is set to "Division" and the "Member" dropdown is set to "Central Division". The "Advanced" section is collapsed.



The screenshot shows the "Provider(s)" control with the "Basic" section selected. The "Level" dropdown is set to "Region" and the "Member" dropdown is set to "Region 01". The "Advanced" section is collapsed.

To run reports for a grouping of agencies other than the standard levels for your hierarchy, the "Advanced" section of the "Provider Selection" control can be used to select any combination of agencies.



The screenshot shows the "Advanced" section of the "Provider(s)" control. It displays a tree view of agency groupings with checkboxes for selection. The groupings are: Central Division (checked), East Division (unchecked), Region 04 (checked), Region 06 (unchecked), and Region 19 (unchecked).

If a custom hierarchy is not configured for your organization the "Provider Selection" control will only display groupings for "CCN" and "Provider".

Comprehensive Overview Reports

These reports can be used to obtain an overview of how your organization is performing in multiple areas of performance improvement.

Real-Time Home Health Compare(HHC)

Grouping: Clinical Performance

Required Access Level: Standard

Description: The Overview section of the HHC Report can be used to review the 7 improvement outcomes, 13 process measures, 2 utilization outcomes, and 5 HHCAHPS metrics (If your organization is utilizing SHP to administer your HHCAHPS surveys) that are part of Home Health Compare.

To view the “Percentile Goals” section of this report, use the “[Click to View Reference Percentiles](#)” link on the bottom right hand corner of the report. This page can be used to determine the percentage your agency needs to reach for each measure on the report in order to achieve a specific percentile ranking among your peers.

Parameters: Date Range, CMS Reporting Period, Override CMS Reporting Period, Require Claims, Payer Type, Process Measure Inclusion Options, Group or Batch, Telehealth

User Guide: Yes

Screenshots:

Overview

Percentile Reference

Real-Time Star Ratings Preview – Quality of Patient Care

Grouping: Clinical Performance

Required Access Level: Standard

Description: Lines 1-13 of the Initial Decile Rating section detail the Decile rating for each of the Quality Measures included in the Star Rating calculation. Lines 14-18 will show the impact of the adjustment logic applied by CMS to your final Star Rated score.

Parameters: Payer Type, Process Measure Inclusion Options, OASIS Version Inclusion, Telehealth, Group or Batch.

User Guide: Yes

Screenshots:

SHP Real-Time Star Ratings Preview - Quality of Patient Care										
Superior Outcomes										
CMP# 2116-1216, Hosp: 1215-0916										
Report Date: 7/15/2017										
1	Initial Decile Rating	Process Measures				Outcome Measures				
		Timely Initiation of Care	Crsg Evaluation All Incls	Fu Vaccines Received	Improvement in Ambulation	Improvement in Suo Tr	Improvement in Eating	Improvement in Pain	Improvement in Dyspnea	60-Day Hospitalizations
2	0.5	0.0412	0.0491	0.0418	0.0506	0.0433	0.0506	0.0478	0.0402	21.5-100.0
3	1.0	01387.5	02294.3	41.987.0	02758.3	43.452.0	02760.3	47.986.7	40.564.1	19.4-21.2
4	1.5	07640.7	14448.4	07149.6	18440.2	53108.0	60448.8	50844.5	24242.3	19.2-19.7
5	2.0	02862.9	06597.6	06771.2	03308.7	55102.4	05949.5	04686.8	02167.2	17.2-18.1
6	2.5	03944.7	07386.4	71475.3	66148.4	62543.7	69672.5	69572.6	67371.2	16.4-17.1
7	3.0	04849.9	08590.0	76478.8	69071.9	65866.7	72676.3	72776.4	71374.7	15.5-16.3
8	3.5	06040.0	09149.4	79402.2	72304.4	69371.6	75476.3	76540.6	74676.9	14.5-14.4
9	4.0	07147.9	09549.8	82388.8	74477.6	71775.1	78481.9	80746.3	78146.7	13.1-14.4
10	4.5	08049.9	09449.9	85140.5	77749.1	75249.2	82447.1	85449.8	81486.6	11.3-13.2
11	5.0	09149.0	100100.0	906100.0	832100.0	803100.0	873490.0	829100.0	867100.0	0.0-11.2
12	Your HHA Score	88.0	86.7	84.5	78.5	76.4	74.3	70.4	69.7	11.1
13	Your Initial Decile Rating	4.5	4.0	4.0	4.5	4.5	5.0	4.5	4.0	5.0
14	Your Number of Cases (N)	1341	1327	831	1064	1076	1090	963	1090	526
15	National (All HHAs) Median	84.7	86.5	75.4	69.5	66.0	72.5	72.7	71.3	16.3
16	Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
17	Your Statistical Test Results (in the column A-D2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Your HHA Adjusted Rating	4.5	4.0	4.0	4.5	4.5	5.0	4.5	4.0	5.0
19	Your Average Adjusted Rating									
20	Your Average Adjusted Rating Rounded									
21	Final Step: Convert Your Average Adjusted Rating Rounded (Line 20) to the 1 to 5.0 star scale as shown below:									
Average Adjusted Rating Rounded		Your Overall Star Rating (1 to 5.0)				% of CCUs with Rating (Q42117)				
4.5 and 5.0	(5.0) ★★★★★					4.14%				
4.0	(4.0) ★★★★					39.67%				
3.5	(4.0) ★★★					38.89%				
3.0	(3.5) ★★					20.81%				
2.5	(3.0) ★					19.81%				
2.0	(2.5) ☆					19.69%				
1.5	(2.0) ☆					10.98%				
1.0	(1.5) ☆					3.84%				
0.5	(1.0) ☆					0.37%				

Hypens indicate data not available. Italicized scores are CMS disease match.
CMS all points used (P4). Outcomes/Process Measures: 27/2017. Hospitalizations: 27/2017. Data parameters match star rating. Data parameters do not match star rating.

Clinical Executive Advantage

Grouping: Clinical Performance

Required Access Level: Standard

Description: This report can be used to review key metrics at the agency, state, enterprise, and national level. The report includes sections that percentile rank the 11 outcomes, 2 potentially avoidable events, 16 process measures, and 5 HHCAHPS metrics (If your organization is utilizing SHP to administer your HHCAHPS surveys) that are part of Home Health Compare as of January 2010.

Drill Down: When viewing the report in the “Report Viewer”, click on the links in any column to drill down to the corresponding patient detail for the measure you are researching.

Parameters: Date Range, Payer Type, Process Measure Inclusion Options, OASIS Version

Screenshot:

The screenshot displays a table titled "SHP Clinical Executive Advantage" with the following data:

Episodes Started Assessment Types (D1) (D3)	Medicare Traditional		Medicare HMO		Medicaid Traditional		Medicaid HMO		Other		Total Episodes*							
	ADT/10	Rate	ADT/10	Rate	ADT/10	Rate	ADT/10	Rate	ADT/10	Rate	ADT/10	Rate						
Enterprise	7,580	1,154	8,244	1,055	268	5,433	800	105	1,880	90	118	3,711	385	4,196	14,205	1,540	14,172	
Superior Home Care of Ventura	1,316	276	1,824	212	36	244	247	59	305	4	1	150	90	481	2,547	370	2,423	
Enterprise (CA)	1,316	276	1,824	212	36	244	247	59	305	4	1	150	90	481	2,547	370	2,423	
Superior Home Care of Goodville	77	14	91	13	2	19	9	1	14	0	0	10	2	12	99	10	117	
Superior Home Care of Phoenix	2,836	420	3,123	1,444	169	1,613	300	89	428	60	13	73	1,433	151	1,604	5,732	736	4,847
Superior Home Care of Flagstaff	330	26	337	2	0	2	10	1	11	0	0	7	3	6	366	20	414	
Superior Home Care of Gilbert	600	125	1,845	90	17	197	27	9	64	2	0	235	22	288	1,276	154	1,442	
Superior Home Care of Mesa	1,316	230	1,748	1,067	147	1,214	114	17	131	22	2	84	66	1,006	3,006	427	3,833	
Enterprise (AZ)	6,010	816	6,251	2,011	203	2,041	194	68	84	61	99	2,740	244	2,942	14,206	1,421	12,358	
Superior Home Care of Las Vegas	630	60	619	207	27	234	112	13	121	11	0	14	33	46	421	1,242	110	1,237
Enterprise (NV)	630	60	619	207	27	234	112	13	121	11	0	14	33	46	421	1,242	110	1,237

* Since an episode may have multiple payers or no payers, the sum of the payer counts may not be equal to the Total Episodes count.

Rehospitalization Report

Grouping: Hospital Utilization

Required Access Level: Standard

Description: The Rehospitalization Report provides an analysis of the 30-day rehospitalization rate that will appear on Home Health Compare in 2015. Further metrics include breakdowns by the 5 hospital diagnosis penalty groups of AMI, Heart Failure, Pneumonia, Joint Replacement, and COPD. The second page of this report identifies the score your organization must achieve in order to score in each percentile bucket. Additional breakdowns include rehospitalizations by day of the week and patients rehospitalized within 0-7 days, 0-14 days, 0-30 days, 0-60 days, and 0-90 days.

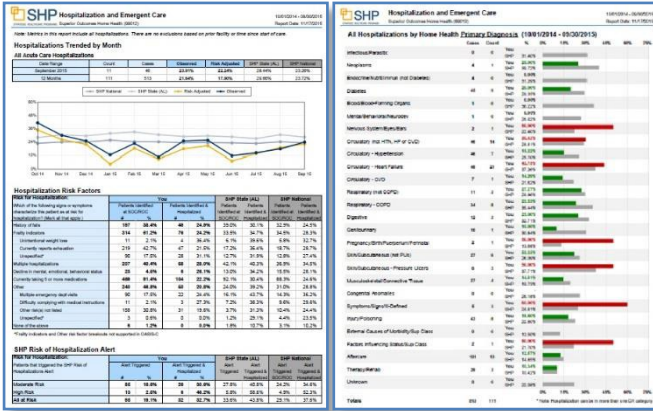
Drill Down: When viewing the report in the “Report Viewer”, click on the links in any column to drill down to the corresponding patient detail for the measure you are researching.

Parameters: Date Range, Payer Type, Require Claims, Telehealth, Exclude CMS Ineligible DX Categories

User Guide: Yes

Screenshots (Page 7):

Screenshots:



60-Day Hospitalization Patient Detail

Grouping: Clinical Performance

Required Access Level: Standard

Description: This report can be used to review all patients that were hospitalized within 60-days of their home health start-of-care date. The report can be sorted by any column.

Parameters: Date Range, Require Claims, Payer Type, Time Elapsed Since SOC

User Guide: No

Screenshot:

SHIP 60-Day Hospitalization Patient Detail
 Superior Oklahoma Home Health
 01/01/2012 - 04/01/2014
 Report Date: 04/01/2014

Total 60-Day Hospitalizations in Report: 5

Patient ID	Patient Name	SOC Provider ID	SOC Clinician	SOC Date			Days From SOC	Home Health Primary Dx
				ICD-9	Type	Date		
CC00131	Marth, Steve	9999		10/10/2011	(SR)	11/02/2011	16	250.02, DM w/ comp uncontrolled
A20392	Shurt, Mark	9999		11/02/2011	(SR)	11/02/2011	0	E79.2, Obstruction of bile duct
CC00492	Chase, Cheryl	9999		04/02/2012	(SR)	06/10/2012	82	250.02, DM w/ comp uncontrolled
A21012	Gaffgan, Jim	9999		02/18/2012	(SR)	04/12/2012	85	K26.0, CHF NOS
CC00214	Caray, Jim	9999		01/04/2012	(SR)	01/30/2012	26	250.02, DM insulin reql at uncontrolled

Outcomes Reports

These reports can be used to obtain an overview of how your organization is performing in regards to outcomes.

Outcomes Trended

Grouping: Clinical Performance

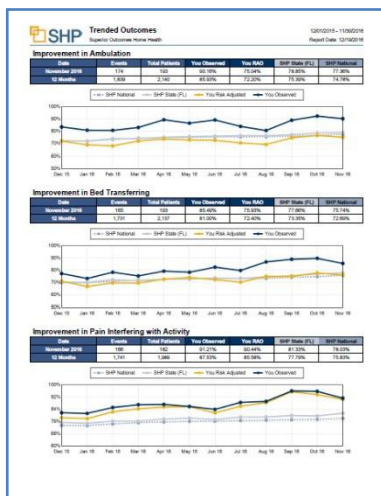
Required Access Level: Standard

Description: This report displays both actual and risk-adjusted trended outcomes data along with the state and national benchmarks for the selected time period.

Drill Down: To research trends, click on the links in the “Events” column or click on individual months on the blue “You Observed” trend line to drill down to the “Outcomes Patient Detail” and show all patients that “Improved” in that month for the outcome you are reviewing. In the “Outcomes Patient Detail Report”, the “Report Mode” can be changed to view eligible unimproved, improved, stabilized, declined, or all patients.

Parameters: Report End Date, Payer Type, OASIS Episode Inclusion Options, Telehealth

Screenshot:



Outcomes Patient Detail

Grouping: Clinical Performance

Required Access Level: Standard

Description: This report can be used to review all completed clinical episodes for any given time period. After selecting the outcome you wish to analyze by clicking on the outcome name in the header, the “Report Mode” can be changed to view eligible unimproved, improved, stabilized, declined, or all patients. The report can also be sorted by any column. Each patient name links to the Episode Einstein Report for the selected patient.

Parameters: Date Range, Payer Type, Outcome, Outcome Type, Telehealth, OASIS Episode Inclusion Options

Screenshot (Page 11):

SHP Outcomes Patient Detail

© 2011 SHP - 011-0011
Report Date: 11/20/2011

All Patients

Filter by Outcome: Standard (Not Eligible to Improve) Standard (Eligible to Improve) Higher Outcome

Filter by Health Compare Measure

Patient	SNIC Outcome	SNIC Case Mgr	SNIC Date	SNIC Value	SNIC Benchmark	SNIC Status
1000000001	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000002	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000003	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000004	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000005	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000006	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000007	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000008	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000009	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000010	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000011	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000012	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000013	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000014	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000015	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000016	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000017	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000018	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000019	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000020	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000021	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000022	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000023	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000024	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000025	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000026	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000027	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000028	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000029	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100
1000000030	SNIC-URGE	SNIC-URGE	11/20/11	100	100	100

Outcomes Analyzer

Grouping: This web query can be found on the SHP Secure Portal under Applications → Agencies → Outcomes Analyzer.

Required Access Level: Standard

Description: This web query can be used to run custom queries on your organization's outcomes by Primary Diagnosis, Month, Clinician, Clinician Specialty, Case Manager, Team, Customer Defined Groups, or Provider.

Parameters: Outcome, Payment Type, Date Range, Diagnosis Group, Group By, Enterprise

Screenshot:

Outcomes - Updated for OASIS-C

Note: Telehealth Outcomes have been moved to our new dynamic reports.
Please see the Home Health Compare report or the Trended Outcomes report.

Outcome: Payment Type: Date Range:

Diagnosis (primary or secondary): Group By: Results To: Enterprise: Current Provider

Date	Number of Events	Total Episodes	Your Rate	SHP Benchmark
1 Jan '11	14	59	23.7%	27.4%
2 Feb '11	10	46	21.7%	26.0%
3 Mar '11	9	63	14.3%	24.6%
4 Apr '11	9	72	12.5%	25.2%
Totals:	42	240	17.5%	25.8%

Process Measures Reports

These reports can be used to obtain an overview of how your organization is performing in regards to the Home Health Process Measures that started being tracked by CMS as of January 2010.

Process Measures Overview

Grouping: Clinical Performance

Required Access Level: Standard

Description: This report can be used to review all 47 CMS Process Measures for any given time period compared to State and National averages.

Drill Down: Click on any measure to drill down to the Process Measure Patient Detail Report. The Process Measure Patient Detail Report will be automatically filtered to show only the patients for whom the selected process measure was not "met".

Parameters: Date Range, Payer Type, Process Measure Inclusion Options

Screenshot:





Process Measures Patient Detail

Grouping: Clinical Performance

Required Access Level: Standard

Description: This report can be used to review all 47 CMS Process Measures for any given time period at the patient level. By clicking on any process measure name in the report you can filter the report and view all patients that had a negative result for the selected Process Measure. You can also sort by any column by clicking on the arrows next to each column header.

Drill Down: Click the Patient Name to open Episode Einstein™ or click the  arrow  arrow to

open up the alert details and see the individual OASIS items related to the event.

Parameters: Date Range, Payer Type, Process Measure Inclusion Options

Screenshot:

Patient	SBOC	SBOC Category	SBOC Care Mgr	Assessment	Care Planning	Care Coordination	Patient Education	Care Delivery	Patient Safety
JOHN, JON	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
JOHN, JON	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
PATENT, TAMI	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
MIC, BRUCE	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
THOMPSON, TONY	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
BILL, BILL	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
WATSON, WATSON	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met
BLACK, BLACK	MJSE WANCY	NEWQPL	CADY	Met	Met	Met	Met	Met	Met

Potentially Avoidable Events Reports

These reports can be used to obtain an overview of how your organization is performing in regards to the Potentially Avoidable Events (Adverse Events) that are tracked by CMS.

Potentially Avoidable Events

Grouping: Clinical Performance

Required Access Level: Standard

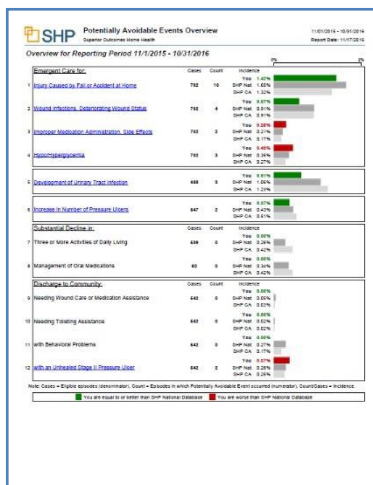
Description: This report can be used to review all Potentially Avoidable Events that are tracked by CMS for any given time period compared to State and National averages.

Drill Down: From the Overview section, click on any measure to drill down to the Patient Detail section. From the Patient Detail section, click the Patient Name to open Episode Einstein™ or click the “Assessment” column to open up the alert details for the event.

Parameters: Date Range, Payer Type, OASIS Episode Inclusion Options

Screenshots:

Overview



Patient Detail

Patient Name	Episode ID	SOC/ROC Class	SNF ID	SNOC	ROD	Description	Event Type	Assessment
DEMO Williams, John	DEMO000001	DEMO Clinician 5	98012	03/02/2013	154.81	Altered joint position	EC - Wound Infection/Status	03/15/2013 (06 TRF) - No DC
DEMO Harrington, Bill	DEMO000002	DEMO Clinician 2	98012	01/02/2013	158.30	Arm non-hanging dressing	EC - Fall or Accident at Home	03/15/2013 (06 TRF) - No DC
DEMO Macdonald, Bill	DEMO000003	DEMO Clinician 8	98012	02/18/2013	148.81	Lt of left hand skin side	EC - Wound Infection/Status	03/15/2013 (06 TRF) - No DC
DEMO Miles, Kelly	DEMO000004	DEMO Clinician 2	98012	02/02/2013	168.32	Change normal or wound	EC - Wound Infection/Status	03/15/2013 (06 TRF) - No DC
DEMO Robinson, Dean	DEMO000005	DEMO Clinician 3	98012	03/09/2013	154.81	Altered joint position	Development of UTI	03/20/2013 (06 DC)
DEMO Payne, Jason	DEMO000006	DEMO Clinician 7	98012	01/09/2013	168.8	Ventilator & NG/DO-removed	EC - Fall or Accident at Home	03/17/2013 (06 TRF) - No DC
DEMO Roberts, Bill	DEMO000007	DEMO Clinician 4	98012	02/02/2013	154.81	Altered joint position	Development of UTI	03/09/2013 (06 DC)
DEMO Wiley, Andrew	DEMO000008	DEMO Clinician 5	98012	01/11/2013	154.12	Altered touch to low arm	Decline - Mgmt of Oral Meds	03/11/2013 (06 DC)

Case Mix Distribution Report

Grouping: Financial/Operational

Required Access Level: Standard

Description: This report can be used to obtain a breakdown of which PPS revenue rules (Table 2A/Table 4) fire the most frequently for your organization compared to the SHP Benchmark. This can be useful in obtaining a breakdown of the clinical conditions that are generating revenue for your organization.

Drill Down: In the multi-provider version of the report, click on the Agency Name in the report header to drill down to the single site report. If run for a single site the report will show monthly groupings for the date range that the report was run for.

Parameters: Date Range, Payer Type

User Guide: Yes

Screenshot:

The screenshot displays the SHP Case Mix Distribution Report. At the top, it shows the SHP logo and the report title. Below the title, there is a small text box stating: "This report identifies how the case mix categories and revenue related OASD measures compare to your revenue." The report date is listed as 01/01/2016 - 06/30/2016.

The main data table has the following columns: Diagnostic Category, PPS #, and six months (Jan 2016, Feb 2016, Mar 2016, Apr 2016, May 2016, Jun 2016). Each month column contains a 'Yes' value and an 'SHP Benchmark' value. The 'Yes' values are often in red text, indicating higher than benchmark performance.

Diagnostic Category	PPS #	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Bronchitis	1	Yes	0.00%	0.00%	0.00%	0.00%	0.00%
Blood	2	Yes	3.34%	1.33%	2.44%	0.42%	0.34%
Cancer	3	Yes	9.99%	12.20%	6.19%	11.20%	6.34%
Diabetes	4 & 5	Yes	48.18%	41.23%	37.64%	49.00%	46.47%
Dyspepsia	6 & 7	Yes	1.18%	0.60%	1.30%	0.89%	2.13%
Gastrointestinal	8, 9, 10	Yes	6.86%	4.66%	6.19%	3.73%	4.29%
Heart Disease	11	Yes	37.86%	30.29%	36.89%	34.97%	30.19%
Injury	12-18	Yes	23.98%	24.00%	15.48%	24.52%	23.40%
Other	19 & 20	Yes	0.86%	1.25%	2.40%	0.80%	0.80%
Pneum	21 & 22	Yes	0.94%	0.60%	0.60%	0.80%	0.80%
Pulmonary	23 & 24	Yes	0.60%	0.60%	0.60%	0.60%	0.60%
Skin	25-28	Yes	0.90%	4.00%	3.90%	7.90%	12.77%
Urology	29	Yes	1.18%	1.33%	1.30%	1.89%	0.80%
Unsure	30	Yes	2.20%	1.33%	1.30%	3.77%	2.13%
Average Efforts per Episode		Yes	1.27	1.42	1.17	1.42	1.31
		SHP Benchmark	1.27	1.26	1.26	1.26	1.27

Standard Deviations from the SHP Benchmark: -3, -2, -1, 0, 1, 2, 3

Case Weight Drill Down

Grouping: This web query can be found on the SHP Secure Portal under Applications → Agencies → Case Weight Drill Down.

Required Access Level: Standard

Description: This web query can be used to analyze your organization’s RAP and Final Case Weight by Month, Clinician, Clinician Specialty, Case Manager, Team, or PPS Rule. In the Clinician and PPS Rule groupings there are additional columns that display OASIS accuracy percentages as well as SHP edit resolution percentages.

Drill Down: Group the query by “Clinician” or “PPS Rule” then click on the **blue arrow** in the left-hand margin to drill down and view more details on the case-mix breakdown.

Parameters: Date Range, Episode Start/Episode End, Group By, Payer Type

Screenshot:

Clinician	Number of Episodes RAP	Average Case Weight RAP	Number of Episodes Final	Average Case Weight Final	Number of Episodes Total	OASIS submission error %	Percentage of Audits Resolved	Average Audits per Assmt	
1 ADAMS, VERONICA RN	19	1.252	17	1.221	19	83.3%	42.6%	2.53	
2 ANDERSON, KIMBERLY RN	22	1.174	20	1.251	23	86.7%	34.2%	2.43	
PPS Rule (Table 2A)									
PPS Rule (Table 2A)	Rater (Role)	Number of Episodes RAP	Average Case Weight RAP	Number of Episodes Final	Average Case Weight Final	Number of Episodes Total	OASIS submission error %	Percentage of Audits Resolved	Average Audits per Assmt
Diagnosis Codes									
1 Blood	2	5	1.415	5	1.597	5	100.0%	40.0%	2.5
2 Cancer	2	3	1.246	3	1.463	3	100.0%	12.5%	2
3 Diabetes 4, 8, 5	9	9	1.097	7	1.397	9	75.0%	33.3%	1.5
4 Gastrointestinal 8, 9, 10	5	5	1.176	5	1.094	5	100.0%	36.8%	3.8
5 Heart Disease	11	18	1.185	17	1.233	18	83.3%	38.9%	2.25
6 Neuro	12-18	9	1.171	9	1.21	9	100.0%	40.7%	4.5
7 Ortho	19 & 20	1	2.269	1	2.269	1	100.0%	100.0%	4
8 Psych	21 & 22	3	1.029	2	1.074	3	50.0%	42.9%	1.17
9 Pulmonary	23 & 24	1	0.734	1	0.734	1	100.0%	25.0%	4
10 Skin	25-28	5	0.995	4	1.01	5	33.3%	33.3%	0.5
ICD-9-CM									
11 Bowel	43	7	1.485	5	1.598	7	85.0%	50.0%	2.4
12 Dyspnea	42	5	1.399	5	1.53	5	88.9%	40.9%	2.44
13 Infectable	45	8	1.171	7	1.342	8	66.7%	52.9%	1.42
14 Pain	34	13	1.348	12	1.471	13	94.4%	42.0%	2.81
Ulcers and Wounds									
15 Press Ulcer Status 38 & 37	2	2	1.868	2	1.529	2	100.0%	72.7%	5.5
16 Stasis Ulcer Status 38 & 39	2	2	1.032	2	1.032	2	50.0%	50.0%	1
17 Surg Wound Status 40 & 41	2	2	0.987	1	0.901	2	100.0%	60.0%	2.5
Functional Status									
18 Ambulation	50 & 51	19	1.226	17	1.323	19	84.0%	40.7%	2.35
19 Bathing	47	17	1.277	15	1.354	17	83.3%	42.1%	2.38
20 Dressing	46	19	1.215	18	1.29	19	92.0%	38.2%	2.76
21 Toileting	48	2	1.073	1	1.073	2	100.0%	42.8%	3.5
22 Transferring	49	2	1.073	1	1.073	2	100.0%	33.3%	3
3 ARRINGTON, JOYCE RN	7	0.985	6	1.207	7	85.7%	33.3%	2.57	
4 BARRALE, SUSAN PT	9	1.59	5	1.457	9	83.8%	41.7%	1.09	
5 BERKENBLE, CATHY RN	1	0.822	0	0	1	100.0%	0.0%	2	
6 BILDNER, KATHLEEN RN	19	1.098	16	1.17	19	87.5%	40.4%	2.17	
7 BURKE, CONSTANCE RN	17	0.993	15	1.009	17	92.3%	40.4%	2.19	

Staff Performance


These reports can be used to obtain an overview of how each clinician, case manager, or team in your organization is performing in selected financial and outcomes related metrics. These reports can be used for quarterly or annual staff reviews to determine where your staff excels or need to improve.

Overview

Grouping: Staff Performance

Required Access Level:

Standard

Description: This report can be used to compare financial metrics, SHP usage, outcomes, process measures, potentially avoidable events and HCAHPS performance for all clinicians at your agency compared to your agency, SHP State and SHP National benchmarks. Each column on the overview report can be sorted by clicking on the  arrow above each column.

Drill Down: Click on a name to drill down to the full scorecard for a specific clinician

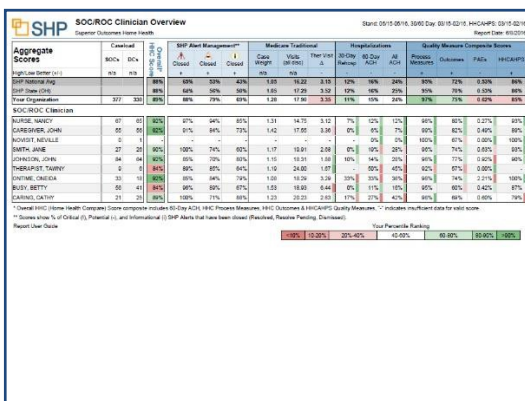
Parameters: Date Range, Data Type (Multiple individuals, teams, providers can be selected), Clinical Payer Type, Financial Payer Type, Process Measure Inclusion Options, OASIS Episode Inclusion Options. You will also have the opportunity to choose your clinicians from “Clinician SOC/ROC” (Clinical scores will be attributed to the SOC/ROC clinician) or “Clinician Current” (Clinical Scores will be attributed to the Discharge/Transfer clinician).

Layout: “Use Recommended” will automatically toggle between either the “Staff & Agency”, or the “Patient Source” layout options, depending upon which of the Data Type parameter you select. The “Staff & Agency” layout will identify both positive results and opportunities for performance improvement for your organization in key metrics, and will feature important information regarding the management of SHP Alerts. The “Patient Source” layout will highlight your organization’s payer mix, along with a more in-depth look at your hospitalization rates (this layout is preferred when run for a Referral Source). The “Patient Source” layout will not highlight areas where declines occurred for Outcomes.

User Guide: Yes

Clinician Mapping: If duplicate clinician names are shown in the list of clinicians, utilize the “Clinician Mapping” tool on the “Admin” page to merge duplicate records.

Screenshot:



The screenshot displays the 'SHP SOC/ROC Clinician Overview' report. At the top, it shows the report title, date range (03/15/2019 to 03/15/2019), and report date (03/15/2019). Below this is a table of 'Aggregate Scores' comparing 'Current' performance against 'SHP Best Management', 'Medicare Traditional', 'Hospitalizations', and 'Quality Measures Composite Score'. The 'Current' column includes metrics for BOD, BCL, and SHP Alerts. The 'SHP Best Management' column includes metrics for Case, Visc, Ther, and SHP. The 'Medicare Traditional' column includes metrics for Case, Visc, Ther, and SHP. The 'Hospitalizations' column includes metrics for 30 Day, 60 Day, and 90 Day. The 'Quality Measures Composite Score' column includes metrics for Peds, Outcomes, and Peds. Below the aggregate scores is a table of 'SOC/ROC Clinicians' with columns for Name, BOD, BCL, SHP Alerts, Case, Visc, Ther, SHP, 30 Day, 60 Day, 90 Day, Peds, Outcomes, and Peds. The table lists 10 clinicians: NURSE, WARDEN, CARLSON, JOHN, ROBERT, ANDRE, SMITH, JANE, JOHNSON, JOHN, THURGOOD, TERRY, ENYNE, CHADIA, BUCK, BETTY, and LARSON, CATLYN. At the bottom of the screenshot, there is a legend for the 'Pass/Fail' status and a 'Total Pareto Ranking' bar chart.

Scorecard

Grouping: Staff Performance

Required Access Level:

Standard

Description: This report can be used to review total admissions and discharges, top 5 primary diagnosis categories, SHP usage, financial performance, outcomes, process measures, potentially avoidable events, visit utilization and HCAHPS performance for a specific clinician at your agency compared to your agency, SHP State (by discipline) and SHP National (by discipline) benchmarks.

Drill Down: In the “Outcome Measures” and “Process Measures” sections, click on the links in the “SOC Clinician” or “Your Agency” sections to drill down to the “Patient Detail Reports” and see all patients that contributed to the measure you are reviewing. In the “Outcomes Patient Detail Report”, the “Report Mode” can be changed to view eligible unimproved, improved, stabilized, declined, or all patients.

Parameters: Date Range, Date Type (choose from a number of individuals, teams, providers which can be selected) Clinical Payer Type, Financial Payer Type, Process Measure Inclusion Options, OASIS Episode Inclusion Options. You will also have the opportunity to choose your clinicians from Clinician SOC/ROC (Clinical scores will be attributed to the SOC/ROC clinician) or Clinician Current (Clinical Scores will be attributed to the Discharge/Transfer clinician). If multiple clinicians are selected they will be grouped together in the report.

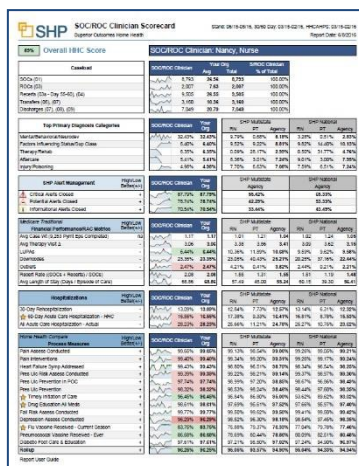
Layout: “Use Recommended” will automatically toggle between either the “Staff & Agency”, or the “Patient Source” layout options, depending upon which of the Data Type parameter you select. The “Staff & Agency” layout will identify both positive results and opportunities for performance improvement for your organization in key metrics, and will feature important information regarding the management of SHP Alerts. The “Patient Source” layout will highlight your organization’s payer mix, along with a more in-depth look at your hospitalization rates (this layout is preferred when run for a Referral Source). The “Patient Source” layout will not highlight areas where declines occurred for Outcomes.

Clinician Mapping: If duplicate clinician names are shown in the list of clinicians, utilize the “Clinician Mapping” tool on the “Admin” page to merge duplicate records.

User Guide: Yes

Screenshots:

Page 1



Page 2

