SHP Solutions™ for Agencies

Comprehensive Report Catalog

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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.

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.

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

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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:
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:**
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:

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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):
Rehospitalization Patient Detail

**Grouping:** Hospital Utilization  
**Required Access Level:** Standard  
**Description:** This report can be used to review all patients that were readmitted to the hospital after a hospital discharge. The report can be sorted by any column.  
**Parameters:** Date Range, Payer Type, Require Claims, Telehealth, Exclude CMS Ineligible DX Categories  
**User Guide:** Yes  
**Screenshot:**

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Hospital and Emergent Care Utilization

**Grouping:** Hospital Utilization  
**Required Access Level:** Standard  
**Description:** The Hospital and Emergent Care Utilization Report provides a complete picture of your Acute Care Hospitalization and Emergent Care rates using the OASIS data set. Further breakdowns include risk-factor analysis, diagnosis breakdowns, and “Reason” breakdowns.  
**Drill Down:** Coming soon  
**Parameters:** Date Range, Payer Type  
**User Guide:** Yes
Hospitalization Patient Detail

**Grouping:** Hospital Utilization

**Required Access Level:** Standard

**Description:** The Hospitalization Patient Detail report will recognize patients of varying hospitalization risk ranging from low to high.

**Parameters:** Provider selection, Date Type

**User Guide:** Yes

**Screenshot:**
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:
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):**
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:**

![Screenshot of Outcomes Analyzer interface]
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 Overview Screenshot](image)

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 ![up 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:**

![Process Measures Patient Detail Screenshot](image)
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**
Financial/Operational

These reports can be used to obtain an overview of how your organization is performing in various financial and operational categories.

Real-Time VBP Total Performance Score

**Grouping:** Financial/Operational  
**Required Access Level:** Financial  
**Description:** This report is used to evaluate performance at the CCN level for all measures contributing Value Based Purchasing. The report will show in-depth information regarding where your scores will place you compared with the most recent CMS cut points.  
**Parameters:** Reporting Period End Date  
**Drill Down:** Click on the percentages found under the “Your Current Period SHP Score Section”.  
**Screenshot:**

![Real-Time VBP Total Performance Score](image)

Financial Executive Advantage

**Grouping:** Financial/Operational  
**Required Access Level:** Financial  
**Description:** This report can be used to review key financial metrics at the agency, state, enterprise, and national level. The report includes the following financial and demographic metrics: Overview of Payment Episodes Started and Completed, RAC Risk Metrics, LUPA Analysis, Average Case Weight Analysis, Visit Utilization, Therapy Visit and Service Category by Revenue, Case Weight, and percentage of total episodes, including a thorough breakdown of the “0-5” visit category.  
**Parameters:** Date Range, Payer Type, Financial Date Type (Financial Episode Completed Date or Final Claim End Date)  
**Drill Down:** Click on the links in any column to drill down to the Financial Patient Detail report for the measure you are researching.  
**Screenshot (Page 15):**

![Financial Executive Advantage](image)
Financial Patient Detail

**Grouping:** Financial/Operational

**Required Access Level:** Financial

**Description:** This report can be used to review 60-day payment episodes individual episode level. The report includes details on Therapy Visits, All Visits, HHRG, HIPPS, Case Weight, NRS Payment, Expected Revenue, Potential Revenue, Payment Tier, LUPA/Outlier indicators, and more.

**Drill Down:** HHRG Worksheet

**Parameters:** Date Range, Payer Type, OASIS Version, Financial Date Type (Financial Episode Completed Date or Final Claim End Date), LUPA or Outlier filter

**Screenshot:**
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:
**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:**

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Number of Clinicians</th>
<th>Total Number of Episodes</th>
<th>Total Case Weight</th>
<th>Total RAP Mean</th>
<th>Total RAP Median</th>
<th>Total RAP Std Dev</th>
<th>Total Final Case Weight</th>
<th>Total Final Mean</th>
<th>Total Final Median</th>
<th>Total Final Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute Care Hospital</td>
<td>20</td>
<td>4,174</td>
<td>20</td>
<td>1,109</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2. Long-Term Care</td>
<td>1</td>
<td>1,031</td>
<td>1</td>
<td>1,031</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Inpatient Rehabilitation</td>
<td>1</td>
<td>1,057</td>
<td>1</td>
<td>1,057</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4. Home Health</td>
<td>1</td>
<td>1,057</td>
<td>1</td>
<td>1,057</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5. Hospice/OASIS</td>
<td>1</td>
<td>1,057</td>
<td>1</td>
<td>1,057</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6. Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Total</td>
<td>21</td>
<td>8,292</td>
<td>21</td>
<td>8,292</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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:**
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 HHCAHPS 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 up 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:
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 HHCAHPS 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:**