General Overview

The new version of our popular Real-Time Home Health Compare report provides a real-time preview of what will be published on the CMS Home Health Compare website. We have evolved this report as the publicly reported data has grown in complexity.

With the inclusion of Process Measures, HHCAHPS, 30 and 60-Day Hospitalization and Star Ratings, there is now an array of metrics published by CMS that are reported based on slightly different time points and criteria. SHP preconfigured all the numerous reporting parameters in a way that provides the most accurate prediction of your HHC scores in the next CMS publication cycle. While this new version of the Home Health Compare report includes the overall Star Rating value, it also has the unique ability to show the ranking for each individual measure that contributed to the overall score.

2015 Report Enhancements

- **Addition of Advanced Filtering Options**
  Supports filtering results by Referral Source, Primary Payer Name, Prior Inpatient Facility or Custom Group.

- **Addition of Star Rating scores**
  Shown both as overall rating and per applicable measure.

- **Addition of 30-Day Rehospitalizations with drill down support**
  Better/Same/Worse than expected icons added to correspond with CMS public reporting.

- **Addition of 30-Day EC without Hospitalizations with drill down support**
  Better/Same/Worse than expected icons added to correspond CMS public reporting.

- **Ability to batch run by CCN in addition to provider**
  When batch run by provider or CCN, a cover page is included that summarizes the providers or CCNs that are included in the report. Note that CCNs may contain multiple providers, only complete CCNs are included when batch run by CCN.

2014 Report Enhancements

- **Addition of the 60-Day Hospitalization measure with a proprietary SHP Projected score**
  Because OASIS data does not reflect all 60-day hospitalization occurrences, SHP has created an algorithm to calculate a “Projected” score based on OASIS data that has been adjusted to provide greater reporting accuracy.

- **Inclusion of actual Home Health Compare scores for quick reference**
  This report includes CMS publicly reported data for comparison purposes. If the report is run for date ranges that do not match CMS reported periods, the CMS periods shown are based on the end date of your selected date ranges. Even when using the preset CMS publication dates, there are situations where not all measures are available in the CMS data for all periods (new measures do not exist in old data). For this reason, each type of measure will use a ‘CMS best fit’ when data is not available for the specific date range you have selected. Different ‘CMS best fit’ periods can be used on the same report, but the date ranges for the CMS data used is always specified in the section headers.

Note that neither the 30-Day nor 60-Day Emergent Care without Hospitalization measures can be calculated from OASIS data. The only data available for this measure is the data published by CMS which is included on the report.

Parameter Overview

**Provider Selection**

This parameter is available to users with access to more than one provider. It allows the report to be run for any level of the organization or any group of available providers.
Date Range Selection

Since the intent of the report is to present data that reflects the upcoming CMS reporting period, the date range selection control, by default, presents the available options in the context of ‘CMS Reporting Periods’. It is necessary to do this since the data that CMS publishes on the Home Health Compare website each quarter contains a rolling 12 months of data for each measure but the start and end points for this data varies by measure. For example, HHCAHPS and the 60-Day Utilization Outcomes data are staggered back three months behind the Functional Outcomes and Process Measures because there is a longer data collection cycle for these measures. The default selection is always the upcoming Home Health Compare release, the period that CMS has not yet published. Two future periods and all past periods are always available via this selector.

CMS Reporting Period

Note: SHP recommends selecting one of the Home Health Compare publication dates. This will ensure that the report constrains all measures to match the data published by CMS.

Date Expected: 10/2015

☐ Override CMS Reporting Period dates with custom settings

To select date ranges that do not conform with a CMS Reporting Period, for example, a single month, simply click the box ‘Override CMS Reporting Period dates with custom settings’ and the advanced date selection options will become accessible. From here, each of the three measure groups can be parameterized for any date range.

SHP recommends selecting date ranges ending at least two months in the past for the Utilization Outcomes and the HHCAHPS Sample Months. This is because, to be included in the hospitalization measure, a patient must have been admitted at least 60 days before the present date. As for HHCAHPS, survey data is displayed by sample month and it can take two months for SHP to have a sufficient number of returned surveys from any given sample month.

Payer Type 1

 Applies to all measures other than 60-Day Acute Care Hospitalizations and 30-Day Rehospitalizations, allows parameterization by any of the standard payer type selection options.

Payer Type 2

Applies to 60-Day Acute Care Hospitalizations and 30-Day Rehospitalizations only. These measures are calculated using OASIS data, however, agencies that have uploaded complete claims data and have good claim-to-episode linking, may achieve more accurate scores if the ‘Require claims’ box is checked. This is because OASIS episodes that do not have corresponding claim files will be excluded, ensuring that all LUPAs are properly excluded, however, this can limit the number of episodes included in the report. Note that whenever the report is run, any available claim files will be referenced for LUPA exclusion, for this reason, the ‘Require Claims’ option is not checked by default.

When checked, ‘Require claims’ limits the parameter to Medicare Traditional, otherwise the standard options are available.

Process Measure Inclusion Options

By default, this parameter is set to include ‘Complete Episodes’ only to match the CMS inclusion criteria for Process Measure reporting. Since it is possible to calculate some Process Measures on incomplete episodes, this parameter is available.

OASIS Version Inclusion

If ‘All Episodes’ is selected, the report can include episodes that started with an OASIS-B assessment (prior to 2009).
Exclude CMS Ineligible Inpatient DX Categories
Ineligible hospitalizations include admissions for the treatment of select cancer or psychiatric diseases. Details on excluded DXs by CCS are available here.

Telehealth
Filter report to include telehealth only, non-telehealth only, or all patients.

Group or Batch
Users with access to multiple providers or CCNs have the option to run their report in either the group or batch mode. Group mode rolls the data up into one aggregate report combining the data for all selected providers or CCNs. Batch mode runs a separate report for each of the selected providers or CCNs and makes them all available in one file.

Report Data Key

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<th>1</th>
<th>2</th>
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1. **Measure Groups & Measure Names** - Measures are grouped and ordered into the same categories used by CMS.

   **Date Ranges** - The dates shown in the section headers indicate the dates of the data shown in the report. Note that the 'You' dates and the 'CMS' dates do not always match. This is because the CMS data is only made publicly available in rolling 12 month periods that are published quarterly. When run for a date range that does not exactly match a published CMS period, the report uses a 'best-fit' CMS period based on the end date of the selected date range for that measure group.

   Note that the date ranges also indicate which time point the date range is based on, in the example shown here, the measures in this category are based on DC and TRF date. Both date ranges can vary section by section depending on how the report is configured, the report adjusts the CMS data automatically to best match the selected date range for each section.

2. **Star Ratings** – Stars shown at the measure level correspond with the post-adjustment scores indicated on row 18 of the SHP Real-Time Star Ratings Preview - Quality of Patient Care or the CMS Star Ratings Preview reports. Measure level stars are not publicly reported, only the Overall Star Rating is reported by CMS on Home Health Compare. All stars on the report drill down to the Real-Time Star Ratings Preview - Quality of Patient Care report.

   Stars are shown either with the gold fill or as outlines depending on how the report has been parameterized and how much data is available. All parameters and minimum data requirements have to match CMS to be shown with the gold fill. Note that this is determined at the measure level so it's possible to see a mixture of gold and outlined stars if for example a parameter is changed that only affects process measures, etc.

   CMS minimum data requirements include the requirement that at least 20 complete episodes be in the denominator for each measure and for the overall rating that at least five of the measures meet the 20 complete episode requirement.

3. **Measure Type Icon** - All Outcomes (O) and Process Measures (PM) have their measure type indicated with an icon.

4. **You Actual** - Your actual scores using CMS methodology. Note these numbers drill down to the corresponding Patient Detail or Survey Summary report where you can see exactly which patients adversely impacted your score.

5. **You CMS** - Your actual published CMS Home Health Compare scores. These scores are shown in black when all report parameters match those used by CMS and the CMS published data matches your selected dates. They are shown in gray italics when CMS “best-fit” data is used. When run with default settings, these will be in gray italics because the report defaults to run for the next future CMS period. This will also be noted in the CMS date ranges in each section header.

   Note that the two 30-Day measures are shown as green/black/red icons that correspond with the better/same/worse than expected values published by CMS for these measures.

6. **You Risk Adjusted/Projected** - Your Outcomes scores calculated using the latest CMS risk adjustment model. Note that Process Measures are not risk adjusted.

   The 60-Day Emergent Care without Hospitalization measure cannot be calculated from OASIS data and has no available risk adjustment model. The only data available for this measure is the data published by CMS.

   The 60-Day Hospitalization measure includes a Projected rather than a Risk Adjusted score. Unlike CMS, SHP uses a mix of OASIS and home health claim data to calculate the hospitalization measure. It is necessary to do so because SHP does not have access to hospital claims. Consequently, SHP is unable to directly apply the risk adjustment calculation used by CMS. In its place, SHP developed a proprietary projected score that can be used to forecast your future results on Home Health Compare.
To ensure accuracy, projected scores are not calculated unless there are at least 40 episodes in the SHP database prior to the selected reporting period and 40 episodes in the selected reporting period.

7. **State CMS** - The actual published CMS Home Health Compare benchmark scores for your state. Note that the same logic described in the 'You CMS' details applies to the gray/italicized behavior used for these scores. When the report is run for a selection of providers that spans multiple states, this column will be blank.

8. **State SHP** - The SHP benchmark scores for your state. When the report is run for a selection of providers that spans multiple states, this column will be blank.

9. **National CMS** - The actual published CMS Home Health Compare national benchmark. Note that the same logic described in the 'You CMS' details applies to the gray/italicized behavior used for these scores.

10. **National SHP** - The SHP national benchmark scores.

11. **Your % Rank CMS** - Your CMS scores ranked against the entire CMS Home Health Compare database. Note, these percentile ranked scores are not available through the Home Health Compare website. These scores are color coded to help you see at a glance which measures you are ranking well in and where you are ranking poorly.

12. **Your % Rank SHP** - Your SHP scores ranked against the entire SHP database. Risk Adjusted/Projected scores are used for the percentile ranking when applicable. These scores are color coded to help you see at a glance which measures you are ranking well in and where you are ranking poorly.

For more information please contact SHP Support at: support@SHPdata.com