SHP

STRATEGIC HEALTHCARE PROGRAMS

SHP FOR AGENCIES

101: Introduction to SHP

Zeb Clayton

Vice President of Client Services

v4.01

Agenda

101: Introduction to SHP for agencies

- About SHP
- How SHP works
- SHP alerts & your daily workflow
  - Email alerts
  - HHRG worksheets
  - Episode Einstein™

102: Reporting and performance improvement

About SHP

About SHP

Why is Your Organization Using SHP?

- Access to **real-time** data analysis and reporting helps you
  - Improve payment
  - Improve patient care
  - Improve publicly reported quality measures
    - Outcomes
    - Process measures
    - Hospitalization Rates
    - HHCAHPS
  - Change clinical behavior
  - Keep up with CMS changes!

About SHP

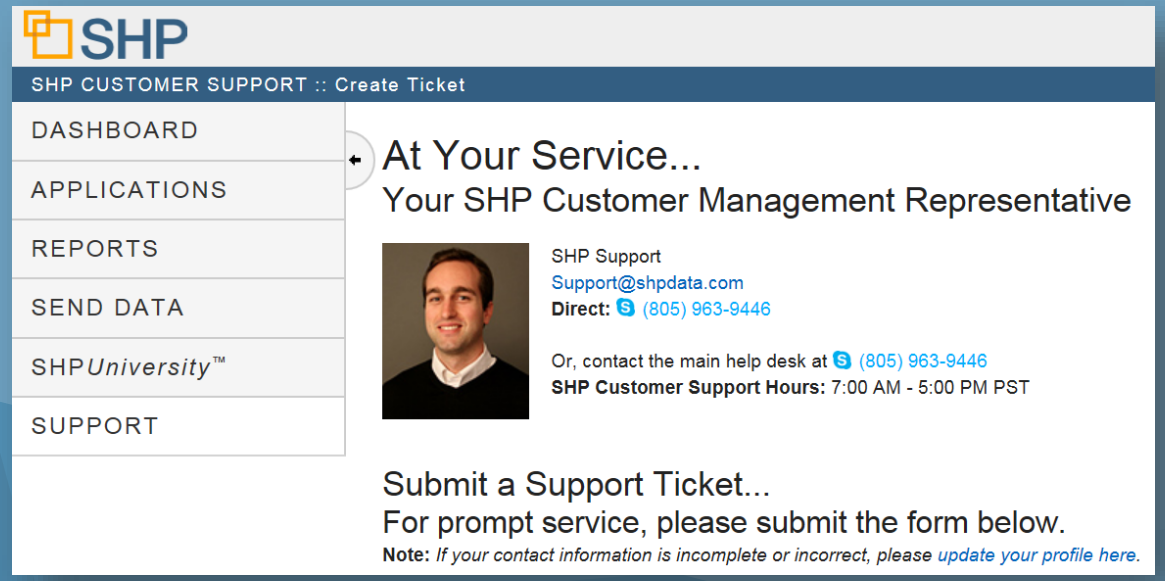
SHP has 2 decades of experience in the post-acute marketplace

- Home Health
- Hospice
- Home Infusion
- HME
- Private Duty
- Long Term Care
- Patient Satisfaction

About SHP

At SHP, nothing is more important to us than our customers!

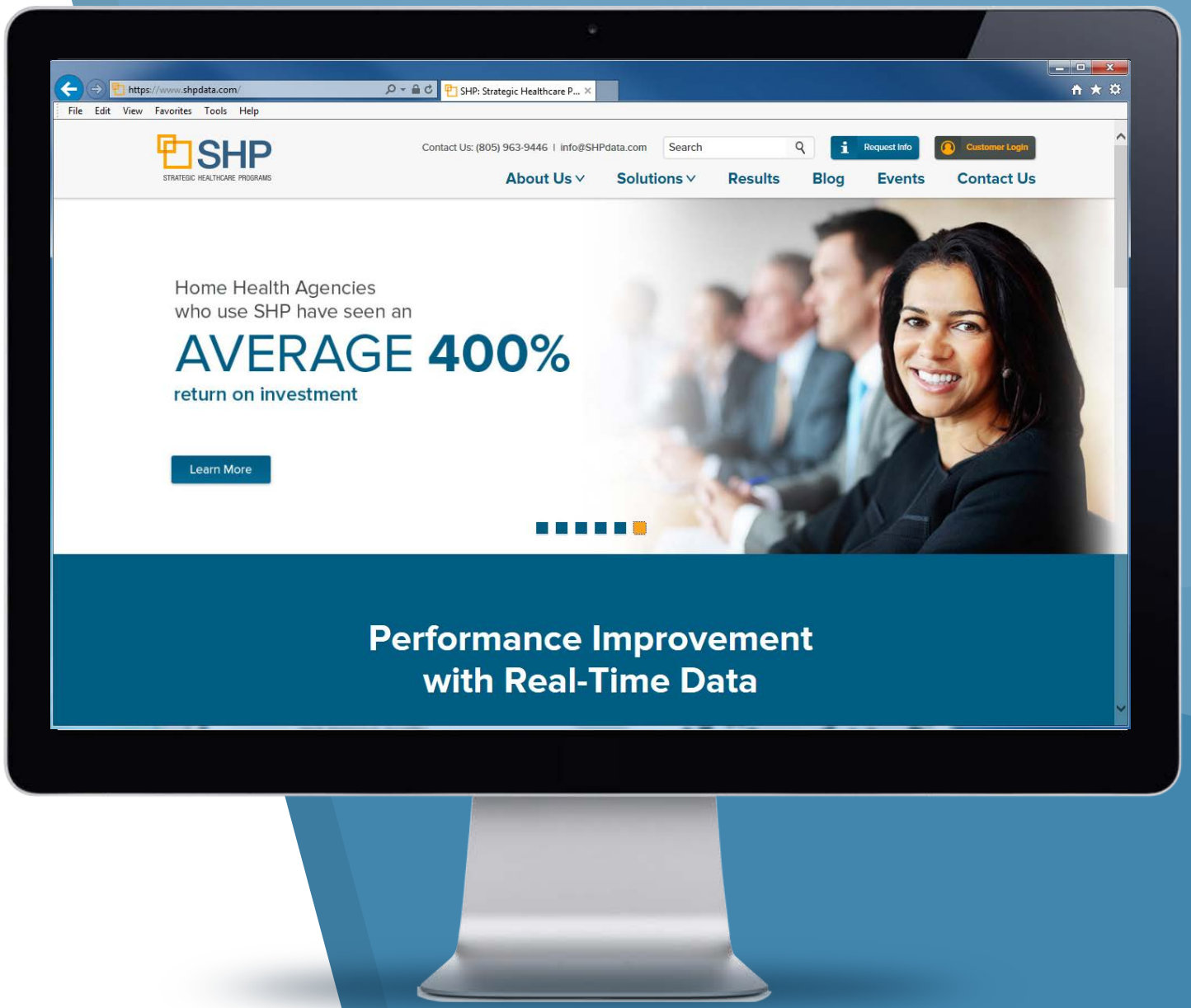
- Each client has a dedicated customer manager
- Your customer manager's job is to make sure that you are getting the most out of SHP and to assist you with any questions or problems you might have



About SHP

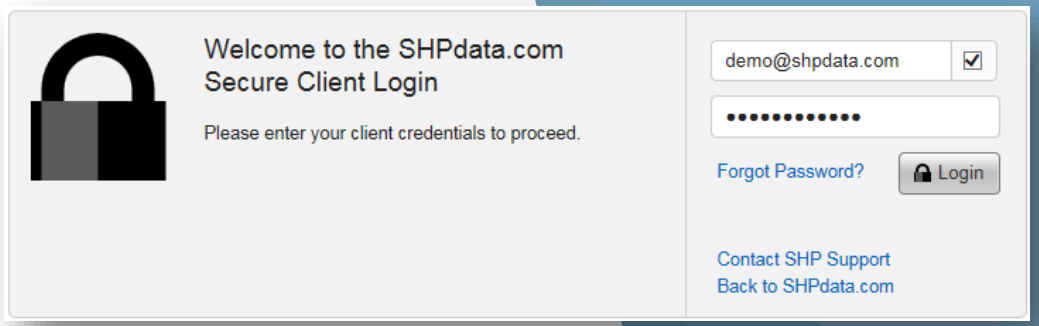
Visit SHPData.com to:

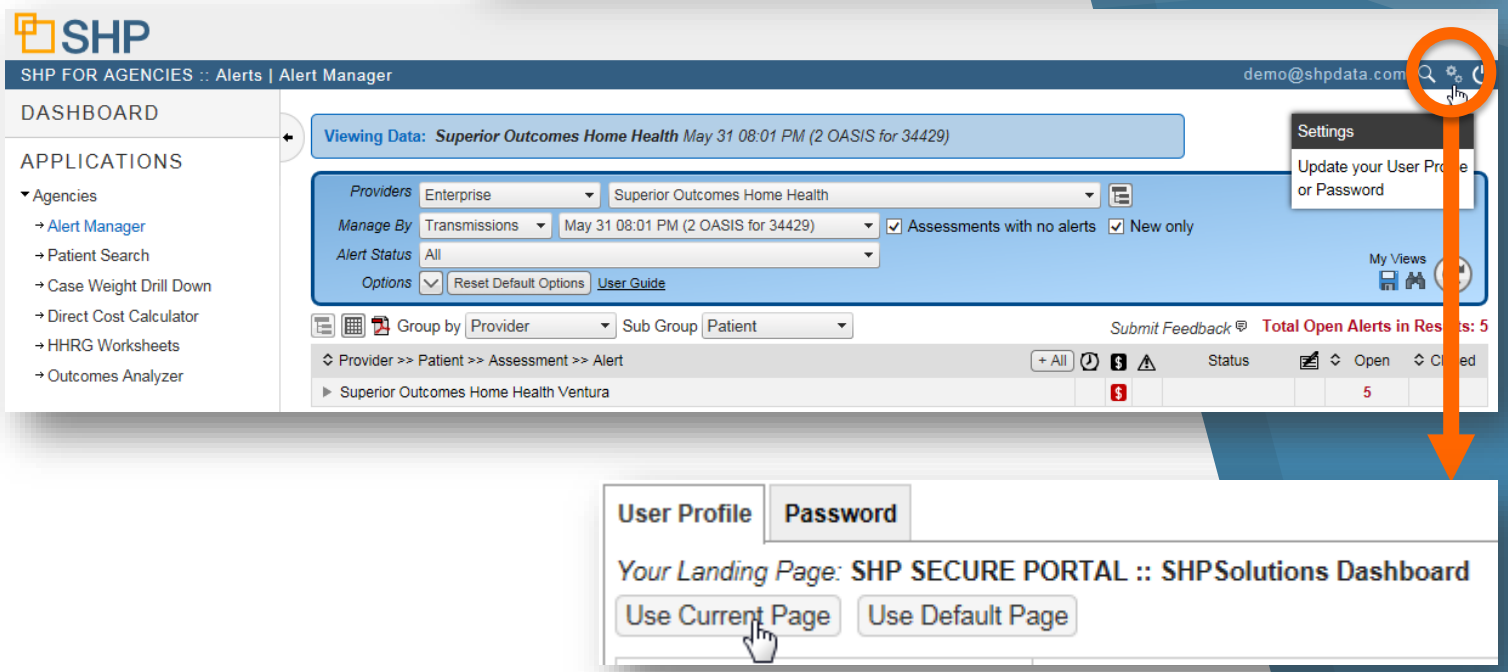
- Login to SHP (upper right)
- Keep up-to-date with product enhancements
- Educate yourself on vital industry topics with our blog
- Learn about upcoming educational events
- Access online educational materials and useful documents
- Learn about other Products and Services that SHP offers.



Logging-In and Setting Your Landing Page

- Click the Customer Login button at SHPdata.com, input your SHP **Username** and **Password**, then click Login
- Once logged-in, the SHP Secure Portal provides access to every SHP product and function, including access to your daily email alerts
- You can change your default landing page at any time by navigating to a new page, clicking the ⚙ icon in the header and selecting "Use Current Page"



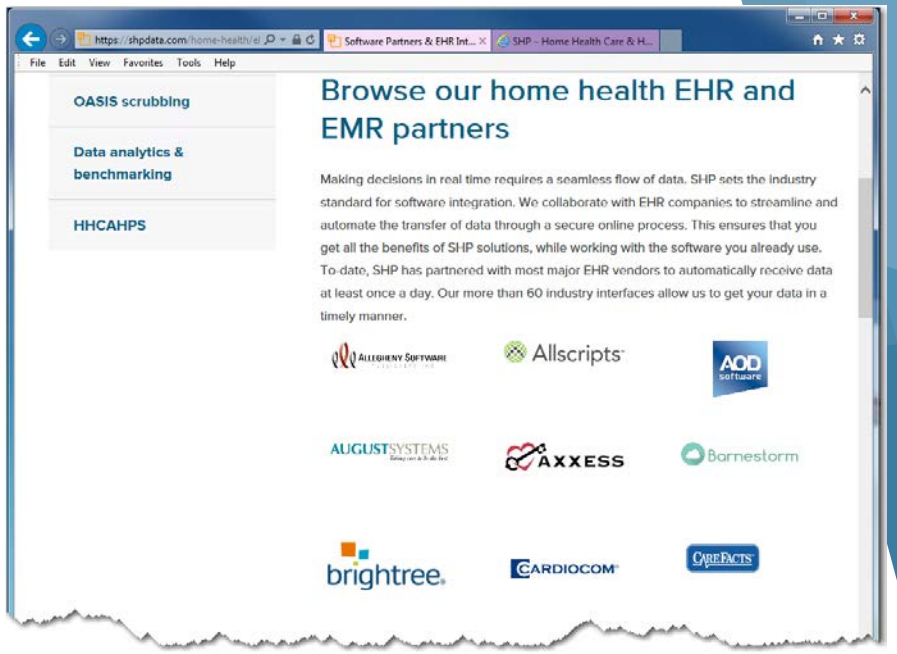


Note: You can also bookmark https://secure.shpdata.com/login.aspx to go directly to our login page.

How SHP Works

Data Interfaces and Industry Partners

Visit our **Partner Page** at https://shpdata.com/home-health/ehr-partners to learn more about our 60+ Home Health software vendor interfaces.



McKESSON Empowering Healthcare · Allscripts · deVero simple yet powerful · homecare homebase · CERNER All Together · Epic

AXXESS · HealthMEDX · DELTA HEALTH TECHNOLOGIES · brightree · KINNSER · Sansio

HealthWyse Works for you · THORNBERRY LIMITED · PHILIPS sense and simplicity · MEDLINE · CARDIOCOM Experts In Telehealth · Honeywell HomMed

SHP

How SHP Works

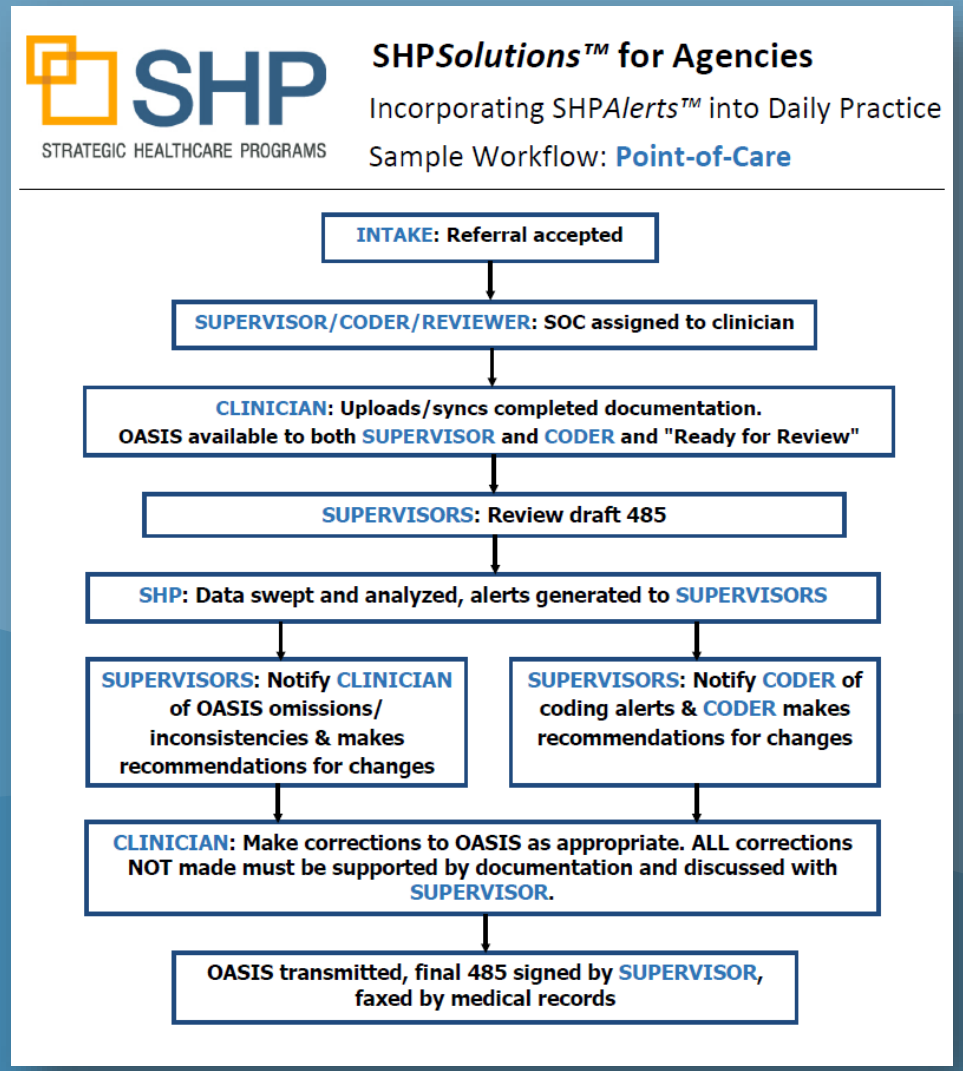
- Proprietary sweepers/interfaces send data **automatically**.
- Batches of new or modified OASIS assessments that have not yet been transmitted to CMS are sent to SHP. This typically happens **once per day** and allows you to review and correct all OASIS **prior** to transmission to CMS.
- Many vendors have also implemented **Integrated Alerting™**, which sends assessments for immediate analysis at the click of a button.
- Whichever method is used to send your data, it is vital that SHP be made part of your **daily** workflow.

SHP Alerts & Your Daily Workflow

Your Daily Workflow

What is YOUR Workflow?

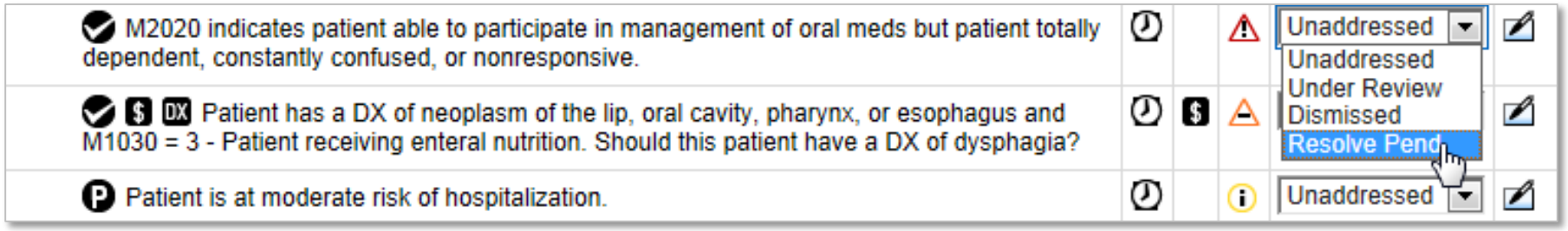
- Establishing the OASIS review workflow and implementing it at your agency(s) is vital
- Download the sample workflow from SHP University and modify it to fit the way your agency functions
- Make the finalized workflow part of your documentation



Alert Levels

Before working with the alerts, it's important to know that there are three different "Alert Levels" in SHP

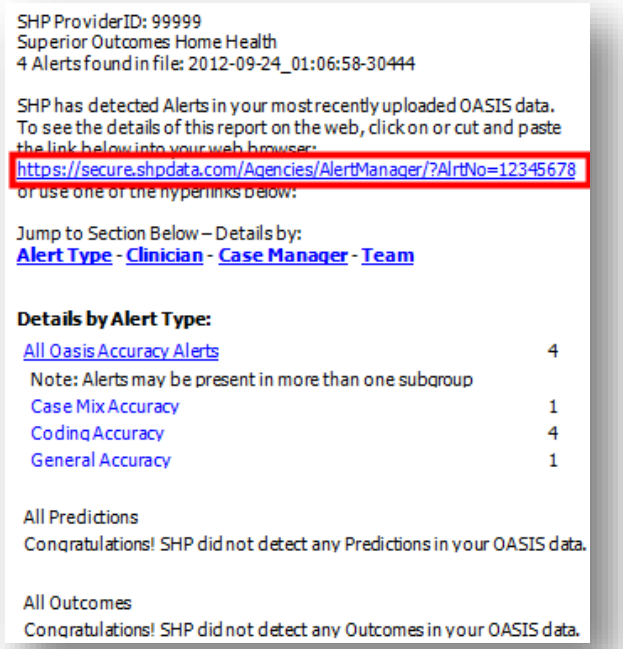
- **Critical**: Identify issues that violate the OASIS specifications or contain information that is contradictory. These edits nearly always result in a correction to the OASIS assessment and would rarely be "Dismissed"
- **Potential**: Identify potential inaccuracies that could result in a correction to the OASIS assessment. If it is determined that there is a clinical explanation that justifies the data, the alert may be "Dismissed".
- **Informational**: Identify issues that your staff should be aware of such as patient declines or patients that may be at risk of a hospitalization. These alerts should be "Dismissed" after being reviewed



Daily Workflow: Email Alerts

Once email alerts are received from SHP, there are two ways to log in and access your data:

- **Method 1:** Login from your email alerts


SHP ProviderID: 99999
Superior Outcomes Home Health
4 Alerts found in file: 2012-09-24_01:06:58-30444

SHP has detected Alerts in your most recently uploaded OASIS data. To see the details of this report on the web, click on or cut and paste the link below into your web browser:
https://secure.shpdata.com/Agencies/AlertManager/?AlrtNo=12345678
or use one of the hyperlinks below:

Jump to Section Below – Details by:
Alert Type - Clinician - Case Manager - Team

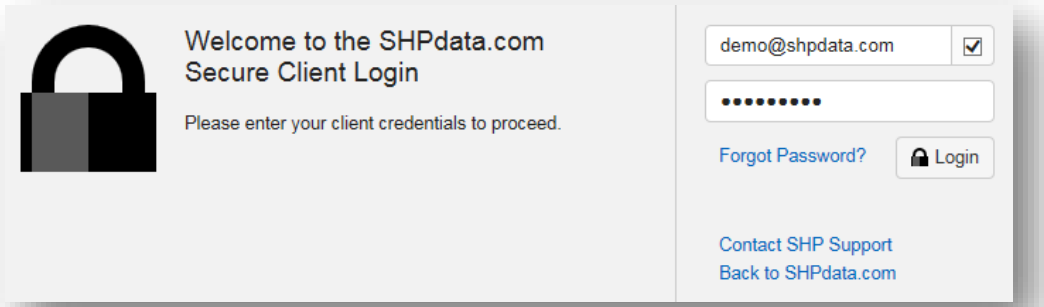
Details by Alert Type:

All Oasis Accuracy Alerts	4
Note: Alerts may be present in more than one subgroup	
Case Mix Accuracy	1
Coding Accuracy	4
General Accuracy	1

All Predictions
Congratulations! SHP did not detect any Predictions in your OASIS data.

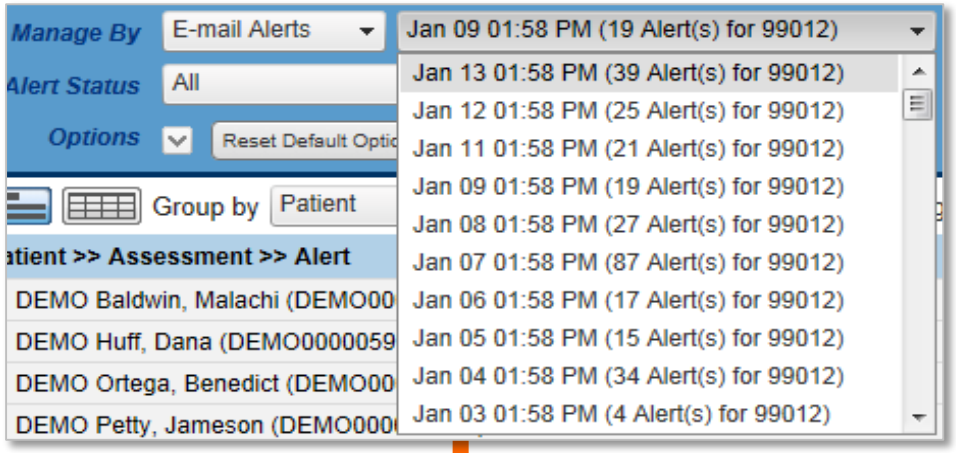
All Outcomes
Congratulations! SHP did not detect any Outcomes in your OASIS data.

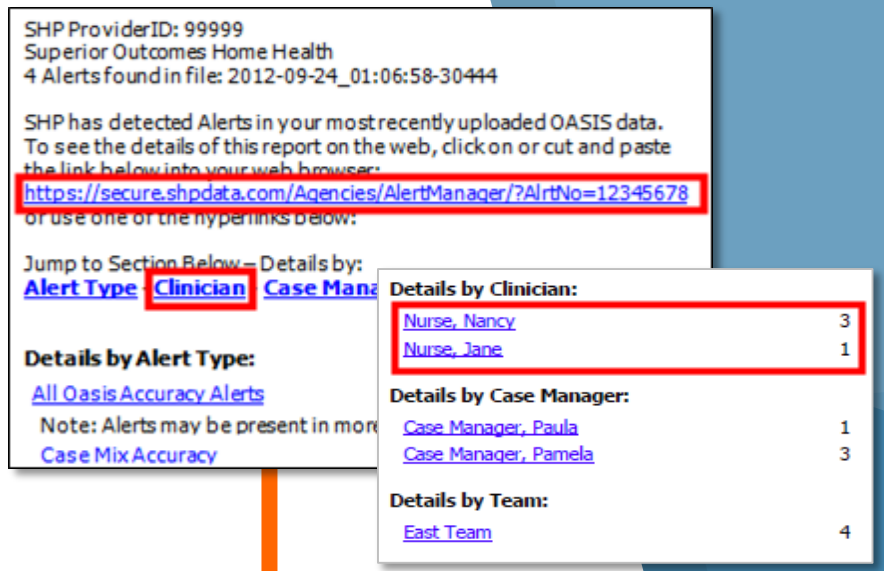
- **Method 2:** Login at https://secure.shpdata.com/login.aspx

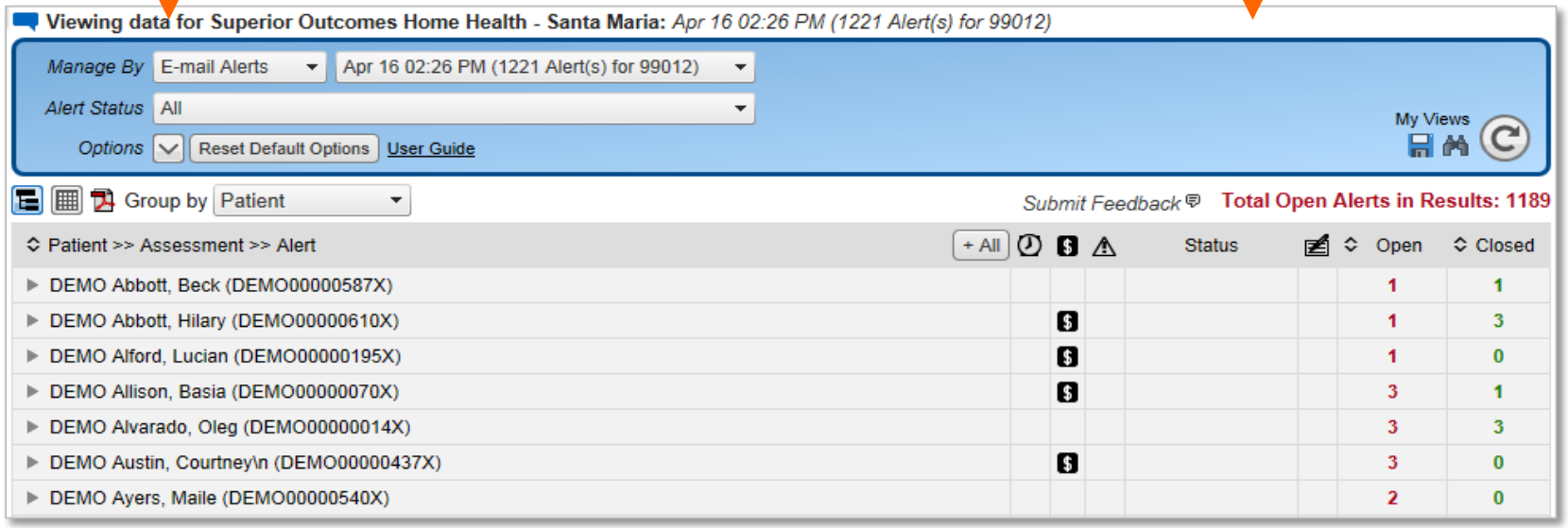


SHP

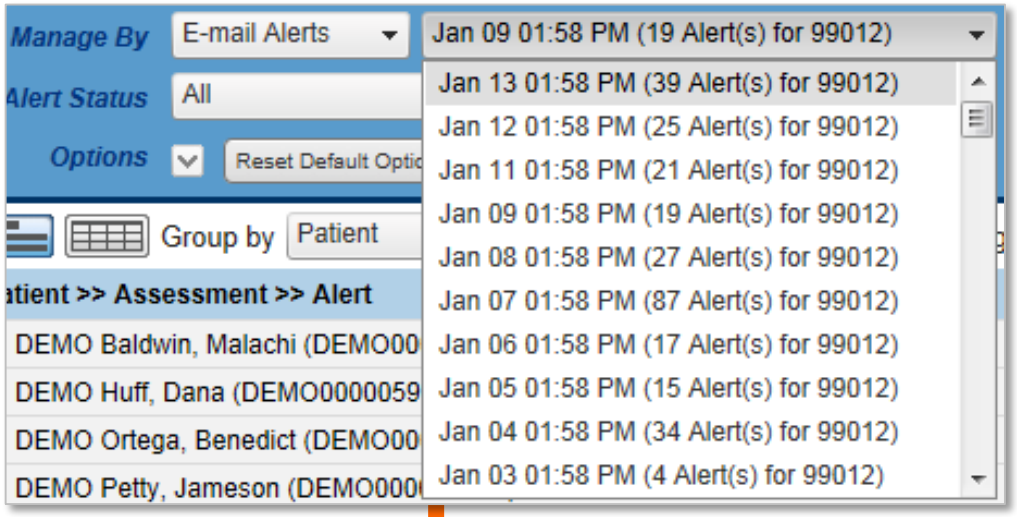
Daily Workflow: Email Alerts

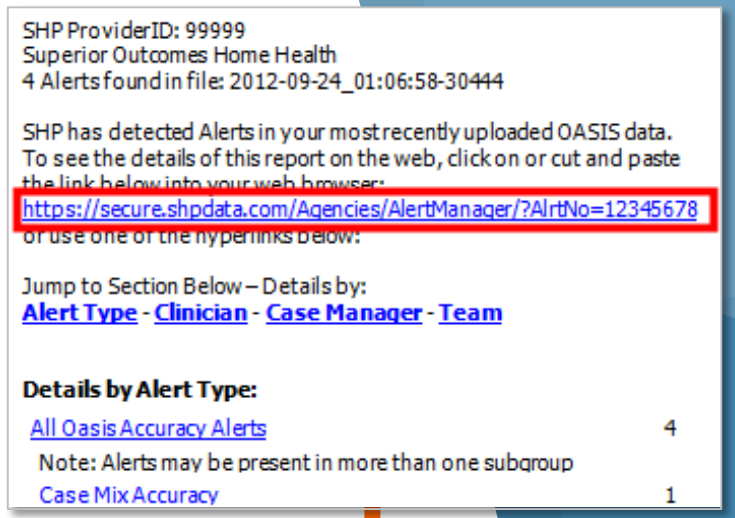


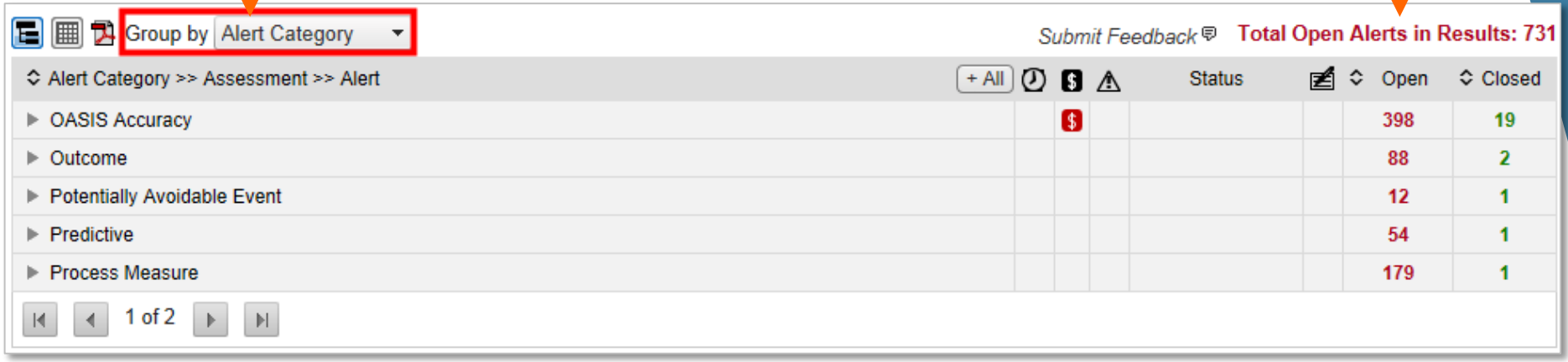




Daily Alerts by Category

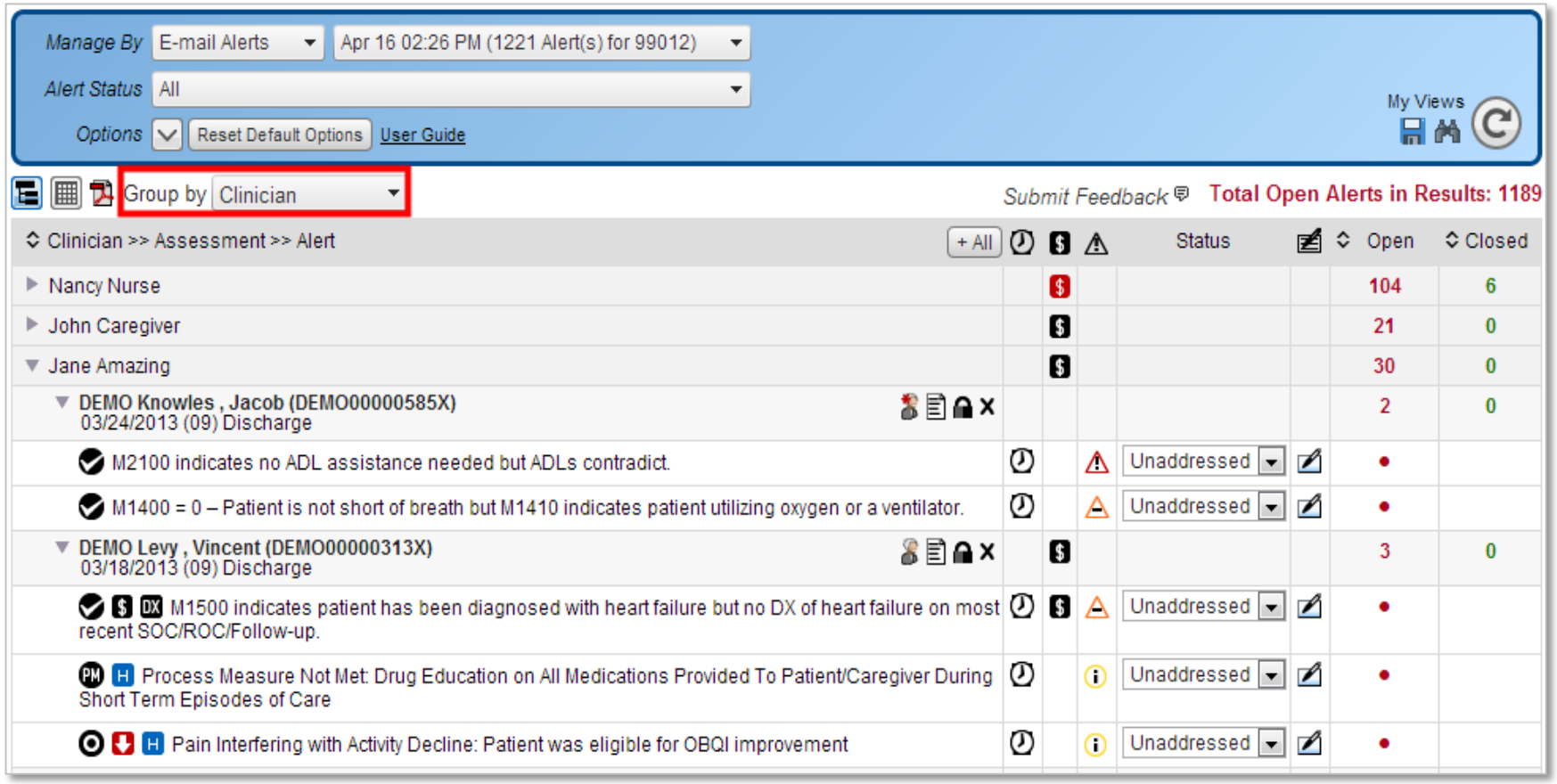






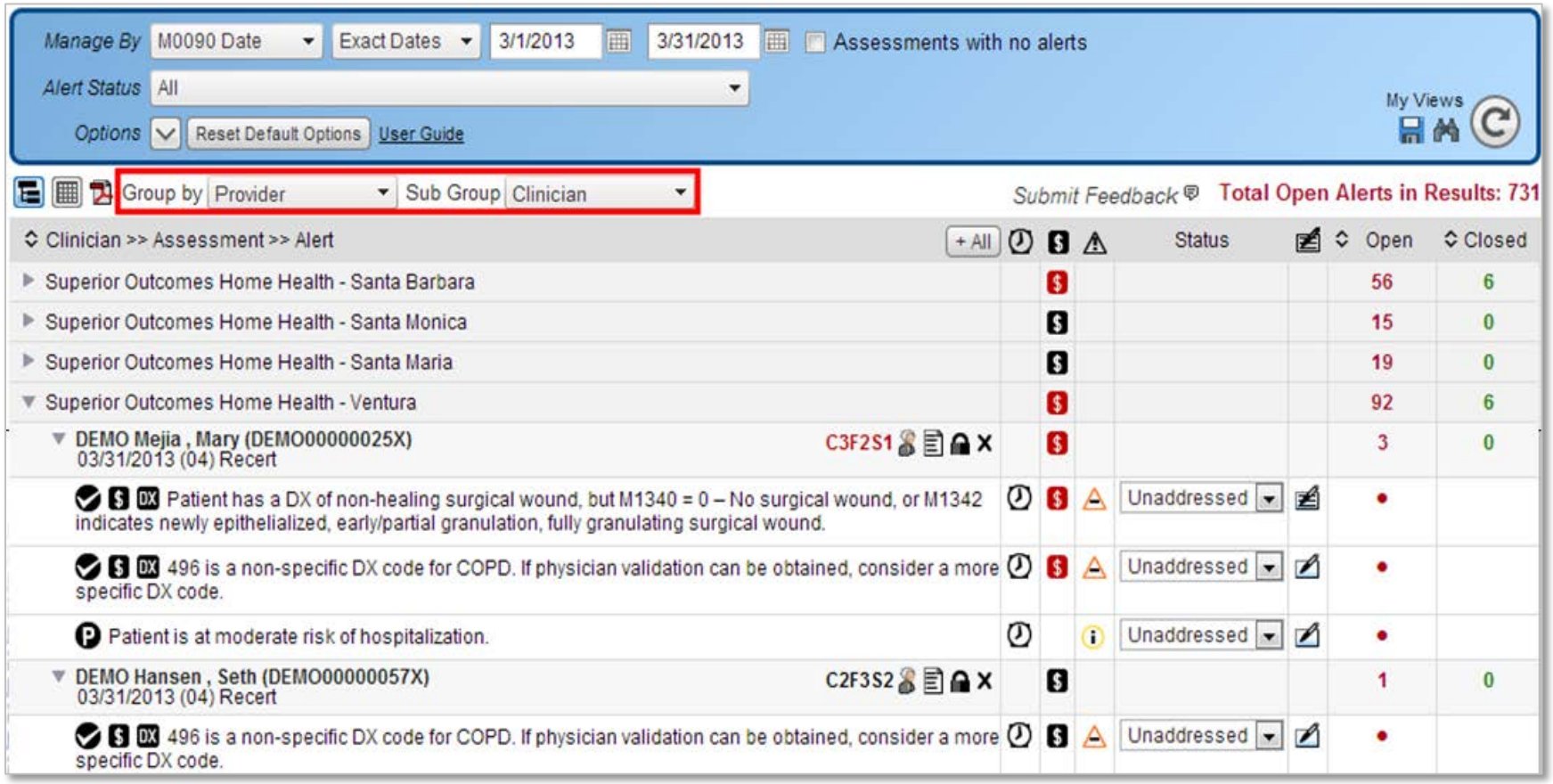
Staff Overview

- Monitor how your clinicians, case managers, or teams are utilizing the alerts



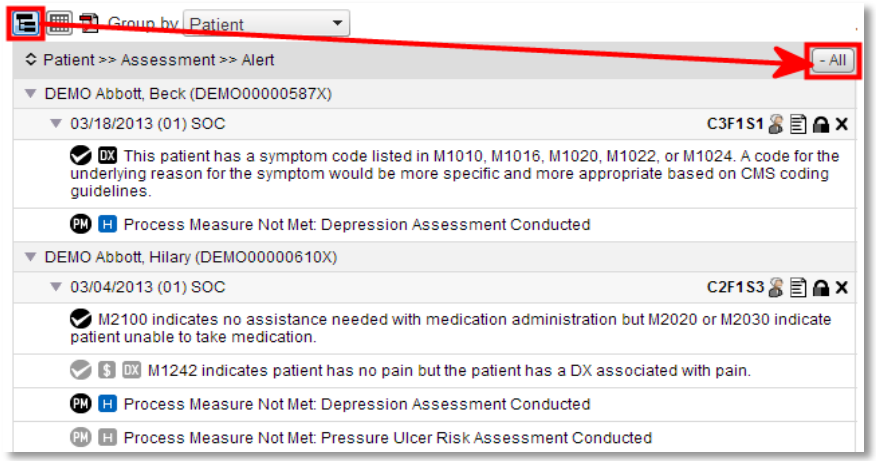
Enterprise Overview

- Monitor Alert Utilization for Your Entire Organization

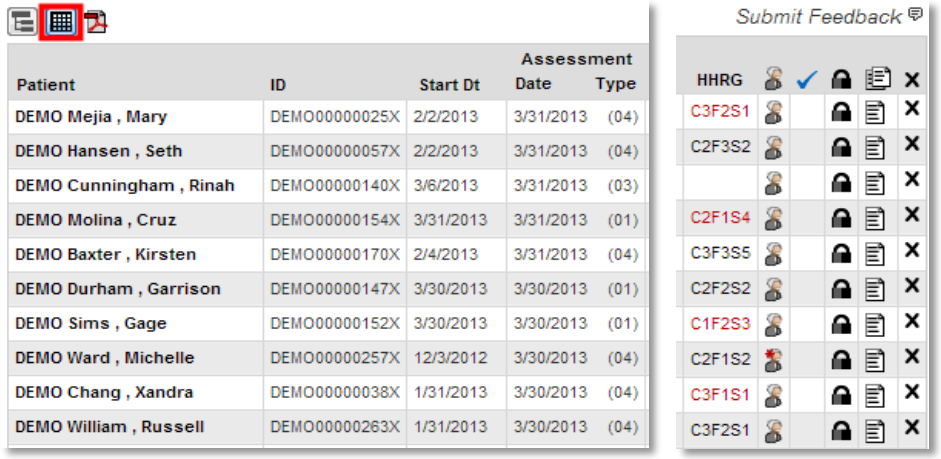


Tree View vs. Grid View

- "Tree View" is the default view for "E-mail Alerts"
- Data can be re-grouped by using the "Group by" drop-down
- Rows can be expanded by clicking the ▶ arrows on the left or by using the + All button



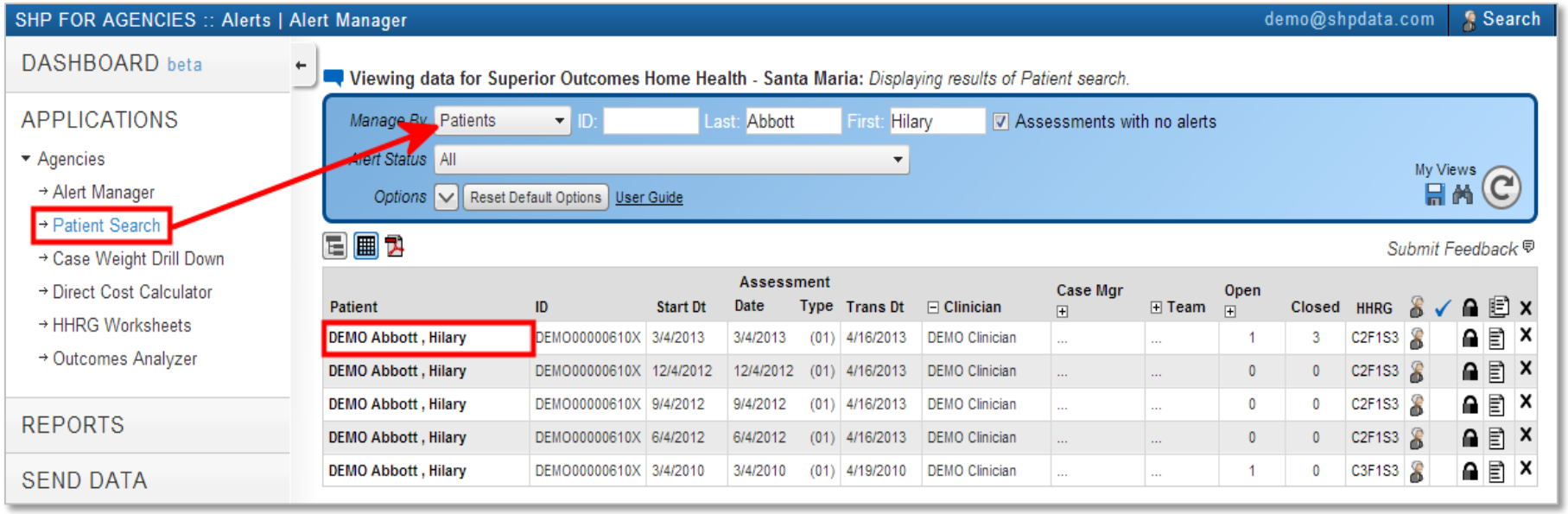
- "Grid View" is the default view for the "Patient Search"
- Alerts can be accessed by clicking on the patient name
- Episode Einstein and HHRG Worksheets can be accessed from the "HHRG" and columns on the right



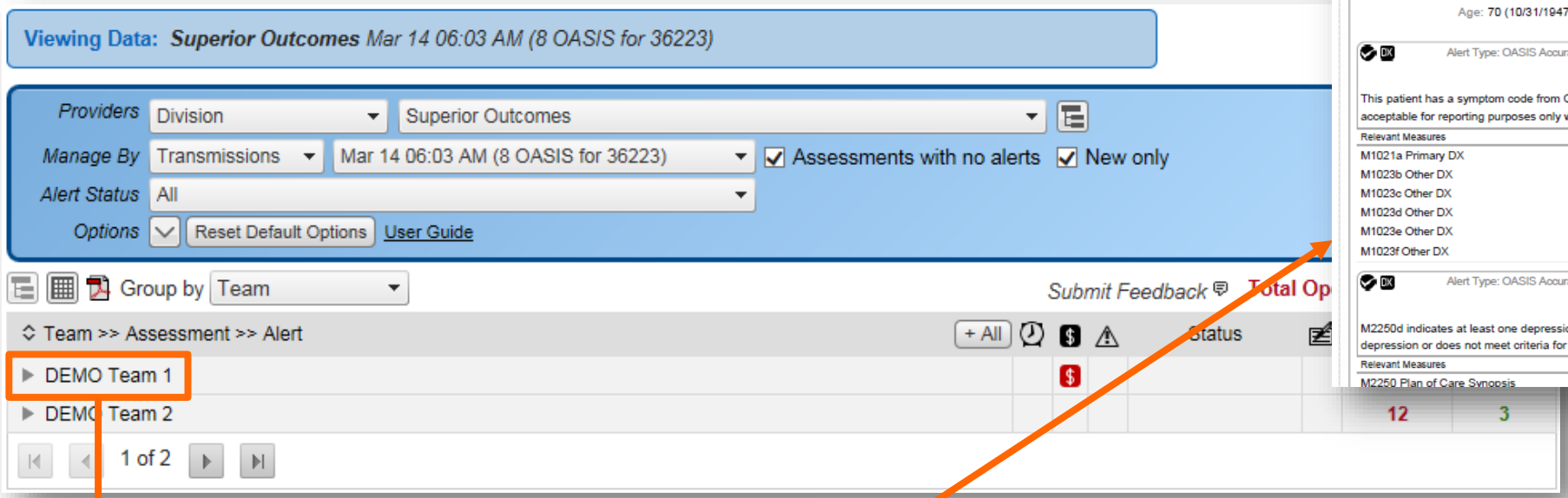
Patient	ID	Start Dt	Assessment Date	Type
DEMO Mejia , Mary	DEMO00000025X	2/2/2013	3/31/2013	(04)
DEMO Hansen , Seth	DEMO00000057X	2/2/2013	3/31/2013	(04)
DEMO Cunningham , Rinah	DEMO00000140X	3/6/2013	3/31/2013	(03)
DEMO Molina , Cruz	DEMO00000154X	3/31/2013	3/31/2013	(01)
DEMO Baxter , Kirsten	DEMO00000170X	2/4/2013	3/31/2013	(04)
DEMO Durham , Garrison	DEMO00000147X	3/30/2013	3/30/2013	(01)
DEMO Sims , Gage	DEMO00000152X	3/30/2013	3/30/2013	(01)
DEMO Ward , Michelle	DEMO00000257X	12/3/2012	3/30/2013	(04)
DEMO Chang , Xandra	DEMO00000038X	1/31/2013	3/30/2013	(04)
DEMO William , Russell	DEMO00000263X	1/31/2013	3/30/2013	(04)

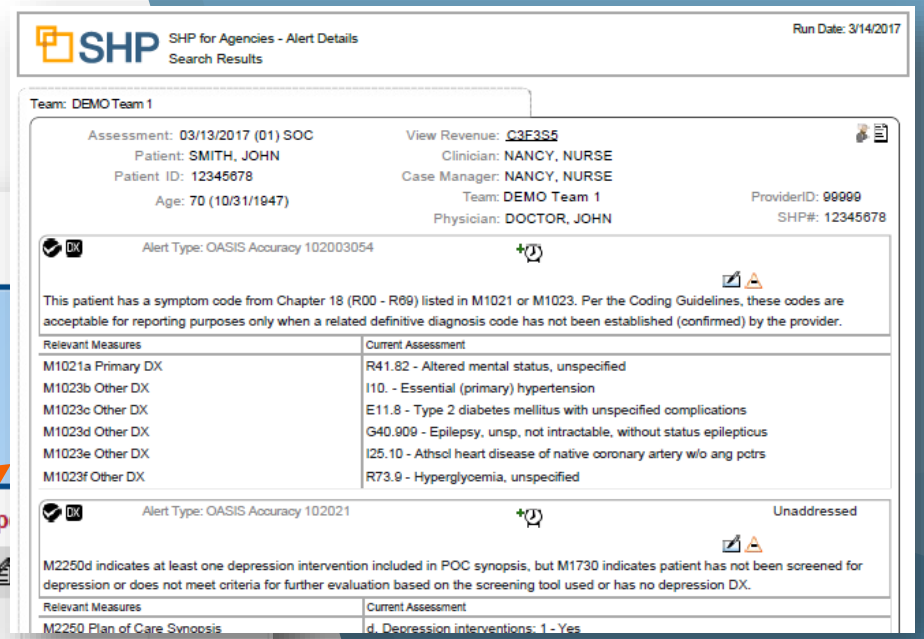
Search by Patient

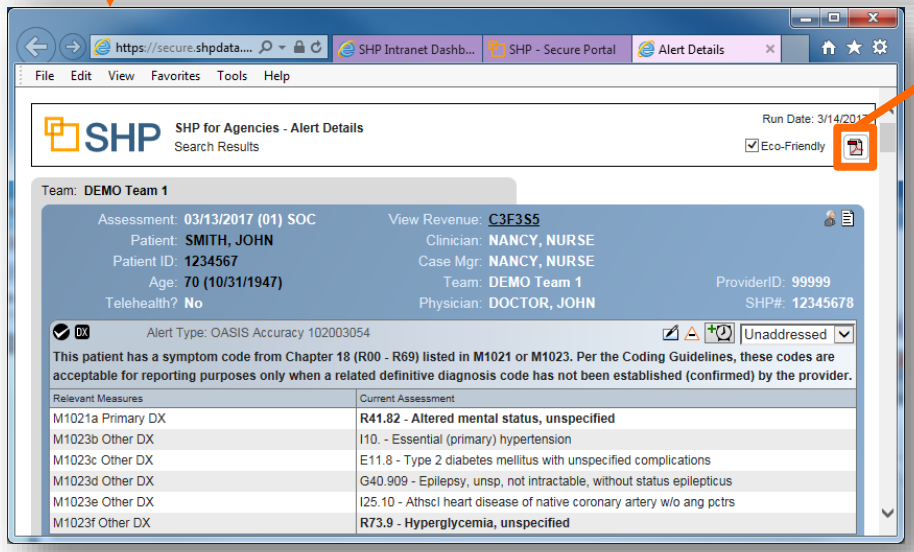
- Use the “Patient Search” option to find alerts for any patient
- The search results will return all assessments for the selected patient
- Click on the patient name to view or print the “Alert Details”
- Click on the ⊞ icon to expand and view the contents of the “Case Manager”, “Team”, and “Open Alerts” columns



Alert Details and Print View



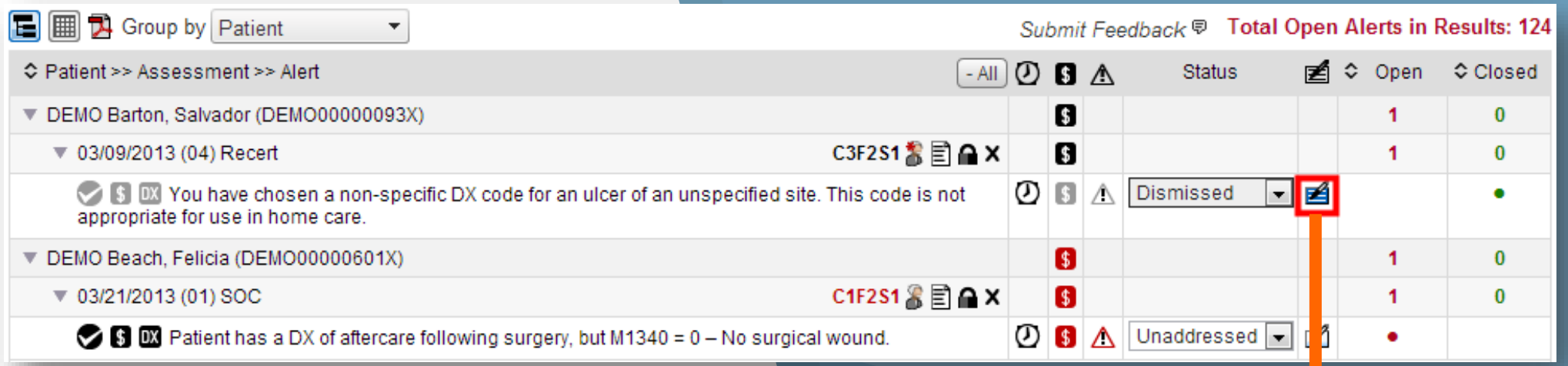


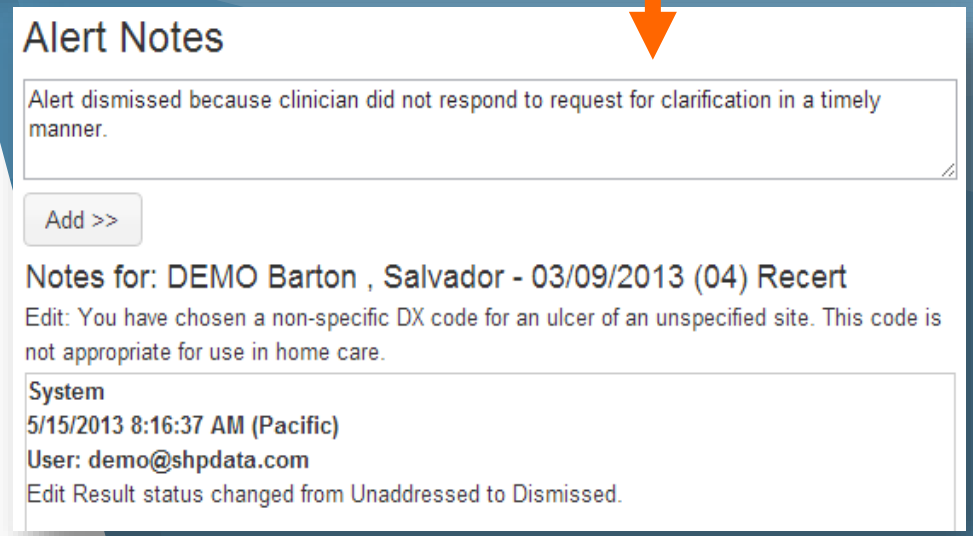


Alert Manager Features

- Expand/Collapse All
- Alert “M-Item” Details
- Print to PDF

Alert Notes

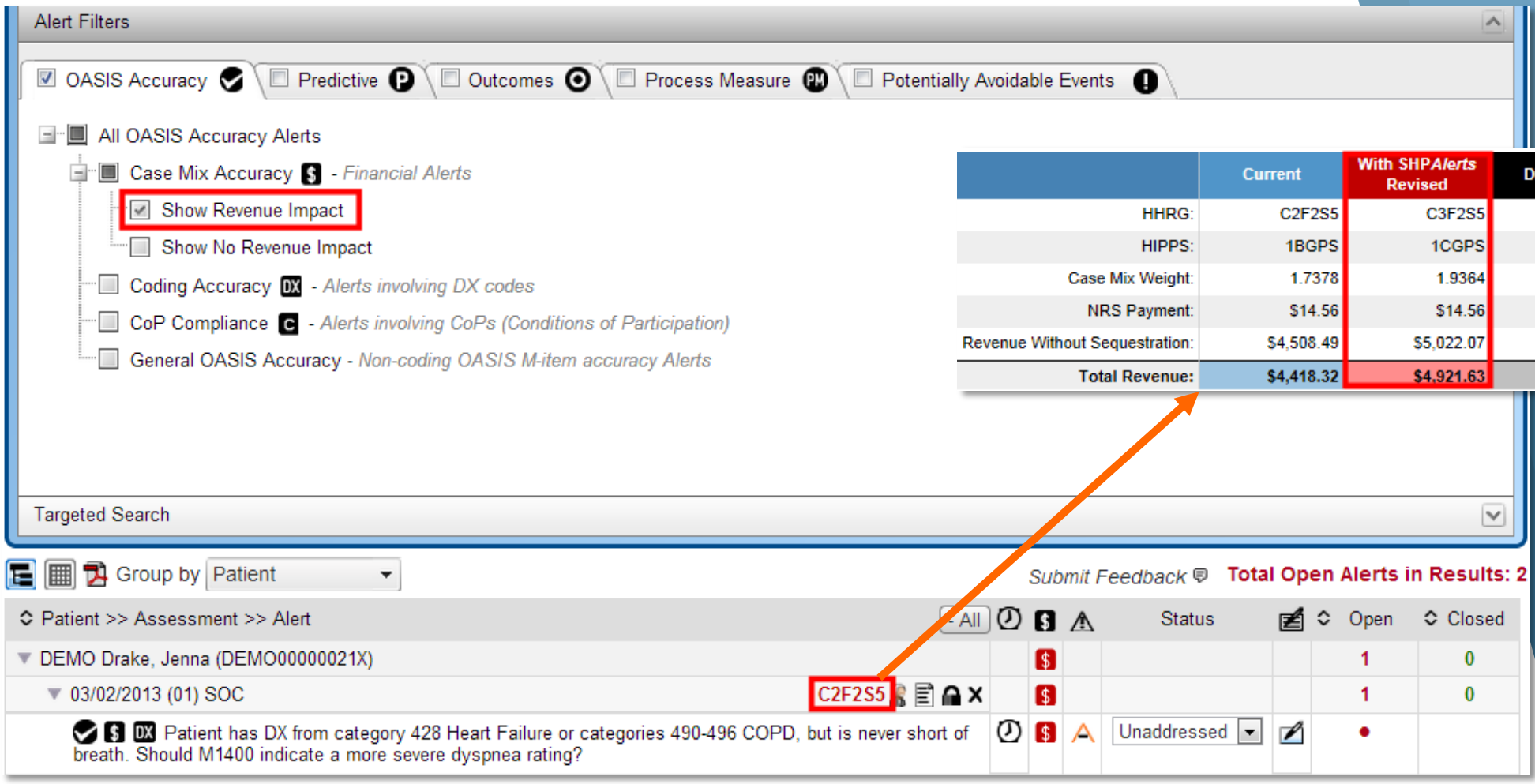




Alert Notes

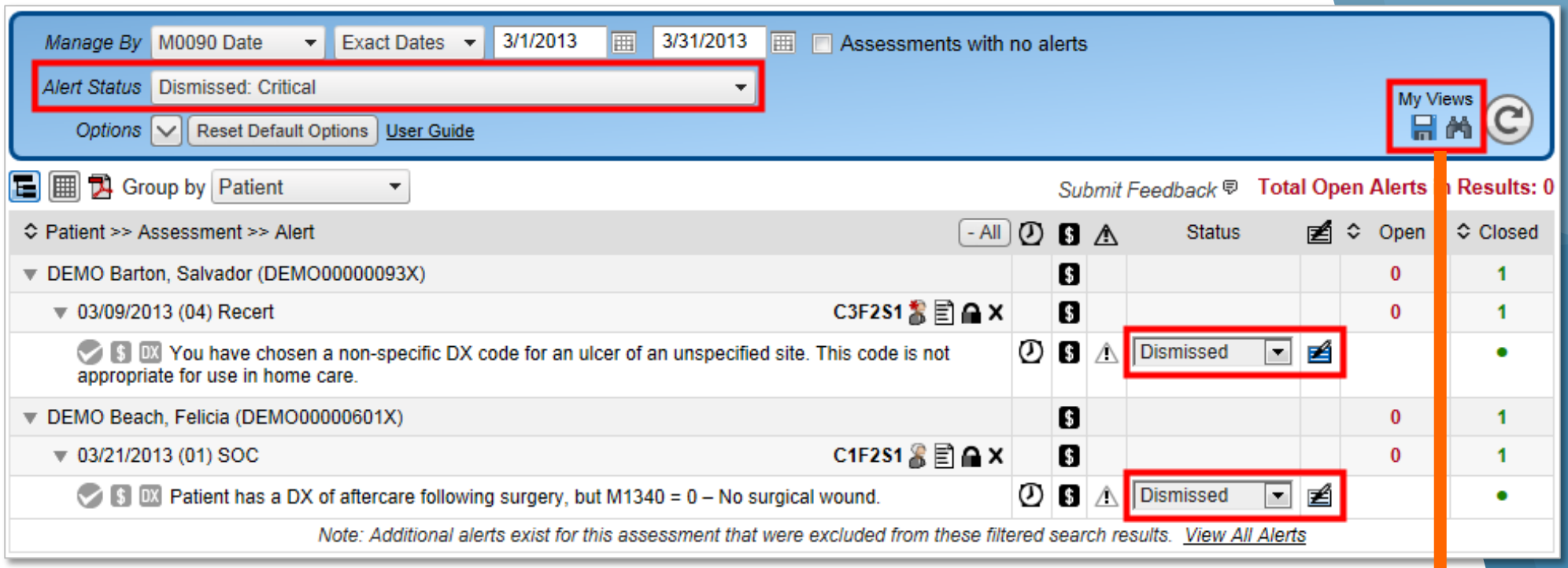
- Will record the user and time when and alert status is changed
  - Can be used to document reasons that an alert was/was not fixed

Find Potential Revenue

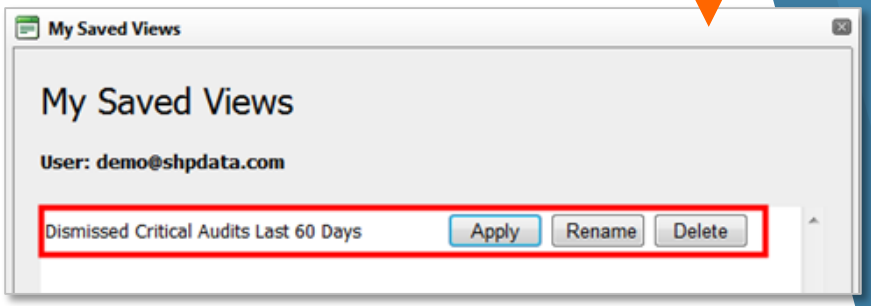


Note: *This feature requires a "Financial" role on your SHP login.*

Dismissed Critical Alerts/Saving Views

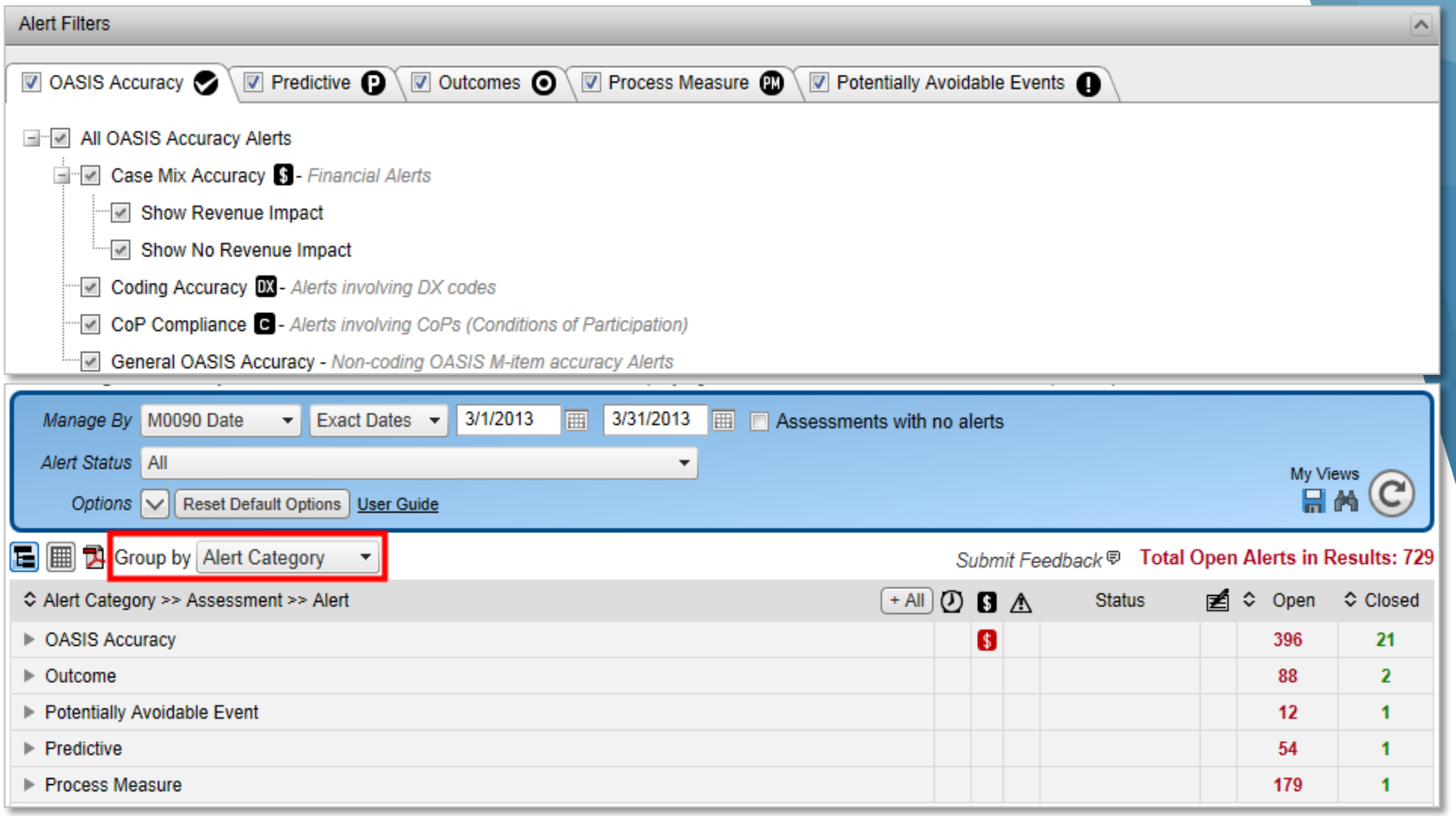


- Click the “disc” icon to save the current settings as a new view
- Click the “binocular” icon to load a saved view



Alert Categories

- All SHP alerts are assigned to a “Category” as shown here:

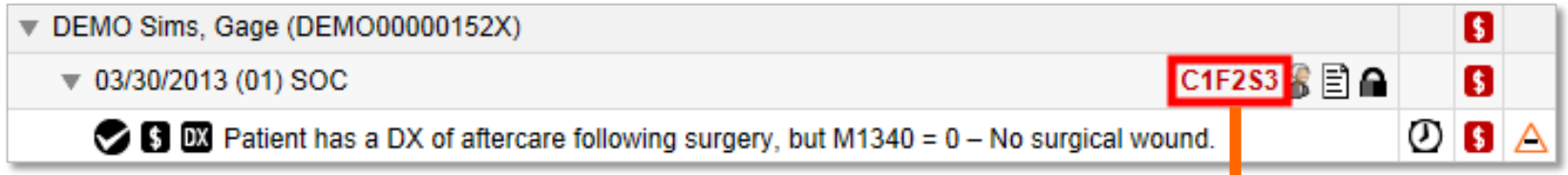


Alert Categories

- **OASIS Accuracy**
  - Case Mix Accuracy
  - Coding Accuracy
  - CoP Compliance
- ✓ **Action**
  - Review alerts, change OASIS as necessary
  - Set alert status to “Resolve Pend” if corrected or “Dismissed” if not corrected. “Under Review” can also be used as needed
  - When Corrected assessment is retransmitted to SHP automatically, status will be set to “Resolved”

OASIS Accuracy Alerts

Potential Alert, OASIS Accuracy, Case Mix Accuracy, Coding Alert With Revenue Impact

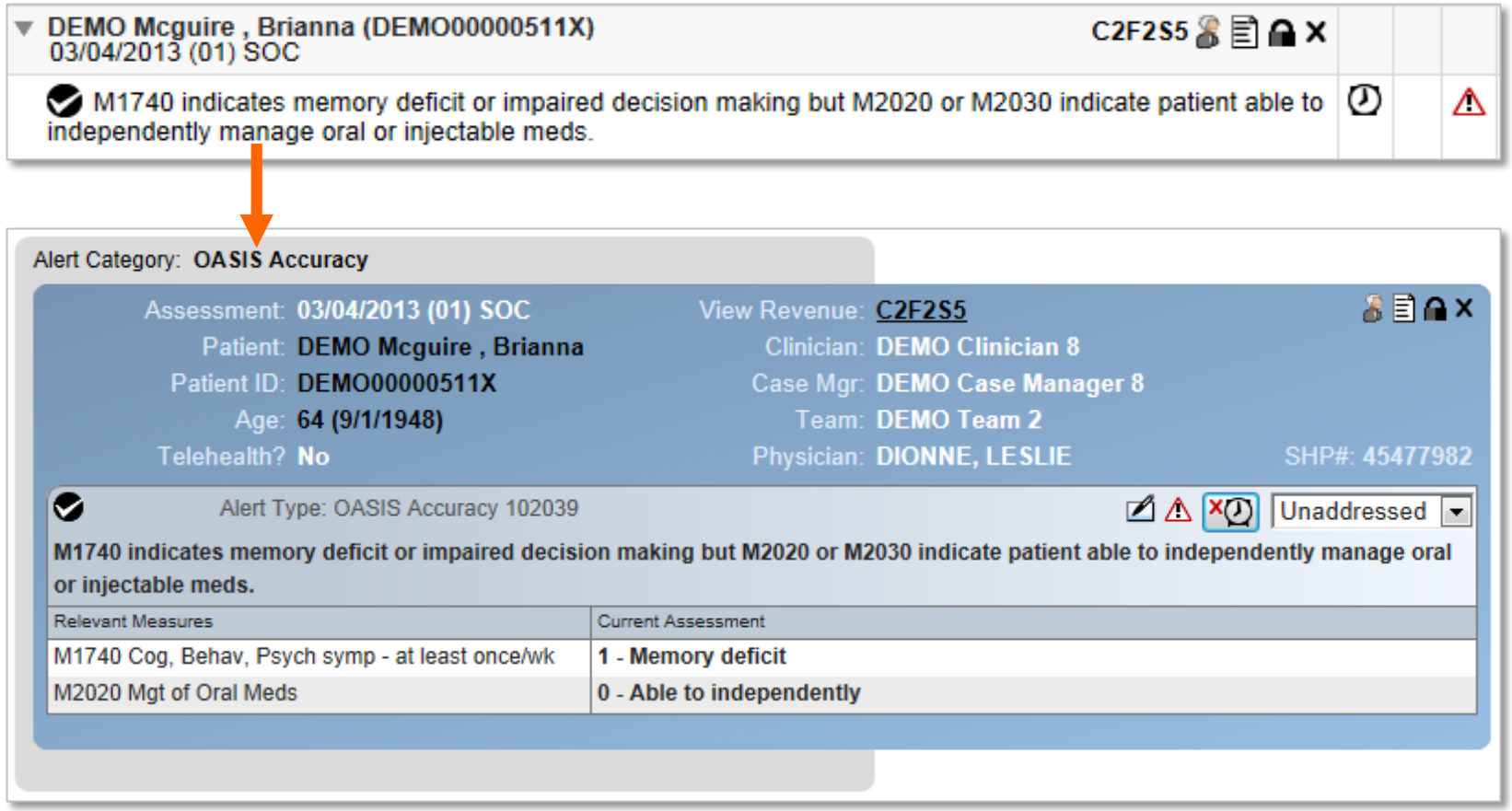


Revenue Overview	Current	With SHP*Alerts* Revised	Difference
HHRG:	C1F2S3	C2F2S3	–
HIPPS:	1AGMS	1BGMT	–
Case Mix Weight:	1.3039	1.3903	0.09
NRS Payment:	$14.56	$52.58	$38.02
Revenue Without Sequestration:	$3,386.43	$3,647.88	$261.45
View Alert Details — **Total Revenue:**	**$3,318.70**	**$3,574.92**	**$256.22**

PPS#	PPS Description	OASIS Measure/Response		Case Mix
Clinical Severity				
3	Primary or Other DX = Cancer, selected benign neoplasms	M1022_OTH_DIAG1_ICD	174.9	3
34	M1242 (Pain) = 3 or 4	M1242_PAIN_FREQ_ACTVTY_MVMT	02	1
41	M1342 (Surgical wound status) = 3	Potential Point Gain: View Alert(s)		4
	[0-4 = C1] [5-8 = C2] [9+ = C3]	**Clinical Total Score:**		4 (C1)
Functional Status				
46	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	M1810_CRNT_DRESS_UPPER M1820_CRNT_DRESS_LOWER	02 02	2
47	M1830 (Bathing) = 2 or more	M1830_CRNT_BATHG	04	3
50	M1860 (Ambulation) = 1, 2, or 3	M1860_CRNT_AMBLTN	01	1
	[0-5 = F1] [6 = F2] [7+ = F3]	**Functional Total Score:**		6 (F2)

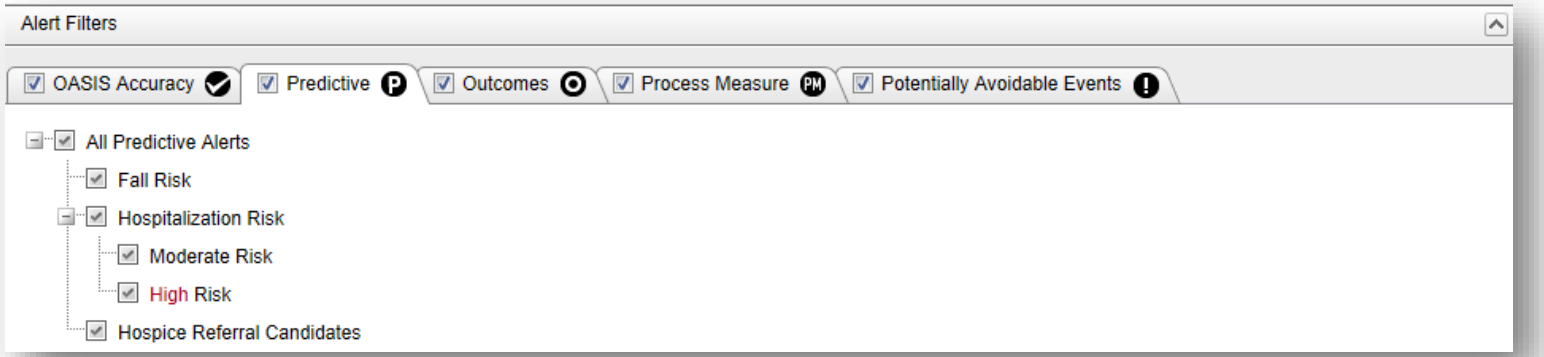
OASIS Accuracy Alerts

Critical General OASIS Accuracy Alert



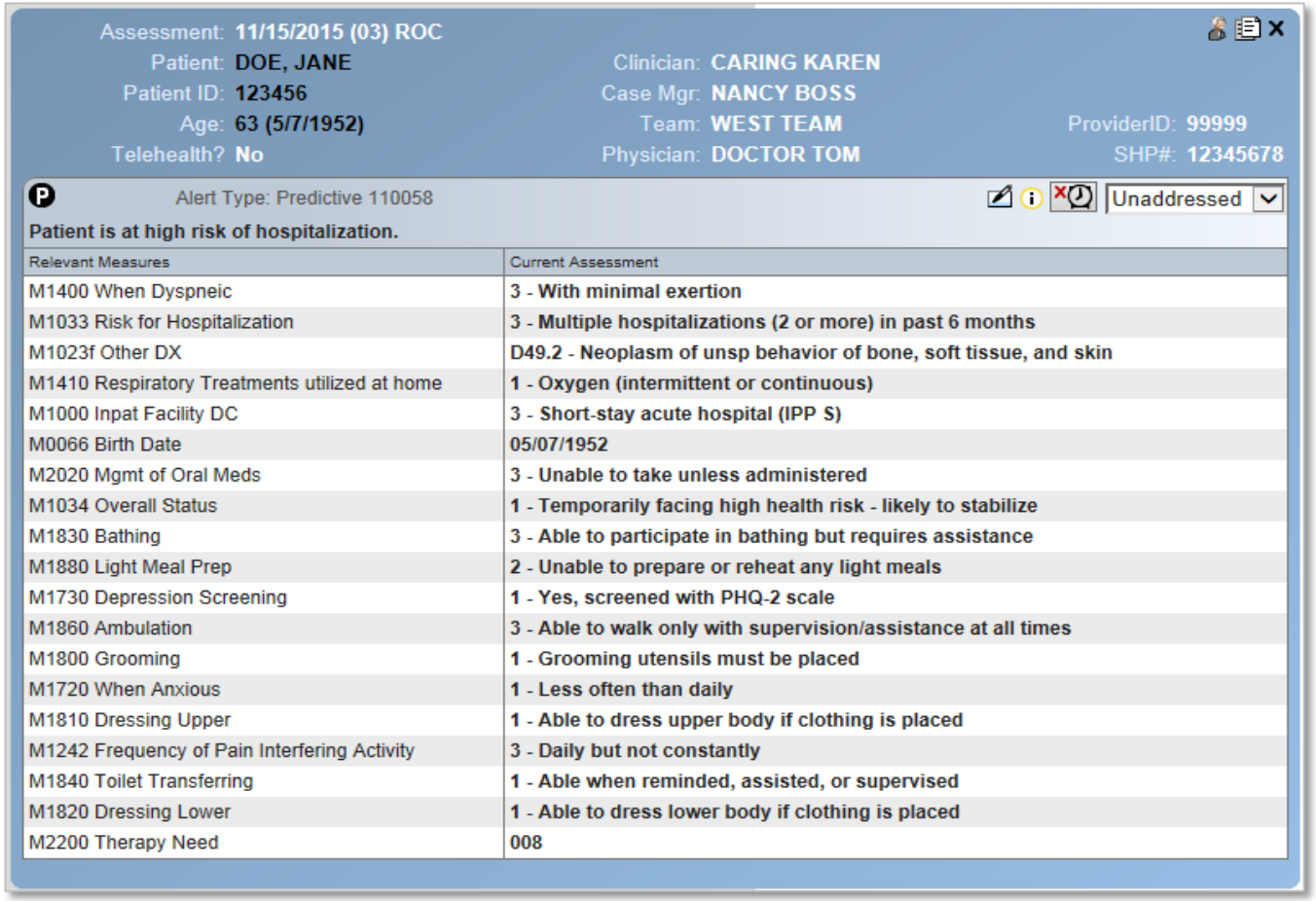
Predictive Alerts

- **Risk of Hospitalization**: Uses CMS risk adjustment methodology to determine patient at a **high** or moderate risk
- **Risk of Falls**: Uses a proprietary algorithm to determine risk
  - ✓ **Action**: Review risk factors, address in POC as necessary
- **Candidate for Transfer to Hospice**: Uses a proprietary algorithm to determine patients that might be more appropriate for hospice
  - ✓ **Action**: Review case, determine if appropriate to discuss hospice transfer with patient



Predictive Alerts

Informational: In the example below, this patient is identified as being at a high risk of hospitalization



Assessment: **11/15/2015 (03) ROC**
Patient: **DOE, JANE** | Clinician: **CARING KAREN**
Patient ID: **123456** | Case Mgr: **NANCY BOSS**
Age: **63 (5/7/1952)** | Team: **WEST TEAM** | ProviderID: **99999**
Telehealth? **No** | Physician: **DOCTOR TOM** | SHP#: **12345678**

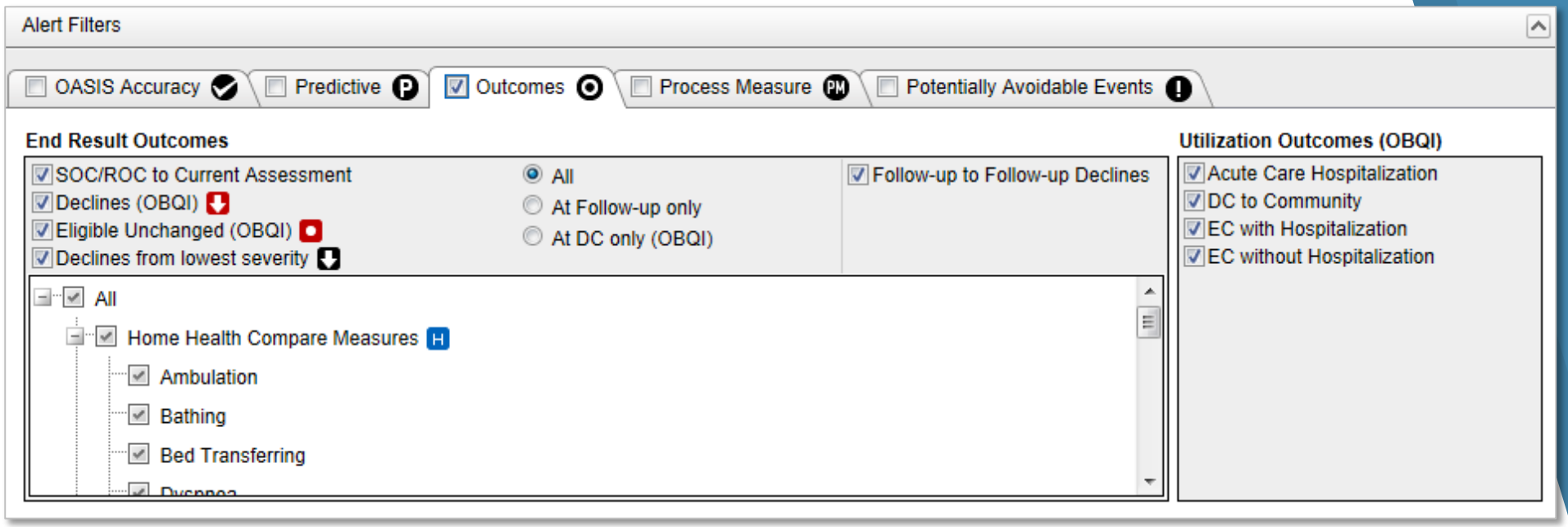
Alert Type: Predictive 110058 — Unaddressed

Patient is at high risk of hospitalization.

Relevant Measures	Current Assessment
M1400 When Dyspneic	3 - With minimal exertion
M1033 Risk for Hospitalization	3 - Multiple hospitalizations (2 or more) in past 6 months
M1023f Other DX	D49.2 - Neoplasm of unsp behavior of bone, soft tissue, and skin
M1410 Respiratory Treatments utilized at home	1 - Oxygen (intermittent or continuous)
M1000 Inpat Facility DC	3 - Short-stay acute hospital (IPP S)
M0066 Birth Date	05/07/1952
M2020 Mgmt of Oral Meds	3 - Unable to take unless administered
M1034 Overall Status	1 - Temporarily facing high health risk - likely to stabilize
M1830 Bathing	3 - Able to participate in bathing but requires assistance
M1880 Light Meal Prep	2 - Unable to prepare or reheat any light meals
M1730 Depression Screening	1 - Yes, screened with PHQ-2 scale
M1860 Ambulation	3 - Able to walk only with supervision/assistance at all times
M1800 Grooming	1 - Grooming utensils must be placed
M1720 When Anxious	1 - Less often than daily
M1810 Dressing Upper	1 - Able to dress upper body if clothing is placed
M1242 Frequency of Pain Interfering Activity	3 - Daily but not constantly
M1840 Toilet Transferring	1 - Able when reminded, assisted, or supervised
M1820 Dressing Lower	1 - Able to dress lower body if clothing is placed
M2200 Therapy Need	008

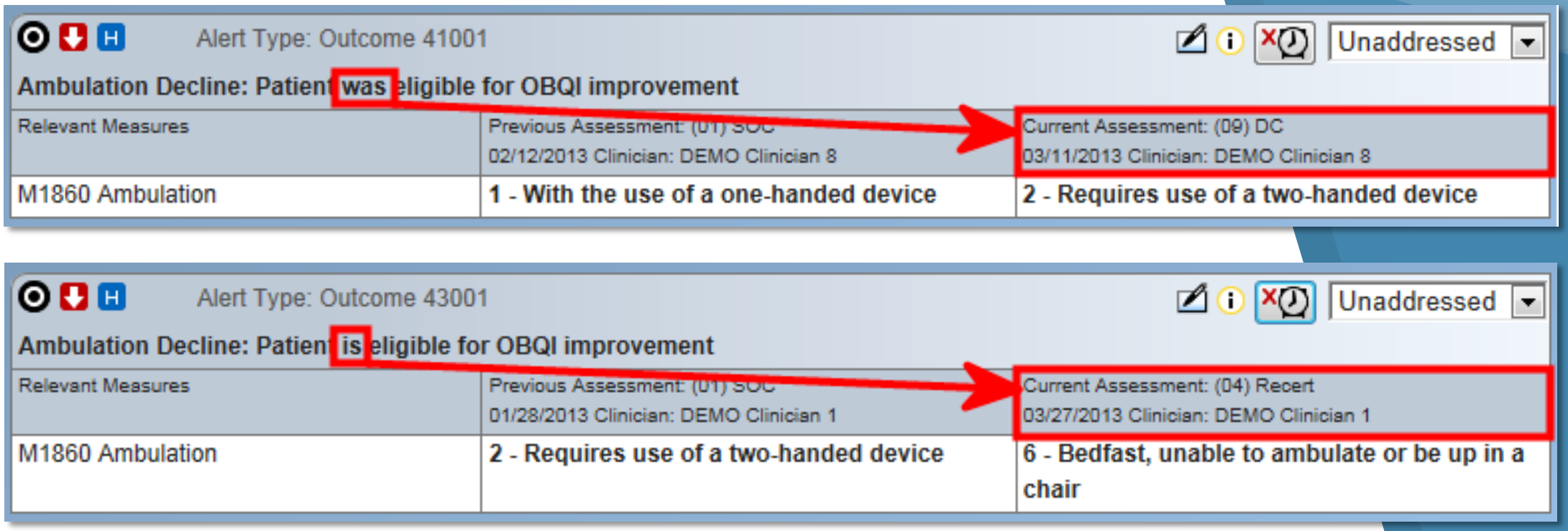
Outcome Alerts

- Immediate notification of declines and non-improvements for all OBQI outcomes on Home Health Compare
  - SOC/ROC to DC/Transfer: Official CMS declines and non-improvements
  - SOC/ROC to Recert: Proactive warning about potential declines and non-improvements



Decline Alerts

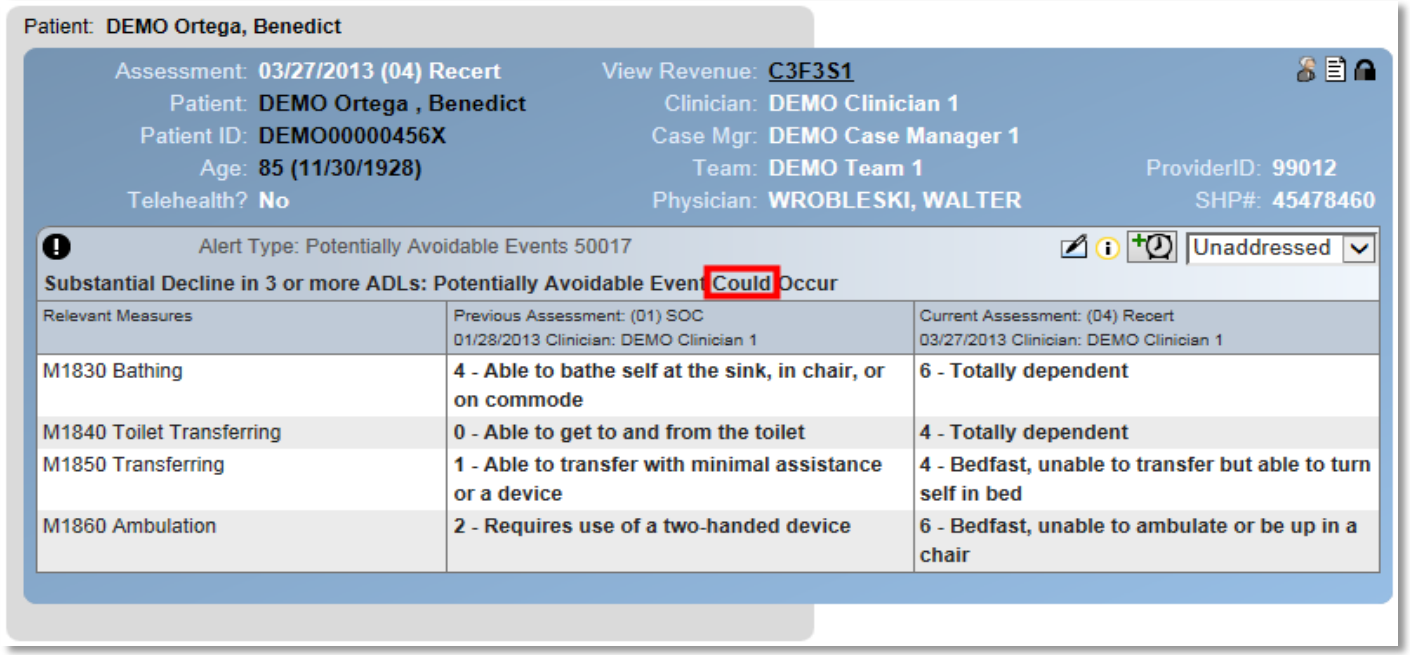
Informational: In the examples below, one decline is an “official” decline (09), and the other is a “warning” (04)



Potentially Avoidable Events

- Immediate notification of OBQM Potentially Avoidable Events (Adverse Events)
- **Action:** Verify accuracy, investigate reasons, “Dismiss” the audit when done.

Informational: In the examples below, the patient is in danger of having a substantial decline in 3 or more ADLs



Patient: **DEMO Ortega, Benedict**

Assessment: **03/27/2013 (04) Recert** | View Revenue: **C3F3S1**
Patient: **DEMO Ortega , Benedict** | Clinician: **DEMO Clinician 1**
Patient ID: **DEMO00000456X** | Case Mgr: **DEMO Case Manager 1**
Age: **85 (11/30/1928)** | Team: **DEMO Team 1** | ProviderID: **99012**
Telehealth? **No** | Physician: **WROBLESKI, WALTER** | SHP#: **45478460**

Alert Type: Potentially Avoidable Events 50017 — Unaddressed

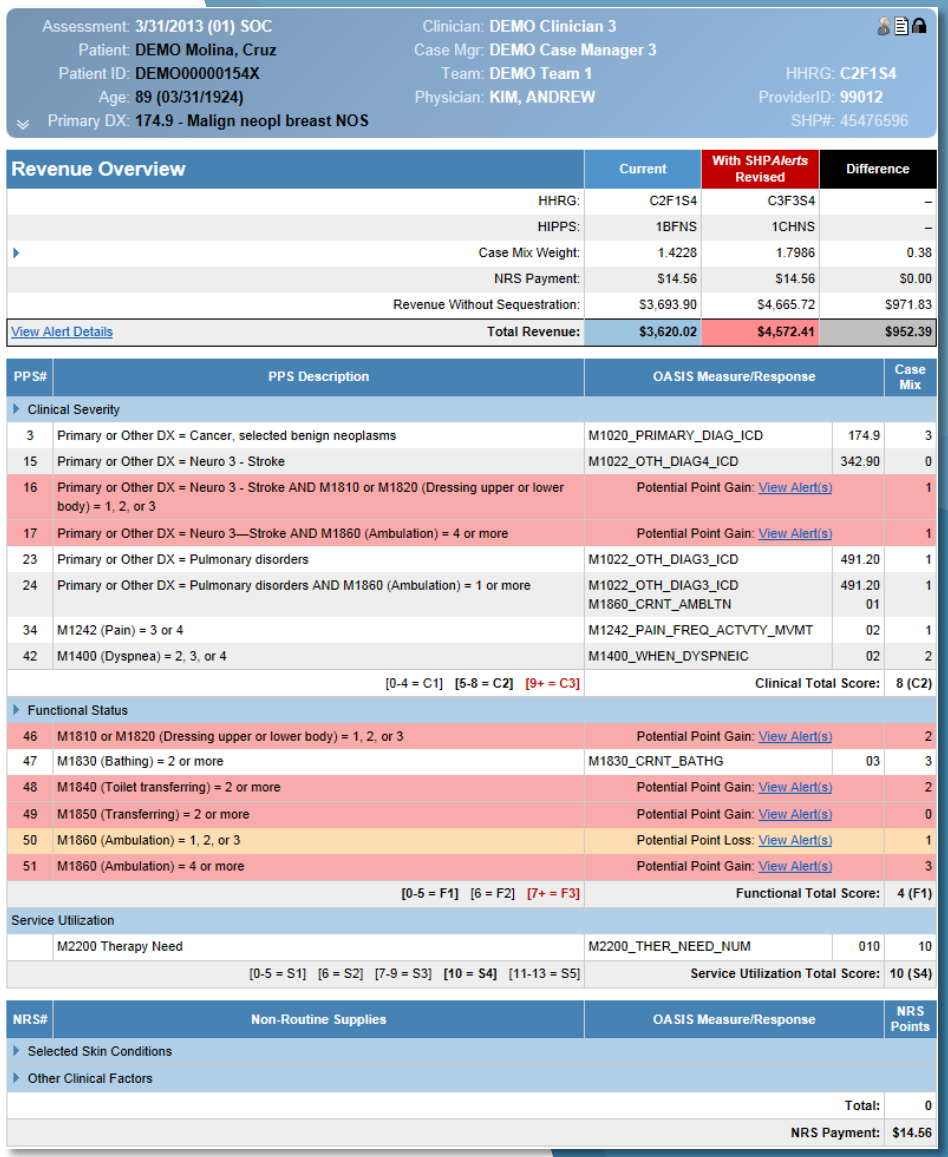
Substantial Decline in 3 or more ADLs: Potentially Avoidable Event Could Occur

Relevant Measures	Previous Assessment: (01) SOC 01/28/2013 Clinician: DEMO Clinician 1	Current Assessment: (04) Recert 03/27/2013 Clinician: DEMO Clinician 1
M1830 Bathing	4 - Able to bathe self at the sink, in chair, or on commode	6 - Totally dependent
M1840 Toilet Transferring	0 - Able to get to and from the toilet	4 - Totally dependent
M1850 Transferring	1 - Able to transfer with minimal assistance or a device	4 - Bedfast, unable to transfer but able to turn self in bed
M1860 Ambulation	2 - Requires use of a two-handed device	6 - Bedfast, unable to ambulate or be up in a chair

HHRG Worksheets

Why Use SHP HHRG Worksheets?

- **OASIS = Invoice:** Clinicians MUST understand the impact of accuracy
- HHRG Worksheets help you:
  - ✓ Show where SHP financial impact alerts could change the revenue for an episode
  - ✓ Show the actual impact of OASIS answers on the Clinical, Functional, Service, and NRS domains
  - ✓ Educate staff on the importance of OASIS accuracy



Assessment: 3/31/2013 (01) SOC | Clinician: DEMO Clinician 3
Patient: DEMO Molina, Cruz | Case Mgr: DEMO Case Manager 3
Patient ID: DEMO00000154X | Team: DEMO Team 1 | HHRG: C2F1S4
Age: 89 (03/31/1924) | Physician: KIM, ANDREW | ProviderID: 99012
Primary DX: 174.9 - Malign neopl breast NOS | SHP#: 45476596

Revenue Overview	Current	With SHP*Alerts* Revised	Difference
HHRG:	C2F1S4	C3F3S4	–
HIPPS:	1BFNS	1CHNS	–
Case Mix Weight:	1.4228	1.7986	0.38
NRS Payment:	$14.56	$14.56	$0.00
Revenue Without Sequestration:	$3,693.90	$4,665.72	$971.83
View Alert Details — **Total Revenue:**	**$3,620.02**	**$4,572.41**	**$952.39**

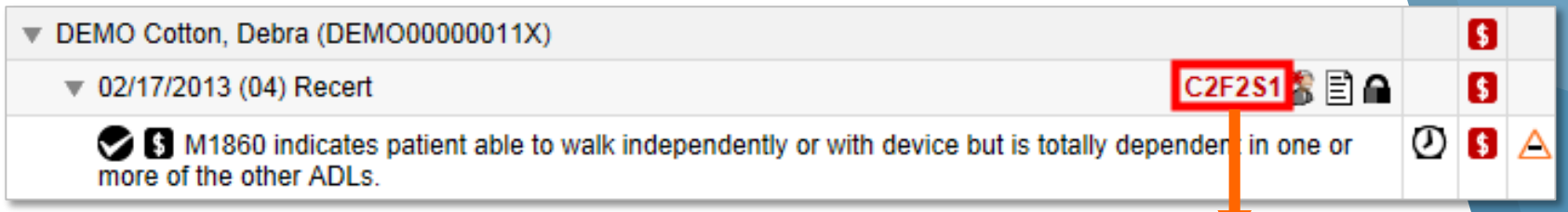
PPS#	PPS Description	OASIS Measure/Response		Case Mix
Clinical Severity				
3	Primary or Other DX = Cancer, selected benign neoplasms	M1020_PRIMARY_DIAG_ICD	174.9	3
15	Primary or Other DX = Neuro 3 - Stroke	M1022_OTH_DIAG4_ICD	342.90	0
16	Primary or Other DX = Neuro 3 - Stroke AND M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	Potential Point Gain: View Alert(s)		1
17	Primary or Other DX = Neuro 3—Stroke AND M1860 (Ambulation) = 4 or more	Potential Point Gain: View Alert(s)		1
23	Primary or Other DX = Pulmonary disorders	M1022_OTH_DIAG3_ICD	491.20	1
24	Primary or Other DX = Pulmonary disorders AND M1860 (Ambulation) = 1 or more	M1022_OTH_DIAG3_ICD M1860_CRNT_AMBLTN	491.20 01	1
34	M1242 (Pain) = 3 or 4	M1242_PAIN_FREQ_ACTVTY_MVMT	02	1
42	M1400 (Dyspnea) = 2, 3, or 4	M1400_WHEN_DYSPNEIC	02	2
	[0-4 = C1] [5-8 = C2] [9+ = C3]	**Clinical Total Score:**		**8 (C2)**
Functional Status				
46	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	Potential Point Gain: View Alert(s)		2
47	M1830 (Bathing) = 2 or more	M1830_CRNT_BATHG	03	3
48	M1840 (Toilet transferring) = 2 or more	Potential Point Gain: View Alert(s)		2
49	M1850 (Transferring) = 2 or more	Potential Point Gain: View Alert(s)		0
50	M1860 (Ambulation) = 1, 2, or 3	Potential Point Loss: View Alert(s)		1
51	M1860 (Ambulation) = 4 or more	Potential Point Gain: View Alert(s)		3
	[0-5 = F1] [6 = F2] [7+ = F3]	**Functional Total Score:**		**4 (F1)**
Service Utilization				
	M2200 Therapy Need	M2200_THER_NEED_NUM	010	10
	[0-5 = S1] [6 = S2] [7-9 = S3] [10 = S4] [11-13 = S5]	**Service Utilization Total Score:**		**10 (S4)**

NRS#	Non-Routine Supplies	OASIS Measure/Response	NRS Points
Selected Skin Conditions			
Other Clinical Factors			
		Total:	**0**
		NRS Payment:	**$14.56**

Note: *This feature requires a "Financial" role on your SHP login.*

HHRG Worksheets

- Where Can You Access The HHRG Worksheets? Anywhere you see a HHRG link!



Revenue Overview	Current	With SHP*Alerts* Revised	Difference
HHRG:	C2F2S1	C2F3S1	–
HIPPS:	3BGKT	3BHKT	–
Case Mix Weight:	0.9091	1.0022	0.09
NRS Payment:	$52.58	$52.58	$0.00
Revenue Without Sequestration:	$2,403.50	$2,644.26	$240.76
View Alert Details — Total Revenue:	$2,355.43	$2,591.37	$235.94

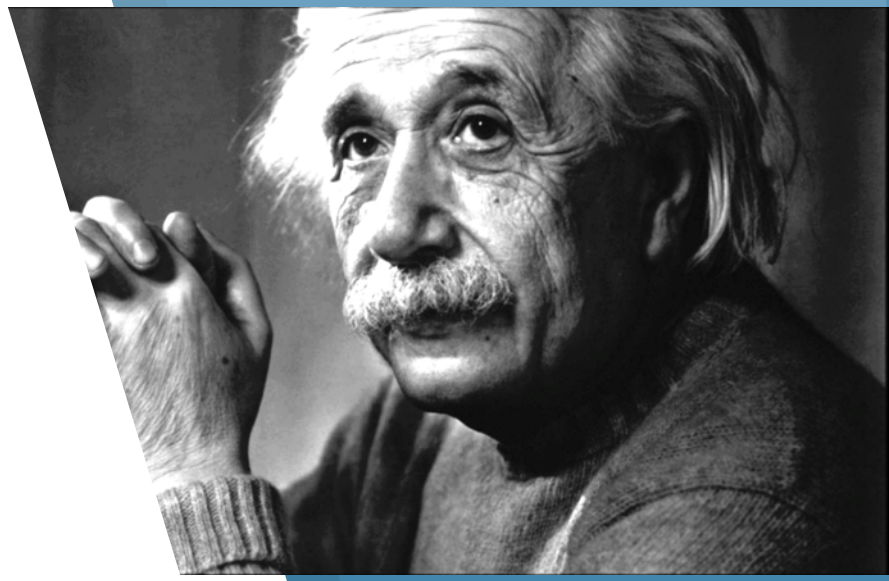
PPS#	PPS Description	OASIS Measure/Response		Case Mix
Clinical Severity				
5	Other DX = Diabetes	M1022_OTH_DIAG3_ICD	250.00	1
11	Primary or Other DX = Heart Disease OR Hypertension	M1022_OTH_DIAG4_ICD	428.0	1
15	Primary or Other DX = Neuro 3 - Stroke	M1020_PRIMARY_DIAG_ICD	438.11	0
16	Primary or Other DX = Neuro 3 - Stroke AND M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	M1020_PRIMARY_DIAG_ICD M1810_CRNT_DRESS_UPPER M1820_CRNT_DRESS_LOWER	438.11 03 03	2
17	Primary or Other DX = Neuro 3—Stroke AND M1860 (Ambulation) = 4 or more	Potential Point Gain: View Alert(s)		0
22	Primary or Other DX = Psych 2—Degenerative and other organic psychiatric disorders	M1022_OTH_DIAG2_ICD	294.8	0
	[0-2 = C1] [3-5 = C2] [6+ = C3]	Clinical Total Score:		4 (C2)
Functional Status				
46	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	M1810_CRNT_DRESS_UPPER M1820_CRNT_DRESS_LOWER	03 03	2
47	M1830 (Bathing) = 2 or more	M1830_CRNT_BATHG	03	6
50	M1860 (Ambulation) = 1, 2, or 3	Potential Point Loss: View Alert(s)		1
51	M1860 (Ambulation) = 4 or more	Potential Point Gain: View Alert(s)		4
	[0-8 = F1] [9 = F2] [10+ = F3]	Functional Total Score:		9 (F2)

Note: *This feature requires a "Financial" role on your SHP login.*

Episode Einstein™

How Does Episode Einstein Help You?

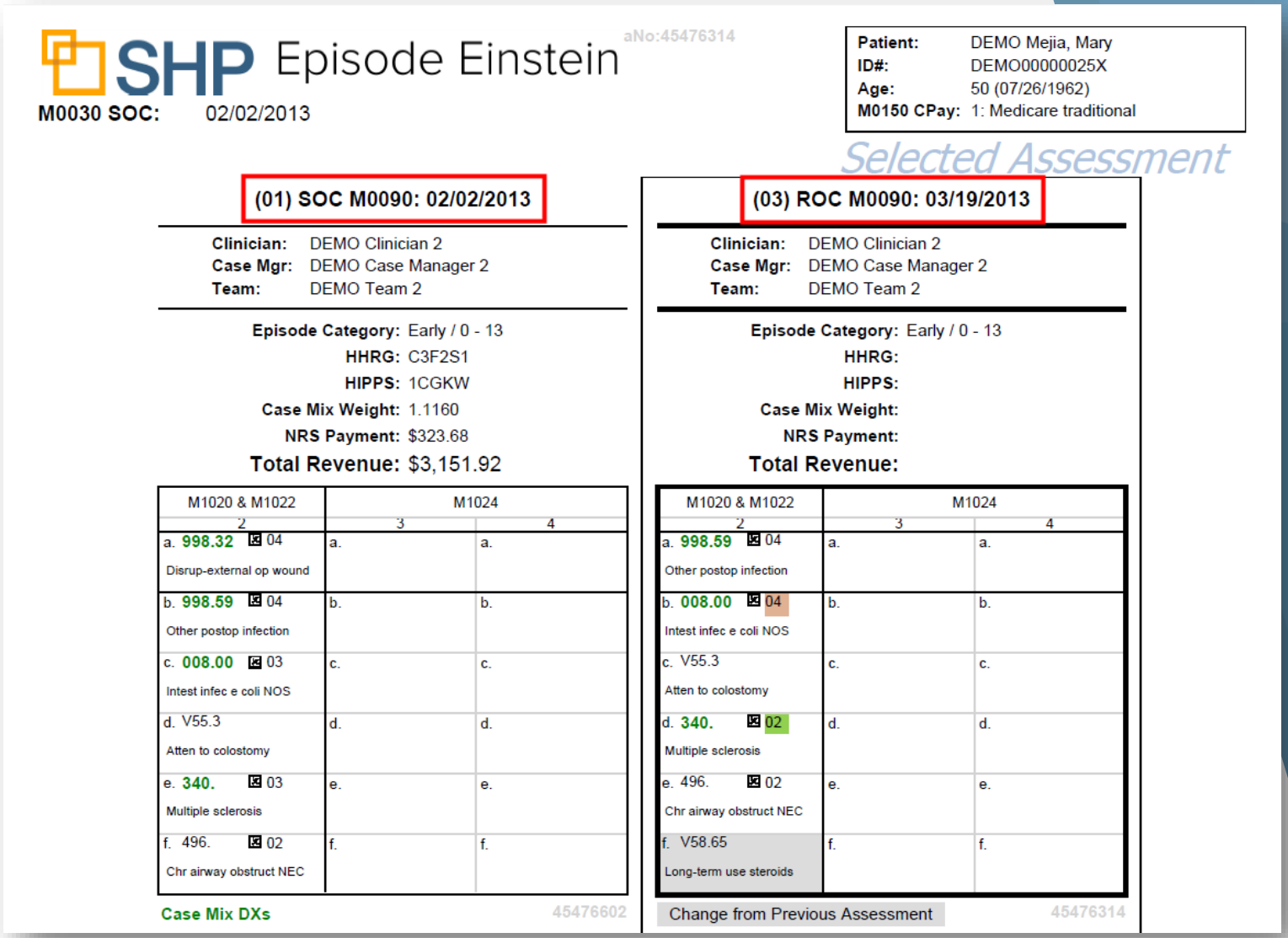
- **Comprehensive** review of all assessments in an episode
- **Drastically** reduces time involved in OASIS review
- **Drastically** improves accuracy
- Alerts you **immediately** to changes in case mix or potential outcome declines
- Provides a **summary** of all unresolved alerts



Submit Feedback

Patient	ID	Start Dt	Assessment Date	Type	Trans Dt	Clinician	Case Mgr	Team	Open	Closed	HHRG
DEMO Mejia , Mary	DEMO00000025X	2/2/2013	3/31/2013	(04)	4/16/2013	DEMO Clinician	...	...	3	0	C3F2S1
DEMO Hansen , Seth	DEMO00000057X	2/2/2013	3/31/2013	(04)	4/16/2013	DEMO Clinician	...	...	1	0	C2F3S2
DEMO Cunningham , Rinah	DEMO00000140X	3/6/2013	3/31/2013	(03)	4/16/2013	DEMO Clinician	...	...	4	0	
DEMO Molina , Cruz	DEMO00000154X	3/31/2013	3/31/2013	(01)	4/16/2013	DEMO Clinician	...	...	2	1	C2F1S4
DEMO Baxter , Kirsten	DEMO00000170X	2/4/2013	3/31/2013	(04)	4/16/2013	DEMO Clinician	...	...	3	0	C3F3S5

Episode Einstein™: SOC to ROC



SHP Episode Einstein aNo:45476314

M0030 SOC: 02/02/2013

Patient:	DEMO Mejia, Mary
ID#:	DEMO00000025X
Age:	50 (07/26/1962)
M0150 CPay:	1: Medicare traditional

Selected Assessment

(01) SOC M0090: 02/02/2013

Clinician: DEMO Clinician 2
Case Mgr: DEMO Case Manager 2
Team: DEMO Team 2

Episode Category: Early / 0 - 13
HHRG: C3F2S1
HIPPS: 1CGKW
Case Mix Weight: 1.1160
NRS Payment: $323.68
Total Revenue: $3,151.92

M1020 & M1022	M1024	
2	3	4
a. 998.32 ☒ 04 Disrup-external op wound	a.	a.
b. 998.59 ☒ 04 Other postop infection	b.	b.
c. 008.00 ☒ 03 Intest infec e coli NOS	c.	c.
d. V55.3 Atten to colostomy	d.	d.
e. 340. ☒ 03 Multiple sclerosis	e.	e.
f. 496. ☒ 02 Chr airway obstruct NEC	f.	f.

Case Mix DXs 45476602

(03) ROC M0090: 03/19/2013

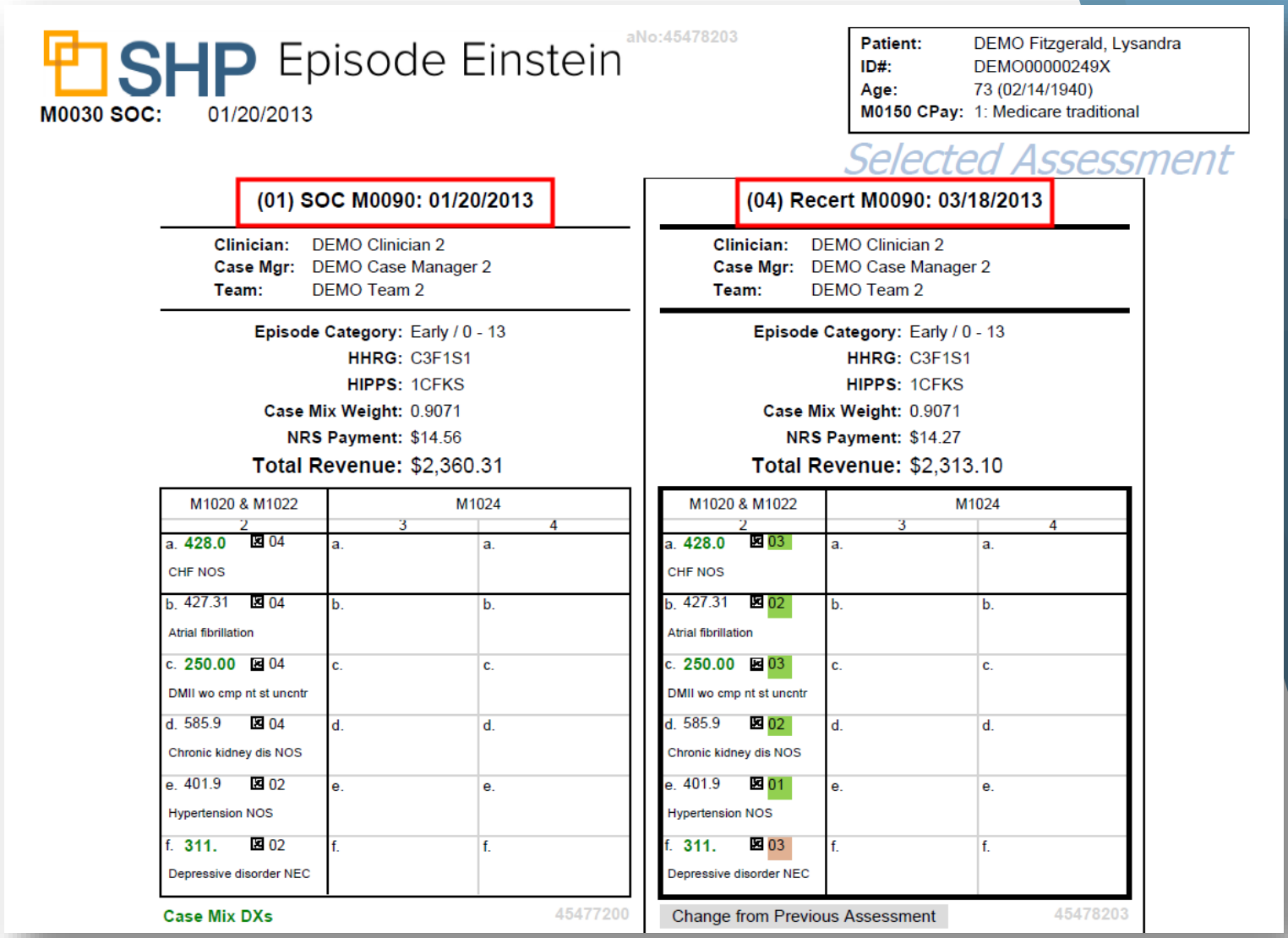
Clinician: DEMO Clinician 2
Case Mgr: DEMO Case Manager 2
Team: DEMO Team 2

Episode Category: Early / 0 - 13
HHRG:
HIPPS:
Case Mix Weight:
NRS Payment:
Total Revenue:

M1020 & M1022	M1024	
2	3	4
a. 998.59 ☒ 04 Other postop infection	a.	a.
b. 008.00 ☒ 04 Intest infec e coli NOS	b.	b.
c. V55.3 Atten to colostomy	c.	c.
d. 340. ☒ 02 Multiple sclerosis	d.	d.
e. 496. ☒ 02 Chr airway obstruct NEC	e.	e.
f. V58.65 Long-term use steroids	f.	f.

Change from Previous Assessment 45476314

Episode Einstein™: SOC/ROC to Recert



SHP Episode Einstein aNo:45478203

M0030 SOC: 01/20/2013

Patient:	DEMO Fitzgerald, Lysandra
ID#:	DEMO00000249X
Age:	73 (02/14/1940)
M0150 CPay:	1: Medicare traditional

Selected Assessment

(01) SOC M0090: 01/20/2013

Clinician: DEMO Clinician 2
Case Mgr: DEMO Case Manager 2
Team: DEMO Team 2

Episode Category: Early / 0 - 13
HHRG: C3F1S1
HIPPS: 1CFKS
Case Mix Weight: 0.9071
NRS Payment: $14.56
Total Revenue: $2,360.31

M1020 & M1022	M1024	
2	3	4
a. 428.0 ☒ 04 CHF NOS	a.	a.
b. 427.31 ☒ 04 Atrial fibrillation	b.	b.
c. 250.00 ☒ 04 DMII wo cmp nt st uncntr	c.	c.
d. 585.9 ☒ 04 Chronic kidney dis NOS	d.	d.
e. 401.9 ☒ 02 Hypertension NOS	e.	e.
f. 311. ☒ 02 Depressive disorder NEC	f.	f.

Case Mix DXs 45477200

(04) Recert M0090: 03/18/2013

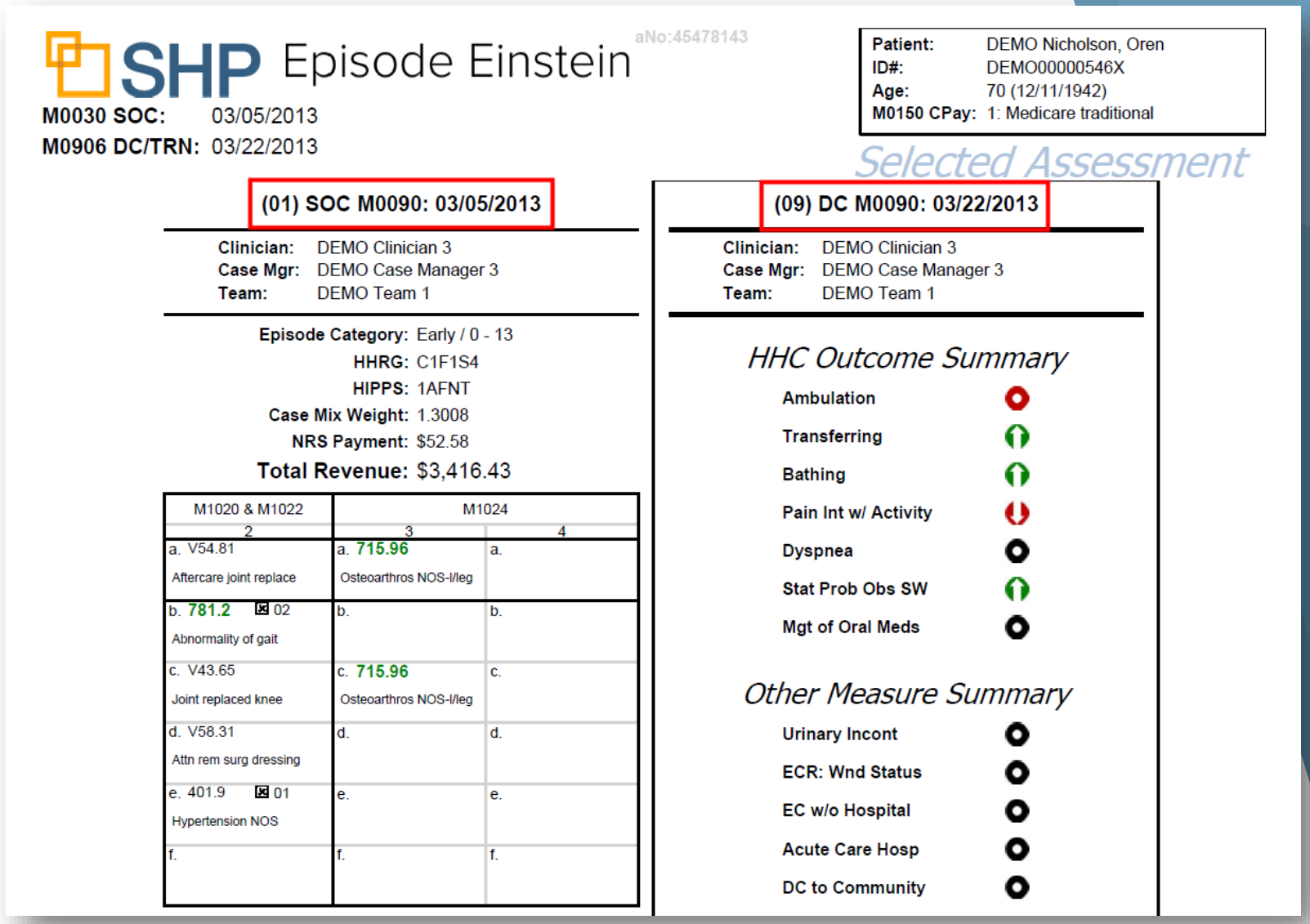
Clinician: DEMO Clinician 2
Case Mgr: DEMO Case Manager 2
Team: DEMO Team 2

Episode Category: Early / 0 - 13
HHRG: C3F1S1
HIPPS: 1CFKS
Case Mix Weight: 0.9071
NRS Payment: $14.27
Total Revenue: $2,313.10

M1020 & M1022	M1024	
2	3	4
a. 428.0 ☒ 03 CHF NOS	a.	a.
b. 427.31 ☒ 02 Atrial fibrillation	b.	b.
c. 250.00 ☒ 03 DMII wo cmp nt st uncntr	c.	c.
d. 585.9 ☒ 02 Chronic kidney dis NOS	d.	d.
e. 401.9 ☒ 01 Hypertension NOS	e.	e.
f. 311. ☒ 03 Depressive disorder NEC	f.	f.

Change from Previous Assessment 45478203

Episode Einstein™: SOC/ROC to DC



SHP Episode Einstein aNo:45478143

M0030 SOC: 03/05/2013
M0906 DC/TRN: 03/22/2013

Patient:	DEMO Nicholson, Oren
ID#:	DEMO00000546X
Age:	70 (12/11/1942)
M0150 CPay:	1: Medicare traditional

Selected Assessment

(01) SOC M0090: 03/05/2013

Clinician: DEMO Clinician 3
Case Mgr: DEMO Case Manager 3
Team: DEMO Team 1

Episode Category: Early / 0 - 13
HHRG: C1F1S4
HIPPS: 1AFNT
Case Mix Weight: 1.3008
NRS Payment: $52.58
Total Revenue: $3,416.43

M1020 & M1022	M1024	
2	3	4
a. V54.81 Aftercare joint replace	a. 715.96 Osteoarthros NOS-l/leg	a.
b. 781.2 ☒ 02 Abnormality of gait	b.	b.
c. V43.65 Joint replaced knee	c. 715.96 Osteoarthros NOS-l/leg	c.
d. V58.31 Attn rem surg dressing	d.	d.
e. 401.9 ☒ 01 Hypertension NOS	e.	e.
f.	f.	f.

(09) DC M0090: 03/22/2013

Clinician: DEMO Clinician 3
Case Mgr: DEMO Case Manager 3
Team: DEMO Team 1

HHC Outcome Summary

Ambulation	
Transferring	
Bathing	
Pain Int w/ Activity	
Dyspnea	
Stat Prob Obs SW	
Mgt of Oral Meds	

Other Measure Summary

Urinary Incont	
ECR: Wnd Status	
EC w/o Hospital	
Acute Care Hosp	
DC to Community	

Episode Einstein™: Diagnosis Review

- Changes in coding from assessment-to-assessment shown by gray shading
- Case-mix diagnosis identified in **bold green** text

M1021 & M1023	M1025	
2	3	4
a. I83.018 ☒ 03 Varicose veins of r low extrem w ulcer oth part of lower leg	a.	a.
b. **L97.811** ☒ 03 Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	b.	b.
c. I83.028 ☒ 03 Varicose veins of l low extrem w ulcer oth part of lower leg	c.	c.
d. **L97.821** ☒ 03 Non-prs chr ulcer oth prt l low leg limited to brkdwn skin	d.	d.
e. **E11.9** ☒ 03 Type 2 diabetes mellitus without complications	e.	e.
f. **I13.0** ☒ 03 Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	f.	f.

M1021 & M1023	M1025	
2	3	4
a. **I13.0** ☒ 03 Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	a.	a.
b. N18.3 ☒ 02 Chronic kidney disease, stage 3 (moderate)	b.	b.
c. **I50.43** ☒ 02 Acute on chronic combined systolic and diastolic hrt fail	c.	c.
d. I83.028 ☒ 03 Varicose veins of l low extrem w ulcer oth part of lower leg	d.	d.
e. **L97.821** Non-prs chr ulcer oth prt l low leg limited to brkdwn skin	e.	e.
f. I83.018 ☒ 03 Varicose veins of r low extrem w ulcer oth part of lower leg	f.	f.

M1021 & M1023	M1025	
2	3	4
a. I83.028 ☒ 03 Varicose veins of l low extrem w ulcer oth part of lower leg	a.	a.
b. **L97.821** ☒ 02 Non-prs chr ulcer oth prt l low leg limited to brkdwn skin	b.	b.
c. I83.018 ☒ 03 Varicose veins of r low extrem w ulcer oth part of lower leg	c.	c.
d. **L97.811** ☒ 02 Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	d.	d.
e. **I13.0** ☒ 03 Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	e.	e.
f. N18.3 ☒ 02 Chronic kidney disease, stage 3 (moderate)	f.	f.

Episode Einstein™:
Case Mix and Outcomes Review

- Review case-mix points for each OASIS Revenue item
- Review current outcomes for HHC items

Case-Mix OASIS Ms	(01) SOC 02/19/2016	pts	(04) Recert 04/13/2016	pts	(04) Recert 06/13/2016	pts	HHC
Primary or Other DXs	see DX chart	4	see DX chart	9	see DX chart	9	
M1030 Ther at Home	4: none of the above	-	4: none of the above	-	4: none of the above	-	
M1200 Vision	0: normal vision	NA	1: partially impaired	NA	0: normal vision	NA	
M1242 Freq of Pain	3: daily, not constant	2	2: less than daily	-	3: daily, not constant	1	
M1308 Cur Unheal PUs 3-4	stg 3 - stg 4 -	-	stg 3 - stg 4 -	-	stg 3 - stg 4 -	-	
M1324 Stg of Prob PU	NA: no observe PU	-	NA: no observe PU	-	NA: no observe PU	-	
M1334 Stat Prob Obs SU		-		-	1: fully granulating	-	
M1342 Stat Prob Obs SW		-		-		-	
M1400 Dyspnea	1: +20 feet/stairs	-	2: w/ mod exertion	-	2: w/ mod exertion	-	
M1620 Bowel Incont Freq	0: rarely/never	-	0: rarely/never	-	0: rarely/never	-	
M1630 Ostomy	0: no ostomy	-	0: no ostomy	-	0: no ostomy	-	
M1810 Dressing Upper	2: needs assist	2	2: needs assist	1	2: needs assist	1	
M1820 Dressing Lower	3: dependent		2: needs assist		3: dependent		
M1830 Bathing	3: needs assist	6	3: needs assist	5	3: needs assist	5	
M1840 Toilet Transfer	1: able w/ assist	-	1: able w/ assist	-	1: able w/ assist	-	
M1850 Transferring	2: can bear weight	3	1: w/ min assist	-	1: w/ min assist	-	
M1860 Ambulation	3: able w/ assist	7	2: w/ two hand device	4	3: able w/ assist	4	
M2030 Mgt of Injct Meds	1: able if prepared	NA	1: able if prepared	NA	1: able if prepared	NA	
M2200 Therapy Need	013	13	000	-	000	-	
		6 (C3)		9 (C3)	Clinical Total:	10 (C3)	
		18 (F3)		10 (F2)	Functional Total:	10 (F2)	
		13 (S5)		0 (S1)	Service Ut Total:	0 (S1)	

Clinical Dimension M0s

Functional Dimension M0s

Episode Einstein™: NRS Review

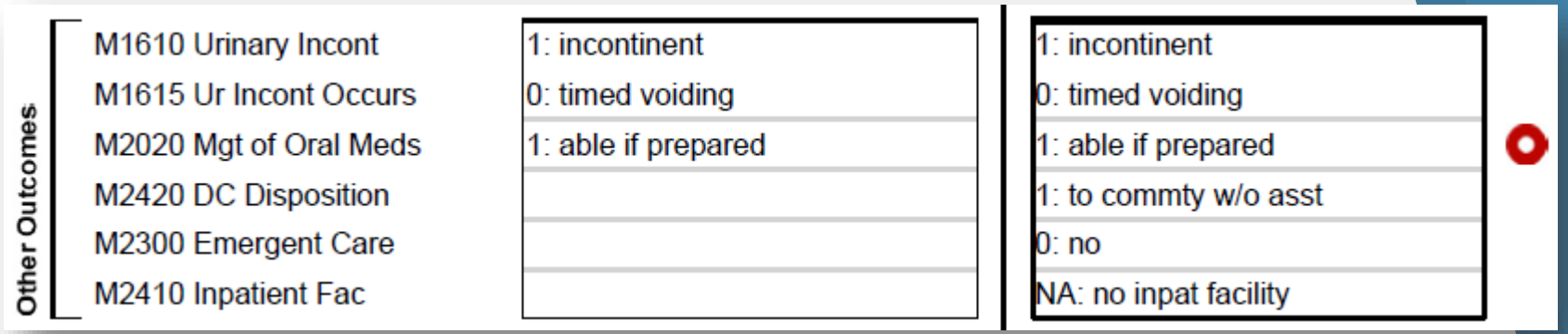
- All M-Items that are utilized for the Non-Routine Supply (NRS) calculation are displayed on the 2nd page
- Compare these M-Items to the NRS information on page 1

Episode Category:	Early / 0 - 13	Late / 0 - 13	Late / 0 - 13
HHRG:	C3F2S5	C3F2S1	C3F2S1
HIPPS:	1CGPU	3CGKV	3CGKV
Case Mix Weight:	1.3879	0.6933	0.6933
NRS Payment:	$143.53	$210.31	$210.31
Total Revenue:	$3,416.13	$1,852.97	$1,852.97

NRS Dimension M0s *M0s that are also in Clinical Dimensions	(01) SOC 11/27/2014	(04) Recert 01/12/2017	(04) Recert 03/13/2017
		SELECTED SKIN CONDITIONS	
M1322, M1311 PUs Stg	1-00, 2- , 3- , 4-	1-00, 2- , 3- , 4-	1-00, 2- , 3- , 4-
M1311d1,e1 Cur PUs Unstg	dress-, slough/esch-	dress-, slough/esch-	dress-, slough/esch-
M1332 Cur # Observ SUs			
M1330 Stasis Ulcer	0: no	0: no	0: no
M1334 Stat Prob Obs SU			
M1342 Stat Prob Obs SW	0: newly epith	3: not healing	3: not healing
		OTHER CLINICAL FACTORS	
M1030 Ther at Home	1: infusion	4: none of the above	4: none of the above
M1620 Bowel Incont Freq	2: 1-3 times weekly	0: rarely/never	0: rarely/never
M1630 Ostomy	0: no ostomy	0: no ostomy	0: no ostomy

Episode Einstein™: Outcomes Review

- Outcomes for M0 items that are not part of the revenue calculation are found on the 2nd page
- Other key M0 items that changed from SOC/ROC to the current assessment are also listed on the 2nd page



Other Outcomes		
M1610 Urinary Incont	1: incontinent	1: incontinent
M1615 Ur Incont Occurs	0: timed voiding	0: timed voiding
M2020 Mgt of Oral Meds	1: able if prepared	1: able if prepared
M2420 DC Disposition		1: to commty w/o asst
M2300 Emergent Care		0: no
M2410 Inpatient Fac		NA: no inpat facility

Episode Einstein™: Cognitive Summary

Cognitive Summary

- If the current assessment is an SOC, ROC, or Discharge assessment, the “Cognitive Summary” will display the relevant M0 items
  - M1700
  - M1710
  - M1720
  - M1730
  - M1740
  - M1750

Visit Utilization

- Review “Expected Visits” (M2200) vs. “Actual Visits” to see how accurately visits are being predicted

837 Final Claim Data (if available)	Expected / Actual	Expected / Actual	Expected / Actual
Total Therapy Visits	010 / 18	000 / 18	000 / NA
Actual PT Visits	4	4	NA
Actual OT Visits	14	14	NA
Actual ST Visits	0	0	NA

Cognitive Summary

M1700 Cog Functioning
0: alert/oriented

M1710 When Confused
3: day and evening

M1720 When Anxious
0: none of the time

M1730 Depression Scrn

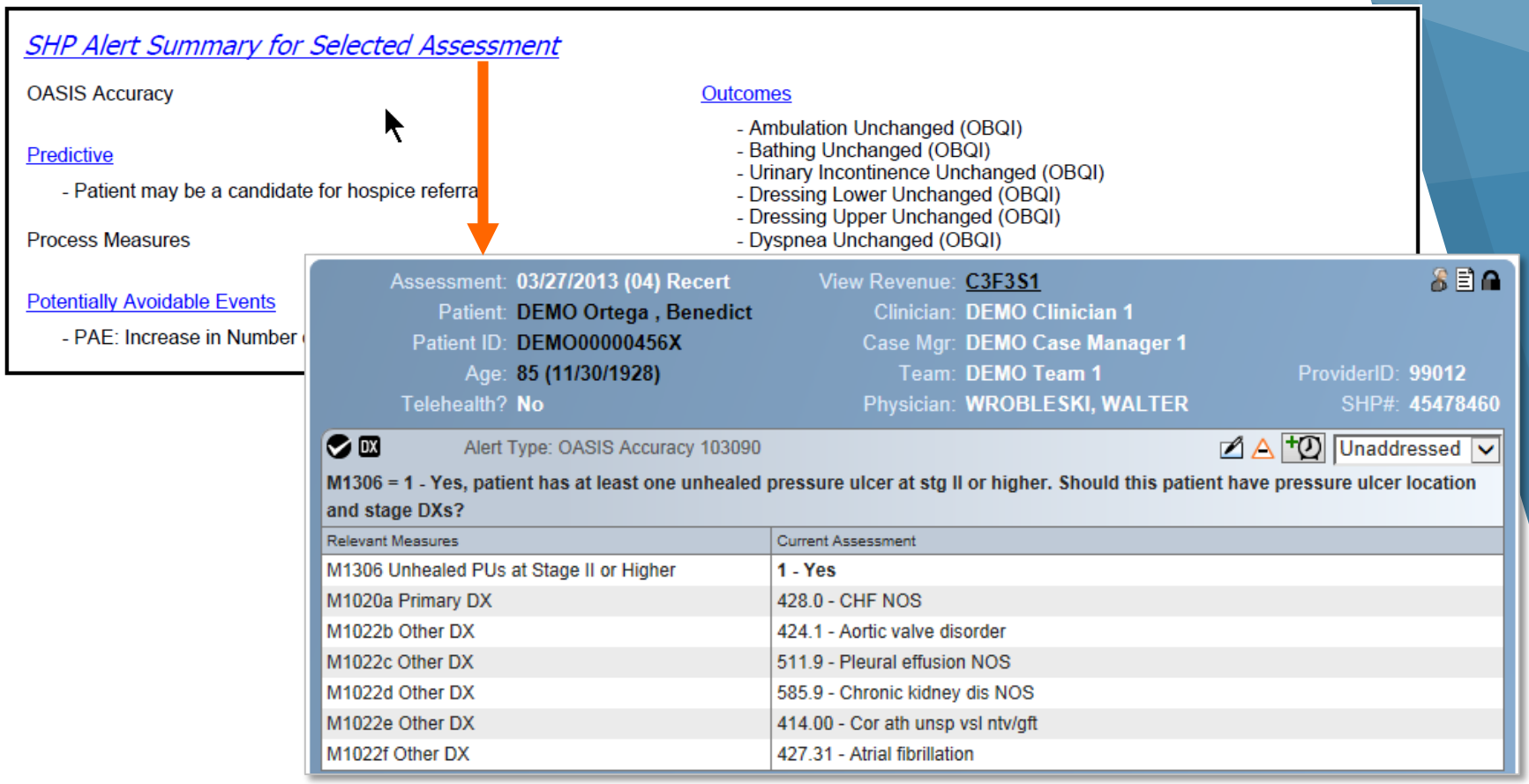
M1740 Behav > Once/Wk
1: memory deficit

M1745 Behav Prob Freq
0: never

M1750 Psych Nurse Svc

Episode Einstein™: Alert Summary

- Review the “Alert Summary” to see all unresolved alerts for the current assessment, and even drill-down to individual alerts!



Final Review

What's Next?

- Ensure that your staff have SHP access, are receiving the daily email alerts and have attended education
- Ensure that manual QA review has been eliminated wherever possible
- Clearly define daily QA responsibilities with your staff
- Document assigned responsibilities include SHP education in new staff orientation process
- Watch your case weight and quality improve!

SHP

STRATEGIC HEALTHCARE PROGRAMS

Thank you for attending!

Questions? Please Contact Us At:

Support@SHPdata.com

or call (805) 963-9446