STRATEGIC HEALTHCARE PROGRAMS

# **SHP FOR AGENCIES** 101: Introduction to SHP



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#### Agenda

#### **101: Introduction to SHP for agencies**

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

#### **102: Reporting and performance improvement**



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

SHP

- Change clinical behavior
- Keep up with CMS changes!



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

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



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



#### SHP CUSTOMER SUPPORT :: Create Ticket DASHBOARD At Your Service... APPLICATIONS Your SHP Customer Management Representative REPORTS SHP Support Support@shpdata.com SEND DATA Direct: (805) 963-9446 Or, contact the main help desk at S (805) 963-9446 SHP*University*<sup>™</sup> SHP Customer Support Hours: 7:00 AM - 5:00 PM PST SUPPORT Submit a Support Ticket... For prompt service, please submit the form below. Note: If your contact information is incomplete or incorrect, please update your profile here.



#### 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 <u>SHPdata.com</u>, 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 sicon in the header and selecting "Use Current Page"

SHP

	Welcome to the SHPdata.com Secure Client Login	demo@shpdata.com
	Please enter your client credentials to proceed.	•••••
		Forgot Password?
		Contact SHP Support Back to SHPdata.com
	s   Alert Manager	demo@shpdata.com 🔍 🍫 付
DASHBOARD		
APPLICATIONS	Viewing Data: Superior Outcomes Home Health May 31 08:01 PM (2 OAS/S for 34429)	Settings
▼Agencies	Providers Enterprise    Superior Outcomes Home Health	or Password
→ Alert Manager	Manage By Transmissions V May 31 08:01 PM (2 OASIS for 34429) V Assessments with no alerts V New	w only
→ Patient Search	Alert Status All	My ∨iews
→ Case Weight Drill Down	Options Reset Default Options User Guide	₩ ()
→ Direct Cost Calculator	🖫 🏢 🔁 Group by Provider 🔹 Sub Group Patient 🔹 Submi	it Feedback  Total Open Alerts in Reserves: 5
→ HHRG Worksheets	Provider >> Patient >> Alert     (+ All)     (2)     (         )         (+ All)         (2)         (         )         (	Status 🗾 ≎ Open ≎ Cl <mark>e</mark> ed
→ Outcomes Analyzer	Superior Outcomes Home Health Ventura	5
_		
	User Profile Password	
	Your Landing Page: SHP SECURE PORTAL ::	SHPSolutions Dashboard
	Use Current Page Use Default Page	

# How SHP Works



## **Data Interfaces and Industry Partners**

lero

HEALTH

sense and simplicity

PHILIPS

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

Allscripts

C-THORNBERRY

**HealthMEDX** 



**M KESSON** 

Empowering Healthcare

**AXXESS** 

HealthWyse Works for you

## **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<sup>™</sup>, 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 <u>vital</u>
- Download the sample workflow from SHP University and modify it to fit the way <u>your</u> 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

M2020 indicates patient able to participate in management of oral meds but patient totally dependent, constantly confused, or nonresponsive.	୦	▲	Unaddressed  Unaddressed	
Patient has a DX of neoplasm of the lip, oral cavity, pharynx, or esophagus and M1030 = 3 - Patient receiving enteral nutrition. Should this patient have a DX of dysphagia?	୦	\$ Δ	Dismissed Resolve Pend	
Patient is at moderate risk of hospitalization.	Ø	<b>i</b>	Unaddressed 👻	



#### **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 dat To see the details of this report on the web, click on or cut and par the link below into your web browser:	a. ste
https://secure.shpdata.com/Agencies/AlertManager/?AlrtNo=1234	<u>5678</u>
or use one of the hyperlinks below:	
Jump to Section Below – Details by: <u>Alert Type</u> - <u>Clinician</u> - <u>Case Manager</u> - <u>Team</u>	
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



✓

## **Daily Workflow: Email Alerts**



SHP ProviderID: 99999 Superior Outcomes Home Health

## **Daily Alerts by Category**



#### **Staff Overview**

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

Manage By E-mail Alerts  Apr 16 02:26 PM (1221 Alert(s) for 99012)							
Alert Status All						My Vi	ews 🔿
Options V Reset Default Options User Guide							M C
🔚 🏢 🔁 Group by Clinician 🔹	Sub	mit	Feed	dback 🛡 🛛 Total Op	oen A	lerts in R	esults: 1189
♦ Clinician >> Assessment >> Alert + All	୦	5	⚠	Status	Z	Open	Closed
Nancy Nurse		\$				104	6
John Caregiver		\$				21	0
▼ Jane Amazing		\$				30	0
▼ DEMO Knowles , Jacob (DEMO00000585X) 03/24/2013 (09) Discharge						2	0
SM2100 indicates no ADL assistance needed but ADLs contradict.	Ø		∆	Unaddressed 💌		•	
SM1400 = 0 – Patient is not short of breath but M1410 indicates patient utilizing oxygen or a ventilator.	Ø		Δ	Unaddressed 💌		•	
DEMO Levy , Vincent (DEMO00000313X) 03/18/2013 (09) Discharge		\$				3	0
S 🕅 M1500 indicates patient has been diagnosed with heart failure but no DX of heart failure on mos recent SOC/ROC/Follow-up.	t Ø	\$	Δ	Unaddressed 💌		•	
Process Measure Not Met: Drug Education on All Medications Provided To Patient/Caregiver During Short Term Episodes of Care	Ø		<b>i</b>	Unaddressed 💌		•	
💿 🕃 🖪 Pain Interfering with Activity Decline: Patient was eligible for OBQI improvement	Ø		i	Unaddressed 💌		•	

#### **Enterprise Overview**

Monitor Alert Utilization for Your Entire Organization

Manage By M0090 Date 👻 Exact Dates 👻 3/1/2013 🏢 3/31/2013 🏢 🖱 Assessments w	th no	aler	ts				
Alert Status All						My V	iews 🔿
Options 🔽 Reset Default Options User Guide							M C
🔚 🏢 🔁 Group by Provider 🔹 Sub Group Clinician 🔹	Su	ıbmi	t Fe	edback 🛛 Total C	)pen	Alerts in	Results: 731
Clinician >> Assessment >> Alert	0	0	⚠	Status	Ź	Open	Closed
Superior Outcomes Home Health - Santa Barbara		\$				56	6
Superior Outcomes Home Health - Santa Monica		5				15	0
Superior Outcomes Home Health - Santa Maria		5				19	0
Superior Outcomes Home Health - Ventura		\$				92	6
DEMO Mejia , Mary (DEMO0000025X) 03/31/2013 (04) Recert C3F2S1	(	\$				3	0
S IN Patient has a DX of non-healing surgical wound, but M1340 = 0 – No surgical wound, or M1342 indicates newly epithelialized, early/partial granulation, fully granulating surgical wound.	ଡ	\$	A	Unaddressed 💌	£	٠	
S M 496 is a non-specific DX code for COPD. If physician validation can be obtained, consider a mo specific DX code.	re 🕖	8	A	Unaddressed 💌			
Patient is at moderate risk of hospitalization.	Ø		(	Unaddressed 💌		•	
DEMO Hansen , Seth (DEMO00000057X) 03/31/2013 (04) Recert C2F3S2	(	5				1	0
S X 496 is a non-specific DX code for COPD. If physician validation can be obtained, consider a mo specific DX code.	re 🕗	5		Unaddressed 💌		٠	

#### **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 +AII button

🔚 🔜 Group by Patient 🔹	;
Patient >> Assessment >> Alert	- AII
DEMO Abbott, Beck (DEMO00000587X)	
▼ 03/18/2013 (01) SOC	C3F1 S1 🔏 🖹 🔒 🗙
Image: It is patient has a symptom code listed in M1010, M1016, M1020, M underlying reason for the symptom would be more specific and more approguidelines.	1022, or M1024. A code for the priate based on CMS coding
😰 Ħ Process Measure Not Met: Depression Assessment Conducted	
DEMO Abbott, Hilary (DEMO0000610X)	
▼ 03/04/2013 (01) SOC	C2F1S3 🌡 🖹 🔒 🗙
M2100 indicates no assistance needed with medication administration patient unable to take medication.	but M2020 or M2030 indicate
🌍 🛐 📖 M1242 indicates patient has no pain but the patient has a DX ass	sociated with pain.
🛞 Ħ Process Measure Not Met: Depression Assessment Conducted	
🙉 🖪 Process Measure Not Met: Pressure Ulcer Risk Assessment Condu	icted

- 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 solumns on the right

E <mark>m</mark> Z	١.	Su	ıbm	it F	eed	back	(₽				
Patient	ID	Start Dt	Assess Date	ment Type		HHRG	8	~		E	x
DEMO Mejia , Mary	DEMO0000025X	2/2/2013	3/31/2013	(04)		C3F2S1	8			Ē	x
DEMO Hansen, Seth	DEMO0000057X	2/2/2013	3/31/2013	(04)		C2F3S2	8			Ē	x
DEMO Cunningham , Rinah	DEMO00000140X	3/6/2013	3/31/2013	(03)			8			Ē	x
DEMO Molina , Cruz	DEMO0000154X	3/31/2013	3/31/2013	(01)		C2F1S4	8			Ē	x
DEMO Baxter , Kirsten	DEMO00000170X	2/4/2013	3/31/2013	(04)		C3F3S5	8			Ē	x
DEMO Durham , Garrison	DEMO00000147X	3/30/2013	3/30/2013	(01)		C2F2S2	8			Ē	x
DEMO Sims , Gage	DEMO00000152X	3/30/2013	3/30/2013	(01)		C1F2S3	8			Ē	x
DEMO Ward , Michelle	DEMO0000257X	12/3/2012	3/30/2013	(04)		C2F1S2	8			Ē	x
DEMO Chang, Xandra	DEMO0000038X	1/31/2013	3/30/2013	(04)		C3F1S1	8			Ē	x
DEMO William , Russell	DEMO00000263X	1/31/2013	3/30/2013	(04)		C3F2S1	8			Ē	×



## **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

SHP FOR AGENCIES :: Alerts   Al	lert Manager									de	emo@sh	pdata.	com	8	Sear	:h
DASHBOARD beta	Viewing data for Sup	erior Outcomes	Home Hea	alth - Sant	a Ma	<b>ria:</b> Display	ving results of Pa	tient search.								
APPLICATIONS	Manage By Patients	▼ ID:	La	st: <mark>Abbott</mark>		First: <mark>Hila</mark>	ry 🔽 As:	sessments wit	h no alerts							
<ul> <li>Agencies</li> </ul>	Arert Status All					•							My Vi	ews		
→ Alert Manager Options V Reset Default Options User Guide											₩ (	C				
→ Patient Search  → Case Weight Drill Down	2											Su	ubmit l	eedb	ack'	Ð
→ Direct Cost Calculator				Assessr	nent			Case Mgr		Open			<u>a</u>	_	- ·	
→ HHRG Worksheets	Patient	D	Start Dt	Date	туре	Trans Dt	Clinician	+	± Team	+	Closed	HHRG	ŏ 🗸	- fill	E,	4
- Third Worksheets	DEMO Abbott , Hilary	DEMO00000610X	3/4/2013	3/4/2013	(01)	4/16/2013	DEMO Clinician			1	3	C2F1S3	8		Ē)	(
→ Outcomes Analyzer	DEMO Abbott , Hilary	DEMO00000610X	12/4/2012	12/4/2012	(01)	4/16/2013	DEMO Clinician			0	0	C2F1S3	8		E,	¢
2520270	DEMO Abbott , Hilary	DEMO0000610X	9/4/2012	9/4/2012	(01)	4/16/2013	DEMO Clinician			0	0	C2F1S3	8		Ê)	۲.
REPORTS	DEMO Abbott , Hilary	DEMO00000610X	6/4/2012	6/4/2012	(01)	4/16/2013	DEMO Clinician			0	0	C2F1S3	8		E,	¢
SEND DATA	DEMO Abbott , Hilary	DEMO00000610X	3/4/2010	3/4/2010	(01)	4/19/2010	DEMO Clinician			1	0	C3F1S3	8		È,	٢

Alert Details and Print V	liew	SHP for Agencies - Alert Deta Search Results	ils	Run Date: 3/14/2017
		Team: DEMO Team 1		
Viewing Data: Superior Outcomes Mar 14 06:03 AM (8 OAS/S for 36223)  Providers Division   Superior Outcomes	-	Assessment: 03/13/2017 (01) SOC Patient: SMITH, JOHN Patient ID: 12345678 Age: 70 (10/31/1947) Alert Type: OASIS Accuracy 102003 This patient has a symptom code from Chapter 18 acceptable for reporting purposes only when a relation	View Revenue: <u>C3F355</u> Clinician: NANCY, NURSE Case Manager: NANCY, NURSE Team: DEMO Team 1 Physician: DOCTOR, JOHN 3054 (R00 - R69) listed in M1021 or M1023. Per the C ted definitive diagnosis code has not been estab	ProviderID: 99999 SHP#: 12345678
		Relevant Measures	Current Assessment	
Manage By       Transmissions       ▼       Mar 14 06:03 AM (8 OASIS for 36223)       ▼       ✓       Asses         Alert Status       All       ▼       ✓         Options       ✓       Reset Default Options       User Guide	ssments with no alerts ⊻ New only	M1021a Primary DX M1023b Other DX M1023c Other DX M1023d Other DX M1023e Other DX M1023f Other DX	R41.82 - Altered mental status, unspecified 110 Essential (primary) hypertension E11.8 - Type 2 diabetes mellitus with unspeci G40.909 - Epilepsy, unsp, not intractable, with 125.10 - Athsol heart disease of native coronar R73.9 - Hyperglycemia, unspecified	fied complications out status epilepticus y artery w/o ang pctrs
🗐 🗐 Group by Toom	Submit Frankrak E. Total O	Alert Type: OASIS Accuracy 10202	1 <b>+</b> ( <b>7</b> )	Unaddressed
			н	Z A
≎ Team >> Assessment >> Alert	🕂 All 🕗 🚯 🛕 🛛 Status 🛛 🖉	M2250d indicates at least one depression interven depression or does not meet criteria for further eva	tion included in POC synopsis, but M1730 indica aluation based on the screening tool used or has	es patient has not been screened for no depression DX.
DEMO Team 1	9	Relevant Measures	Current Assessment	
P DEMO Team T		M2250 Plan of Care Synopsis	d. Depression interventions: 1 - Yes	
File       Edit       View       Favorites       Tools       Help         Image: Search Results       Run Date: 3/14/2017       Run Date: 3/14/2017       Image: Search Results       Image: Search Results <th>Alert Mana • Expand/Colla • Alert "M-Iter • Print to PE</th> <th><b>ger Features</b> apse All m" Details OF</th> <th>5</th> <th></th>	Alert Mana • Expand/Colla • Alert "M-Iter • Print to PE	<b>ger Features</b> apse All m" Details OF	5	
M1023f Other DX R73.9 - Hyperglycemia, unspecified			E	SHP

#### **Alert Notes**

E I Group by Patient		Sul	bmit	t Fee	edback 🛡 Tota	l Ope	en A	Alerts in	Results: 124
	- All	Ø	5	∕₹	Status	Z	1 <	> Open	Closed
DEMO Barton, Salvador (DEMO0000093X)			\$					1	0
▼ 03/09/2013 (04) Recert C3F2S1 🅈 🖹	<b>≙</b> ×		\$					1	0
S IX You have chosen a non-specific DX code for an ulcer of an unspecified site. This code is no appropriate for use in home care.	ot	0	\$	⚠	Dismissed	- 2	Ĩ		•
DEMO Beach, Felicia (DEMO0000601X)			\$					1	0
▼ 03/21/2013 (01) SOC C1F2S1 🌡 🖹	ΩX		\$					1	0
S 🕅 Patient has a DX of aftercare following surgery, but M1340 = 0 – No surgical wound.		Ø	\$	⊿	Unaddressed	- [	1	•	

#### **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

#### Alert Notes

Alert dismissed because clinician did not respond to request for clarification in a timely manner.

#### Add >>

#### Notes for: DEMO Barton , Salvador - 03/09/2013 (04) Recert

Edit: You have chosen a non-specific DX code for an ulcer of an unspecified site. This code is not appropriate for use in home care.

#### System

5/15/2013 8:16:37 AM (Pacific) User: demo@shpdata.com Edit Result status changed from Unaddressed to Dismissed.



#### **Find Potential Revenue**

Alert Filters          Image: Constraint of the second se	ally Avoidable Events			
🖃 🗉 Case Mix Accuracy 🛐 - Financial Alerts		Current	With SHP <i>Alerts</i> Revised	Difference
Show Revenue Impact	HHRG:	C2F2S5	C3F2S5	-
Show No Revenue Impact	HIPPS:	1BGPS	1CGPS	-
Coding Accuracy 🔯 - Alerts involving DX codes	Case Mix Weight:	1.7378	1.9364	0.20
CoP Compliance C - Alerts involving CoPs (Conditions of Participation)	NRS Payment:	\$14.56	\$14.56	\$0.00
General OASIS Accuracy - Non-coding OASIS M-item accuracy Alerts	Revenue Without Sequestration:	\$4,508.49	\$5,022.07	\$513.58
Targeted Search				
E Group by Patient	Submit Feedback 🛙	Total Open /	Alerts in Result	s: 2
✿ Patient >> Assessment >> Alert	📶 🕗 🔂 🔥 🦳 Stati	us 🛃 😂	Open 🗘 Close	d
▼ DEMO Drake, Jenna (DEMO0000021X)	\$		1 0	
▼ 03/02/2013 (01) SOC C2F2S5 🖁 🖹	<b>⋒</b> × §		1 0	
S IN Patient has DX from category 428 Heart Failure or categories 490-496 COPD, but is never sho breath. Should M1400 indicate a more severe dyspnea rating?	t of 🕐 🚯 🔺 Unaddres	sed 💌 💋	•	

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



#### **Dismissed Critical Alerts/Saving Views**

Manage By M0090 Date   Exact Dates   3/1/2013   3/31/2013   Assessments with no alerts	
Alert Status Dismissed: Critical	/iews
Options Reset Default Options User Guide	MC)
E I Group by Patient	n Results: 0
◆ Patient >> Assessment >> Alert       - All     ○     ⑤     ▲     Status	Closed
DEMO Barton, Salvador (DEMO0000093X)	1
▼ 03/09/2013 (04) Recert C3F2S1 🌋 🖹 🖨 X 🚺 0	1
S 🖾 You have chosen a non-specific DX code for an ulcer of an unspecified site. This code is not appropriate for use in home care.	•
DEMO Beach, Felicia (DEMO0000601X)	1
▼ 03/21/2013 (01) SOC C1F2S1 🌋 🖹 🛖 X 🚺0	1
📀 🕼 Patient has a DX of aftercare following surgery, but M1340 = 0 – No surgical wound. 🛛 S 🛕 Dismissed 💌 🗾	•
Note: Additional alerts exist for this assessment that were excluded from these filtered search results. <u>View All Alerts</u>	

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

My Saved Views		
My Saved Views User: demo@shpdata.com		
Dismissed Critical Audits Last 60 Days	Apply Rename Delete	*



#### **Alert Categories**

► All SHP alerts are assigned to a "Category" as shown here:

Alert Filters		
🕼 OASIS Accuracy 🥑 🕼 Predictive 🕑 🕼 Outcomes 🧿 🖉 Process Measure 😰 🕼 Potentially Avoidable Events 🕕		
All OASIS Accuracy Alerts		
Case Mix Accuracy S - Financial Alerts		
Show Revenue Impact		
Show No Revenue Impact		
Coding Accuracy IX - Alerts involving DX codes		
CoP Compliance C - Alerts involving CoPs (Conditions of Participation)		
General OASIS Accuracy - Non-coding OASIS M-item accuracy Alerts		
Manage By M0090 Date   Exact Dates   3/1/2013   3/31/2013   Assessments with no alerts		
Alert Status All	Mv Vir	ews 🔿
Options Reset Default Options User Guide	R	M C
🔚 🏢 🔁 Group by Alert Category 🔻	en Alerts in R	esults: 729
♦ Alert Category >> Assessment >> Alert	🖆 🗘 Open	Closed
► OASIS Accuracy	396	21
▶ Outcome	88	2
Potentially Avoidable Event	12	1
► Predictive	54	1
► Process Measure	179	1



## **Alert Categories**

#### Source of the second se

- S 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**

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

DEMO Sims, Gage (DEMO00000152X)		
▼ 03/30/2013 (01) SOC	C1F2S3 🖗 🖹 🏔	

S 🖸 Patient has a DX of aftercare following surgery, but M1340 = 0 - No surgical wound.

IF2	283 🖁 🖹 🔒		\$
l.		Ø	\$ Δ

5

Reve	enue Overview	Current	With SHP <i>Alerts</i> Revised	Differe	nce
	HHRG:	C1F2S3	C2F2S3		-
	HIPPS:	1AGMS	1BGMT		-
<b>F</b>	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 A	lert Details Total Revenue:	\$3,318.70	\$3,574.92	;	\$256.22
PPS#	PPS Description	OASIS	leasure/Response		Case Mix
Clin	cal Severity				
3	Primary or Other DX = Cancer, selected benign neoplasms	M1022_OTH_DIAG	1_ICD	174.9	3
34	M1242 (Pain) = 3 or 4	M1242_PAIN_FREG	ACTVTY_MVMT	02	1
41	M1342 (Surgical wound status) = 3	Potential Po	oint Gain: <u>View Alert(s</u>	2	4
	[0-4 = C1] [5-8 = C2] [9+ = C3]		Clinical Tota	al Score:	4 (C1)
▶ Fun	ctional Status				
46	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	M1810_CRNT_DRE M1820_CRNT_DRE	SS_UPPER SS_LOWER	02 02	2
47	M1830 (Bathing) = 2 or more	M1830_CRNT_BAT	HG	04	3
50	M1860 (Ambulation) = 1, 2, or 3	M1860_CRNT_AME	BLTN	01	1
	[0-5 = F1] [6 = F2] [7+ = F3]		Functional Tota	al Score:	6 (F2)



#### **OASIS Accuracy Alerts**

#### Critical General OASIS Accuracy Alert

DEMO Mcguire , Brianna (DEMO00000511X) 03/04/2013 (01) SOC	)	C	2F2S5 🌋 🖹 🔒 🗙		
M1740 indicates memory deficit or impaire ndependently manage oral or injectable meds	d decision making but M	12020 or M2030 indi	cate patient able to	ଡ	
ert Category: OASIS Accuracy					
Assessment: 03/04/2013 (01) SOC Patient: DEMO Mcguire , Brianna Patient ID: DEMO00000511X	View Revenue: Clinician: Case Mgr:	C2F2S5 DEMO Clinician 8 DEMO Case Manage	er 8	8	1
Age: 64 (9/1/1948) Telehealth? No	ream: Physician:	DEMO Team 2 DIONNE, LESLIE	SHP	#: 45	4779
Alert Type: OASIS Accuracy 102039			🗹 🛆 🔀 Unad	dress	sed
M1740 indicates memory deficit or impaired decision or injectable meds. Relevant Measures	on making but M2020 or M2	2030 indicate patient at	ole to independently n	nanag	e ora
M1740 Cog, Behav, Psych symp - at least once/wk	1 - Memory deficit				
M2020 Mgt of Oral Meds	0 - Able to independently				

**D**SHP

#### **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

Alert Filters	^
V OASIS Accuracy V Predictive V Outcomes V Process Measure V V Potentially Avoidable Events	
□···· All Predictive Alerts	
Fall Risk	
Hospitalization Risk	
Moderate Risk	
High Risk	
Hospice Referral Candidates	



#### **Predictive Alerts**

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

Patient: DOE, JANE Patient ID: 123456 Age: 63 (5/7/1952) Telehealth? No	Clinician: CARING KAREN Case Mgr: NANCY BOSS Team: WEST TEAM Physician: DOCTOR TOM	ProviderID: <b>99999</b> SHP#: <b>12345678</b>
Alert Type: Predictive 110058		1 🛈 🗶 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 mon	ths
M1023f Other DX	D49.2 - Neoplasm of unsp behavior of bone, soft tissu	ie, 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	<ol> <li>Temporarily facing high health risk - likely to stabi</li> </ol>	lize
M1830 Bathing :	3 - Able to participate in bathing but requires assistan	ice
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 al	ll 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	800	



#### **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

Alert Filters			
OASIS Accuracy 🔗 🔲 Predictive 🕑	🛛 Outcomes 🧿 🔲 Process Measu	re 📵 🕅 Potentially Avoidable Events (	D
End Result Outcomes			Utilization Outcomes (OBQI)
SOC/ROC to Current Assessment	All	Follow-up to Follow-up Declines	Acute Care Hospitalization
Declines (OBQI) 🛃	At Follow-up only		DC to Community
Eligible Unchanged (OBQI)	C At DC only (OBOI)		EC with Hospitalization
Declines from lowest severity	3 / 1 2 3 3 inj (8 2 4 i)		EC without Hospitalization
		A	
Home Health Compare Measures		=	
Ambulation			
Bathing			
Bed Transferring			
Dvcppo2		Ŧ	

**(i)** 



#### **Decline Alerts**

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

OUL Alert Type: Outcome 4100	1	🗹 🚺 🔀 Unaddressed 💌
Ambulation Decline: Patient was eligible	for OBQI improvement	
Relevant Measures	Previous Assessment: (01) SOC 02/12/2013 Clinician: DEMO Clinician 8	Current Assessment: (09) DC 03/11/2013 Clinician: DEMO Clinician 8
M1860 Ambulation	1 - With the use of a one-handed device	2 - Requires use of a two-handed device
Alert Type: Outcome 4300	1	🗹 🛈 🏹 Unaddressed 💌
Ambulation Decline: Patien is eligible fo	r OBQI improvement	
Relevant Measures	Previous Assessment: (01) SOC 01/28/2013 Clinician: DEMO Clinician 1	Current Assessment: (04) Recert 03/27/2013 Clinician: DEMO Clinician 1
M1860 Ambulation	2 - Requires use of a two-handed device	6 - Bedfast, unable to ambulate or be up in a chair



## 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) F Patient: DEMO Ortega , E Patient ID: DEMO000004563	tecert View Revenue: <u>C3</u> Renedict Clinician: DE Case Mgr: DE	<u>3F3S1</u> &
Age: 85 (11/30/1928)	Team: DE	EMO Team 1 ProviderID: 99012
I elehealth? No	Physician: WH	ROBLESKI, WALTER SHP#: 454/8460
Alert Type: Potentially Ave	idable Events 50017	🖉 🕕 🕂 Unaddressed 🔽
Substantial Decline in 3 or more ADLs: I	Potentially Avoidable Event Could Do	Decur
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 on commode	n chair, or 6 - Totally dependent
M1840 Toilet Transferring	0 - Able to get to and from the toile	et 4 - Totally dependent
M1850 Transferring	1 - Able to transfer with minimal as or a device	ssistance 4 - Bedfast, unable to transfer but able to turn self in bed
M1860 Ambulation	2 - Requires use of a two-handed d	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

A	Assessment: 3/31/2013 (01) SOC Clinician: DEMO Clinic	cian 3		2	ßE
	Patient: DEMO Molina, Cruz Case Mgr: DEMO Case	Manager 3			
	Patient ID: DEMOUUUUU134X Team: DEMO Team Age: 99 (02/21/1924) Physician: KIM ANDE	1 1 3M		CZF13	64
	Primary DX: 174.9 - Malign neopl breast NOS		SHP#		
Ň				. 10 11 0	
Rev	enue Overview	Current	With SHP <i>Alerts</i> Revised	Differe	en
	HHRG	: C2F1S4	C3F3S4		
	HIPPS	: 1BFNS	1CHNS		
۱.	Case Mix Weight	: 1.4228	1.7986		
	NRS Payment	\$14.56	\$14.56		
	Revenue Without Sequestration	\$3,693.90	\$4,665.72		\$9
View A	lert Details Total Revenue	\$3,620.02	\$4,572.41		\$9
PPS#	PPS Description	OASIS	Measure/Response		(
Clin	ical Severity				
3	Primary or Other DX = Cancer, selected benign neoplasms	M1020 PRIMARY	DIAG ICD	174.9	
15	Primary or Other DX = Neuro 3 - Stroke	M1022 OTH DIAG	4 ICD	342.90	
16	Primary or Other DX = Neuro 3 - Stroke AND M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	Potential P	oint Gain: <u>View Alert(s</u>	)	
17	Primary or Other DX = Neuro 3—Stroke AND M1860 (Ambulation) = 4 or more	Potential P	oint Gain: View Alert(s	)	
23	Primary or Other DX = Pulmonary disorders	M1022 OTH DIAG	3 ICD	491.20	
24	Primary or Other DX = Pulmonary disorders AND M1860 (Ambulation) = 1 or more	M1022_OTH_DIAG M1860_CRNT_AM	- 3_ICD BLTN	491.20 01	
34	M1242 (Pain) = 3 or 4	M1242_PAIN_FRE	Q_ACTVTY_MVMT	02	
42	M1400 (Dyspnea) = 2, 3, or 4	M1400_WHEN_DY	SPNEIC	02	
	[0-4 = C1] [5-8 = C2] [9+ = C3	1	Clinical Tota	al Score:	
▶ Fun	ctional Status				
46	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	Potential P	oint Gain: View Alert(s	)	
47	M1830 (Bathing) = 2 or more	M1830_CRNT_BA	THG	03	
48	M1840 (Toilet transferring) = 2 or more	Potential P	oint Gain: View Alert(s	)	
49	M1850 (Transferring) = 2 or more	Potential P	oint Gain: View Alert(s	)	
50	M1860 (Ambulation) = 1, 2, or 3	Potential P	oint Loss: View Alert(s	)	
51	M1860 (Ambulation) = 4 or more	Potential P	oint Gain: View Alert(s	)	
	[0-5 = F1] [6 = F2] [7+ = F3	1	Functional Tota	al Score:	
Servic	e Utilization				
	M2200 Therapy Need	M2200_THER_NE	ED_NUM	010	
	[0-5 = S1] [6 = S2] [7-9 = S3] <b>[10 = S4]</b> [11-13 = S5	] \$	ervice Utilization Tota	al Score:	1
NRS#	Non-Routine Supplies	OASIS	Measure/Response		
Sele	ected Skin Conditions				
▶ Oth	er Clinical Factors				
				Total:	
			NRSP	avment.	



#### **HHRG Worksheets**

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

DEMO Cotton, Debra (DEMO00000011X)							\$	
▼ 02/17/2013 (04) Recert			C2	F2S1	E) 🎧		5	
S M1860 indicates patient able to w more of the other ADLs.	valk	independently or with device but is total	ly depende	n in one	or	Ø	5	
				•				
	Rev	enue Overview	Current	Vith SHP <i>Alerts</i> Revised	Difference			
		HHRG	C2F2S1	C2F3S1				
		HIPPS	3BGKT	ЗВНКТ				
	•	Case Mix Weight	0.9091	1.0022	0.0	9		
		NRS Payment	\$52.58	\$52.58	\$0.0	0		
		Revenue Without Sequestration	\$2,403.50	\$2,644.26	\$240.7	6		
	View	Total Revenue:	\$2,355.43	\$2,591.37	\$235.9	4		
	PPS#	PPS Description	OASIS Mea	asure/Response	Case Mix			
	Clin	nical Severity						
	5	Other DX = Diabetes	M1022_OTH_DIAG3_I	CD	250.00	1		
	11	Primary or Other DX = Heart Disease OR Hypertension	M1022_OTH_DIAG4_I	CD	428.0	1		
	15	Primary or Other DX = Neuro 3 - Stroke	M1020_PRIMARY_DIA	AG_ICD	438.11	0		
	16	body) = 1, 2, or 3	M1020_PRIMARY_DIA M1810_CRNT_DRESS	S_UPPER	438.11	2		
	47	Deimany as Other DV - Navina 2 - Charles AND M4000 (Ambulation) - 4 as more	M1820_CRNT_DRESS	S_LOWER	03			
	22	Primary or Other DX = Psych 2—Decemerative and other organic psychiatric disorders	M1022 OTH DIAG2 I	CD	294.8	0		
		[0-2 = C1] [3-5 = C2] [6+ = C3]	1	Clinical Total	Score: 4 (C)	2)		
	► Fu	nctional Status						
	46	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	M1810_CRNT_DRESS M1820_CRNT_DRESS	S_UPPER S_LOWER	03 03	2		
	47	M1830 (Bathing) = 2 or more	M1830_CRNT_BATHO	3	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]	1	Functional Total	Score: 9 (F2	2)		

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



🗐 🅅 🔁															
Patient	Assessment Patient ID Start Dt Date Type Trans Dt ⊡ Clinician ⊕ Case Mgr ⊕ Team ⊕ Open Closed HHRG 🔏 🗸 🔒 🖹 🗙														
DEMO Mejia , Mary	DEMO0000025X	2/2/2013	3/31/2013	(04)	4/16/2013	DEMO Clinician			3	0	C3F2S1	8		)	<
DEMO Hansen, Seth	DEMO0000057X	2/2/2013	3/31/2013	(04)	4/16/2013	DEMO Clinician			1	0	C2F3S2	8		)	K
DEMO Cunningham , Rinah	DEMO0000140X	3/6/2013	3/31/2013	(03)	4/16/2013	DEMO Clinician			4	0		8		<u>}</u>	<
DEMO Molina , Cruz	DEMO0000154X	3/31/2013	3/31/2013	(01)	4/16/2013	DEMO Clinician			2	1	C2F1S4	8		))	۲.
DEMO Baxter , Kirsten	DEMO00000170X	2/4/2013	3/31/2013	(04)	4/16/2013	DEMO Clinician			3	0	C3F3S5	8		)	K

## **Episode Einstein™: SOC to ROC**

<b>SHP</b> Episode Einstein	Patient:       DEMO Mejia, Mary         ID#:       DEMO00000025X         Age:       50 (07/26/1962)         M0150 CPay:       1: Medicare traditional
(01) SOC M0090: 02/02/2013	(03) ROC M0090: 03/19/2013
Clinician: DEMO Clinician 2 Case Mgr: DEMO Case Manager 2 Team: DEMO Team 2	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	Episode Category: Early / 0 - 13 HHRG: HIPPS: Case Mix Weight: NRS Payment: Total Revenue:
M1020 & M1022 M1024	M1020 & M1022 M1024
2         3         4           a. 998.32         III         04         a.         a.           Disrup-external op wound         a.         a.         b.         b.	2         3         4           a. 998.59         Ø         a.         a.           Other postop infection         a.         a.
b. 998.59 🗷 04 b. b. Other postop infection	b. 008.00 🖾 04 b. b. Intest infec e coli NOS
c. 008.00 🗷 03 c. c.	c. V55.3 c. c. Atten to colostomy
d. V55.3 d. d.	d. 340. 🗵 02 d. d. Multiple sclerosis
e. 340. 🖾 03 e. e. Multiple sclerosis	e. 496. 🗵 02 e. e. Chrairway obstruct NEC
f. 496. 🗷 02 f. f.	f. V58.65 f. f. Long-term use steroids
Case Mix DXs 45476602	Change from Previous Assessment 45476314



#### **Episode Einstein™: SOC/ROC to Recert**

<b>SHP</b> Ep M0030 soc: 01/20/2013	isode Eins	stein	03	Patient: ID#: Age: M0150 CPay:	DEMO Fitzgerald, Ly: DEMO00000249X 73 (02/14/1940) 1: Medicare traditiona	sandra I
(01) SO Clinician: DE Case Mgr: DE Team: DE	C M0090: 01/20/2013 MO Clinician 2 MO Case Manager 2 MO Team 2		(04) Rec Clinician: DE Case Mgr: DE Feam: DE	Selecte ert M0090: 03/ EMO Clinician 2 EMO Case Manage EMO Team 2	er 2	ment
Episode C Case Mix NRS F Total Re	Category: Early / 0 - 13 HHRG: C3F1S1 HIPPS: 1CFKS Weight: 0.9071 Payment: \$14.56 EVENUE: \$2,360.31		Episode ( Case Mi: NRS   Total Re	Category: Early / 0 HHRG: C3F1S1 HIPPS: 1CFKS x Weight: 0.9071 Payment: \$14.27 evenue: \$2,313	0 - 13 1 3.10	
M1020 & M1022 2 a. <b>428.0 I</b> 04 CHF NOS	M1024 a. a.	4 M10 a. 428. CHF NO	20 & M1022 2 0 <b>I</b> 03 s	М 3 а.	1024 4 a.	
b. 427.31 🗷 04 Atrial fibrillation c. 250.00 🗷 04	b. b. c. c.	b. 427.3 Atrial fibr c. <b>250.</b>	1 1 12 02 illation 00 12 03	b. c.	b. c.	
DMII wo cmp nt st uncntr d. 585.9 🗷 04 Chronic kidney dis NOS	d. d.	DMII wo d. 585.9 Chronic I	cmp nt st uncntr 200 idney dis NOS	d.	d.	
e. 401.9 🗵 02 Hypertension NOS f. 311. 🖾 02	e. e. f. f.	e. 401.5 Hyperten f. 311.	sion NOS	e. f.	e. f.	
Depressive disorder NEC Case Mix DXs		45477200 Chang	ve disorder NEC	is Assessment	45478203	



## **Episode Einstein™: SOC/ROC to DC**

<b>SHP</b> Episode <b>30 SOC:</b> 03/05/2013 <b>06 DC/TRN:</b> 03/22/2013	Einstein	aNo:45478143	Patient: ID#: Age: M0150 CPay	DEMO Nicholson, 0 DEMO00000546X 70 (12/11/1942) y: 1: Medicare traditio	Dren nal Sment
(01) SOC M0090: 03 Clinician: DEMO Clinician 3 Case Mgr: DEMO Case Mana Team: DEMO Team 1	<b>/05/2013</b> ger 3	(09 Clinician: Case Mgr Team:	DEMO Clinician 3 DEMO Clinician 3 DEMO Case Mana DEMO Team 1	<b>22/2013</b> Iger 3	-
Episode Category: Early HHRG: C1F1 HIPPS: 1AFN Case Mix Weight: 1.300 NRS Payment: \$52.5 Total Revenue: \$3,4	/ 0 - 13 S4 T 8 8 16.43	HHC Ar Tr Bi	C Outcome So mbulation ransferring athing	ummary O O	
M1020 & M1022           2         3           a. V54.81         a. 715.96           Aftercare joint replace         Osteoarthros NOS-I/I	M1024 a. eg	Pa Dy St	ain Int w/ Activity yspnea at Prob Obs SW	0	
b. 781.2 🖾 02 b. Abnormality of gait c. V43.65 c. 715.96 Joint replaced knee Osteoarthros NOS-I//	b. c.	M Othe	gt of Oral Meds E <i>r Measure S</i>	o	
d. V58.31 d. Attn rem surg dressing e. 401.9 🖾 01 e.	d. e.	U1 E0	rinary Incont CR: Wnd Status C w/o Hospital	0	
f. f.	f.		cute Care Hosp C to Community	0	



## **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	M1	025	M1021 & M1023	M10	025	M1021 & M1023	M10	025
2	3	4	2	3	4	2	3	4
a. 183.018 203 Varicose veins of r low extrem w ulcer oth part of lower leg	a.	a.	a. <b>113.0</b> 🗷 03 Hyp hrt & chr kdny dis w hrt fail and stg 1- 4/unsp chr kdny	a.	a.	a. 183.028 203 Varicose veins of I low extrem w ulcer oth part of lower leg	a.	a.
b. L97.811 2 03 Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	b.	b.	b. N18.3 202 Chronic kidney disease, stage 3 (moderate)	b.	b.	b. L97.821 🖾 02 Non-prs chr ulcer oth prt I low leg limited to brkdwn skin	b.	b.
c. 183.028 👿 03 Varicose veins of I low extrem w ulcer oth part of lower leg	С.	C.	c. <b>150.43</b> 🗵 02 Acute on chronic combined systolic and diastolic hrt fail	C.	с.	c. 183.018 203 Varicose veins of r low extrem w ulcer oth part of lower leg	C.	С.
d. L97.821 2 03 Non-prs chr ulcer oth prt I low leg limited to brkdwn skin	d.	d.	<ul> <li>d. 183.028 203</li> <li>Varicose veins of I low extrem w ulcer oth part of lower leg</li> </ul>	d.	d.	d. <b>L97.811</b> 🖾 02 Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	d.	d.
e. E11.9 🗵 03 Type 2 diabetes mellitus without complications	e.	е.	e. L97.821 Non-prs chr ulcer oth prt I low leg limited to brkdwn skin	e.	e.	e. <b>113.0</b> I 03 Hyp hrt & chr kdny dis w hrt fail and stg 1- 4/unsp chr kdny	e.	e.
f. <b>113.0</b> III 03 Hyp hrt & chr kdny dis w hrt fail and stg 1- 4/unsp chr kdny	f.	f.	<ul> <li>f. 183.018 203</li> <li>Varicose veins of r low extrem w ulcer oth part of lower leg</li> </ul>	f.	f.	f. N18.3 202 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
Primary or Other DXs	see DX chart
M1030 Ther at Home	4: none of the a
M1200 Vision	0: normal vision
M1242 Freq of Pain	3: daily, not con
M1308 Cur Unheal PUs 3-4	stg 3 - stg
M1324 Stg of Prob PU	NA: no observe
M1334 Stat Prob Obs SU	
M1342 Stat Prob Obs SW	
M1400 Dyspnea	1: +20 feet/stain
M1620 Bowel Incont Freq	0: rarely/never
M1630 Ostomy	0: no ostomy
M1810 Dressing Upper	2: needs assist
M1820 Dressing Lower	3: dependent
M1830 Bathing	3: needs assist
M1840 Toilet Transfer	1: able w/ assist
M1850 Transferring	2: can bear weig
M1860 Ambulation	3: able w/ assist
M2030 Mgt of Injct Meds	1: able if prepar
M2200 Therapy Need	013

(01) SOC 02/19/2016	pts	(04) Recert 04/13/2016	/2016 pts		(04) Recert 06/13/2016	pts	HHC	
see DX chart	4	see DX chart	9		see DX chart	9		٦
4: none of the above	-	4: none of the above	-		4: none of the above	-		lica
0: normal vision	NA	1: partially impaired	NA		0: normal vision	NA		
3: daily, not constant	2	2: less than daily	-		3: daily, not constant	1	0	mer
stg 3 - stg 4 -	-	stg 3 - stg 4 -	-		stg 3 - stg 4 -	-		oist
NA: no observe PU	-	NA: no observe PU	-		NA: no observe PU	-		n n
	-		-		1: fully granulating	-		102
	-		-			-	0	_
1: +20 feet/stairs	-	2: w/ mod exertion	-		2: w/ mod exertion	-	Ō	_
0: rarely/never	-	0: rarely/never	-		0: rarely/never	-		-
0: no ostomy	-	0: no ostomy	-		0: no ostomy	-		<u>ct</u> i
2: needs assist		2: needs assist			2: needs assist			la l
3: dependent	2	2: needs assist	1		3: dependent	1		<u>.</u>
3: needs assist	6	3: needs assist	5		3: needs assist	5	0	me
1: able w/ assist	-	1: able w/ assist	-		1: able w/ assist	-		nsic
2: can bear weight	3	1: w/ min assist	-		1: w/ min assist	-	0	Ĕ
3: able w/ assist	7	2: w/ two hand device	4		3: able w/ assist	4	0	S S
1: able if prepared	NA	1: able if prepared	NA		1: able if prepared	NA		
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)		

## **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

Episo	ode Category: Early / 0 - 13	Episode Category	/: Late / 0 - 13	Epis	ode Category: Late / 0 - 13	
	HHRG: C3F2S5	HHRG	: C3F2S1		HHRG: C3F2S1	
	HIPPS: 1CGPU	HIPPS	: 3CGKV	HIPPS: 3CGKV		
Cas	e Mix Weight: 1.3879	Case Mix Weight	t: 0.6933	Ca	se Mix Weight: 0.6933	
N	IRS Payment: \$143.53	NRS Payment	<b>t: \$</b> 210.31		NRS Payment: \$210.31	
Total Revenue: \$3,416.13		Total Revenue	: \$1,852.97	Tot	al Revenue: \$1,852.97	
		(01) SOC 11/27/2014	(04) Recert 01/12/2	017	(04) Recert 03/13/2017	
_	_		SELECTED SKIN COND	TIONS		
	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/eso	:h-	dress-, slough/esch-	
s	M1332 Cur # Observ SUs					
ensio	M1330 Stasis Ulcer	0: no	0: no		0: no	
S	M1334 Stat Prob Obs SU					
Clinica	M1342 Stat Prob Obs SW	0: newly epith	3: not healing		3: not healing	
Sin S			OTHER CLINICAL FAC	TORS		
nen are al	M1030 Ther at Home	1: infusion	4: none of the above		4: none of the above	
that Dir	M1620 Bowel Incont Freq	2: 1-3 times weekly	0: rarely/never		0: rarely/never	
Nos Nos	M1630 Ostomy	0: no ostomy	0: no ostomy		0: no ostomy	

SHP

## **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

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



## **Episode Einstein<sup>TM</sup>: 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
  - M1740 • M1730 • M1750
- **Visit Utilization**
- Review "Expected Visits" (M2200) vs. "Actual Visits" to see how accurately visits are being predicted

m Data	Total Therapy Visits	Expected / Actual 010 / 18		Expected / Actual 000 / 18		Expected / Actual 000 / NA
Clai	Actual PT Visits	4		4		NA
Final	Actual OT Visits	14		14		NA
837   [fava	Actual ST Visits	0		0		NA
	Γ		_		L	



## **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!



STRATEGIC HEALTHCARE PROGRAMS

# Thank you for attending!

Questions? Please Contact Us At:

Support@SHPdata.com

or call (805) 963-9446

