



STRATEGIC HEALTHCARE PROGRAMS

SHP FOR HOSPICE

Introduction to the New Hospice Scorecards



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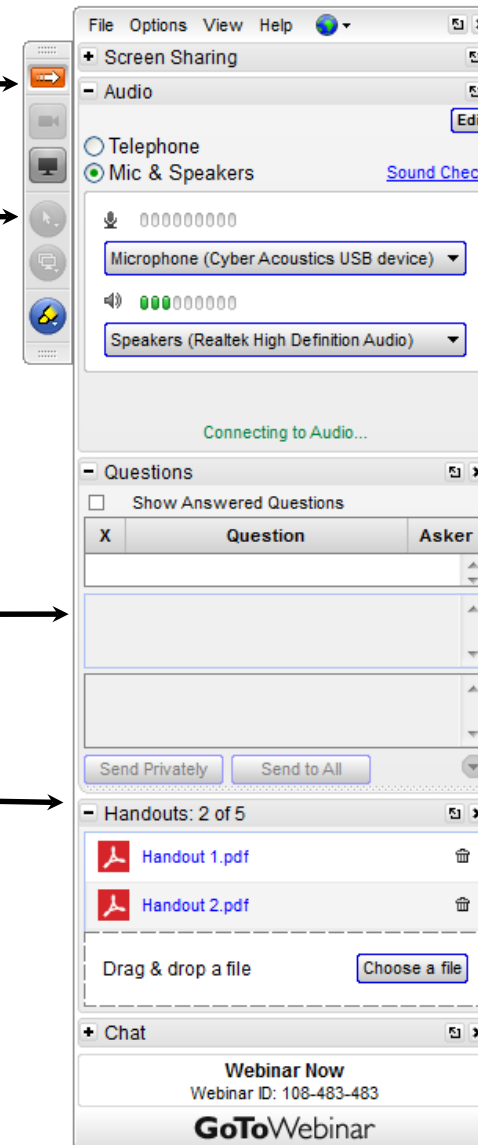
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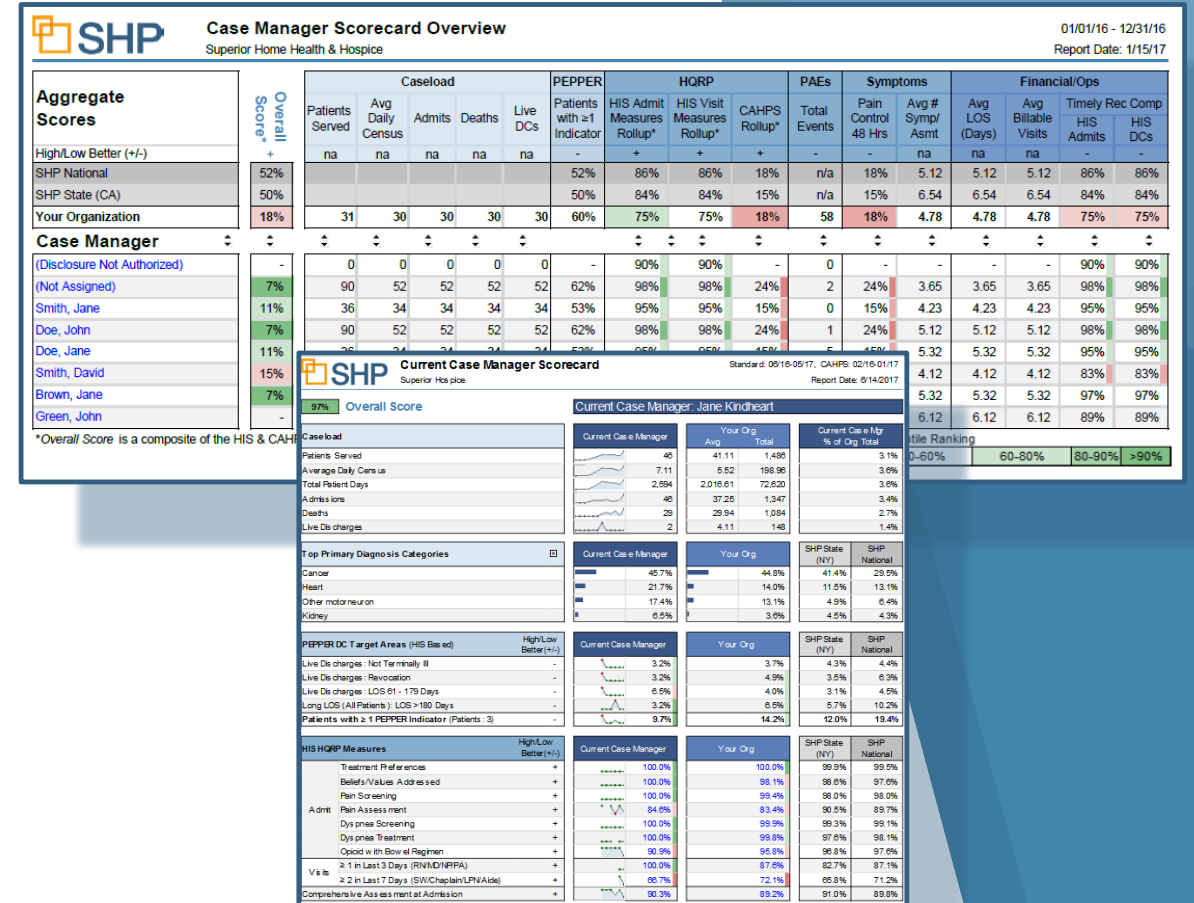
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Agenda

- ❑ Parameter Overview
- ❑ Scorecard Overview Report
 - ▶ Getting to Know the Report
 - ▶ Sorting and Drilling Down
- ❑ Scorecard Report
 - ▶ How the Report is Helpful
 - ▶ Drilling into Patient Level Details
- ❑ Summary
 - ▶ Best Features of the New Reports



Parameter Overview

Parameter Overview

- ▶ The parameters available on the Hospice Scorecard are:
 - ▶ Provider selection
 - ▶ Batch Run (Scorecard Detail report only)
 - *This allows you to run individual scorecards for multiple data points at the same time (e.g. - Case Managers)*
 - ▶ Data Type
 - ▶ Report Layout (Overview report only)
 - *This allows you produce an expanded format of the Overview report that shows all fields on the Scorecard detail report as individual columns (ideal for Excel export)*
 - ▶ Date Type (Discharge Date vs. Admit Date)

The screenshot shows a 'Parameters' configuration page with the following sections:

- Provider Selection:** Includes a 'State' dropdown menu and a text input field containing 'AL'.
- Batch Run:** Contains a checkbox labeled 'Run this Report as Batch'.
- Data Type:** Features a dropdown menu currently set to 'Team'.
- Date Type - HIS HQRP Admit Measures:** Includes a dropdown menu set to 'Discharge Date'.
- Reporting Period:** Has two rows of date pickers. The first row is for 'Standard Metrics (DC Date where applicable)' with values 'Jun', '2016', 'May', and '2017'. The second row is for 'CAHPS Hospice (Sample Months)' with values 'Feb', '2016', 'Jan', and '2017'.
- Public Reporting - Complete Hospice Stay:** Includes a dropdown menu set to 'Patients with Complete HIS Data'.
- Public Reporting - Measure Eligibility:** Includes a dropdown menu set to 'Eligible Only'.
- Payer Type:** Includes a dropdown menu set to 'All Payer Types'.
- Teams:** Features a search box, a 'Select All' checkbox, a 'Show Selected (0 Selected)' checkbox, and a list of team options: '(Disclosure Not Authorized)', '(Not Assigned)', 'A', 'B', 'C', 'D', 'E', 'F', and 'G'.

Parameter Overview (cont.)



- ▶ Reporting Period
 - *This allows you to run individual scorecards for multiple data points at the same time (e.g. - Case Managers)*
- ▶ Public Reporting – Complete Hospice Stay
 - *The default selection for this parameter requires that completed Admit **AND** DC HIS assessments are present for the patient*
- ▶ Public Reporting – Measure Eligibility
 - ▶ *The default selection for this parameter requires that the patient meets the CMS age and LOS eligibility requirements for each measure*
- ▶ Payer Type
- ▶ Data Element Selection (Used to determine which specific data points will be included)

The screenshot displays a 'Parameters' configuration window with the following sections:

- Provider Selection:** Includes a 'State' dropdown menu and a text input field containing 'AL'.
- Batch Run:** Features a checkbox labeled 'Run this Report as Batch'.
- Data Type:** A dropdown menu currently set to 'Team'.
- Date Type - HIS HQRP Admit Measures:** A dropdown menu set to 'Discharge Date'.
- Reporting Period:** Contains two rows of date selection. The first row shows 'Jun 2016' to 'May 2017' with the label 'Standard Metrics (DC Date where applicable)'. The second row shows 'Feb 2016' to 'Jan 2017' with the label 'CAHPS Hospice (Sample Months)'.
- Public Reporting - Complete Hospice Stay:** A dropdown menu set to 'Patients with Complete HIS Data'.
- Public Reporting - Measure Eligibility:** A dropdown menu set to 'Eligible Only'.
- Payer Type:** A dropdown menu set to 'All Payer Types'.
- Teams:** Includes a search box, a 'Select All' checkbox, a 'Show Selected (0 Selected)' checkbox, and a list of checkboxes for categories: '(Disclosure Not Authorized)', '(Not Assigned)', and letters A through G.

Sorting the Overview Report and Drilling Down

Sorting the Overview Report



- ▶ To sort the report, click on the  buttons at the top of each column.
- ▶ To sort by a different column, simply click on the  for that column.


SHP		Case Manager Scorecard Overview										Stand: 06/16-05/17						
		Superior Home Health & Hospice										Report Date: 1/15/17						
Aggregate Scores	Overall Score*	Caseload					PEPPER	HQRP			PAEs	Symptoms		Financial/Ops				
		Patients Served	Avg Daily Census	Admits	Deaths	Live DCs		Patients with ≥1 Indicator	HIS Admit Measures Rollup*	HIS Visit Measures Rollup*		CAHPS Rollup*	Total Events	Pain Control 48 Hrs	Avg # Symp/ Asmt	Avg LOS (Days)	Avg Billable Visits	Timely Rec
High/Low Better (+/-)	+	na	na	na	na	na	-	+	+	+	-	-	na	na	na	na	-	-
SHP National	52%						52%	86%	86%	18%	n/a	18%	5.12	5.12	5.12	86%	86%	
SHP State (CA)	50%						50%	84%	84%	15%	n/a	15%	6.54	6.54	6.54	84%	84%	
Your Organization	18%	31	30	30	30	30	60%	75%	75%	18%	58	18%	4.78	4.78	4.78	75%	75%	
Case Manager																		
(Disclosure Not Authorized)	-	0	0	0	0	0	-	90%	90%	-	0	-	-	-	-	90%	90%	
(Not Assigned)	7%	90	52	52	52	52	62%	98%	98%	24%	2	24%	3.65	3.65	3.65	98%	98%	
Smith, Jane	11%	36	34	34	34	34	53%	95%	95%	15%	0	15%	4.23	4.23	4.23	95%	95%	
Doe, John	7%	90	52	52	52	52	62%	98%	98%	24%	1	24%	5.12	5.12	5.12	98%	98%	
Doe, Jane	11%	36	34	34	34	34	53%	95%	95%	15%	5	15%	5.32	5.32	5.32	95%	95%	
Smith, David	15%	98	87	87	87	87	43%	83%	83%	11%	4	11%	4.12	4.12	4.12	83%	83%	
Brown, Jane	7%	126	119	119	119	119	59%	97%	97%	20%	1	20%	5.32	5.32	5.32	97%	97%	
Green, John	-	3	2	2	2	2	100%	89%	89%	50%	1	50%	6.12	6.12	6.12	89%	89%	

Overall Score* is a composite of the HIS & CAHPS measures that contribute to the three HQRP Rollup scores.

Percentile Ranking						
<10%	10-20%	20-40%	40-60%	60-80%	80-90%	>90%

Sorting the Overview Report

- ▶ To sort the report, click on the  buttons at the top of each column.
- ▶ To sort by a different column, simply click on the  for that column.



Case Manager Scorecard Overview
Superior Home Health & Hospice



Stand: 06/16-05/17
Report Date: 1/15/17


Aggregate Scores	Overall Score*	Case Location			PEPPER	HQRP			PAEs	Symptoms		Financial/Ops			
		Patients Served	Avg Daily Census	Admits		Patients with ≥1 Indicator	HIS Admit Measures Rollup*	HIS Visit Measures Rollup*		CAHPS Rollup*	Total Events	Pain Control 48 Hrs	Avg # Symp/Asmt	Avg LOS (Days)	Avg Billable Visits
High/Low Better (+/-)		na	na	na	na	-	+	+	+	-	-	na	na	-	-
SHP National	52%				52%	86%	86%	18%	n/a	18%	5.12	5.12	5.12	86%	86%
SHP State (CA)	50%				50%	84%	84%	15%	n/a	15%	6.54	6.54	6.54	84%	84%
Your Organization	18%	31	30	30	60%	75%	75%	18%	58	18%	4.78	4.78	4.78	75%	75%
Case Manager															
(Disclosure Not Authorized)	-	0	0	0	-	90%	90%	-	0	-	-	-	-	90%	90%
(Not Assigned)	7%	90	52	52	62%	98%	98%	24%	2	24%	3.65	3.65	3.65	98%	98%
Smith, Jane	11%	36	34	34	53%	95%	95%	15%	0	15%	4.23	4.23	4.23	95%	95%
Doe, John	7%	90	52	52	62%	98%	98%	24%	1	24%	5.12	5.12	5.12	98%	98%
Doe, Jane	11%	36	34	34	53%	95%	95%	15%	5	15%	5.32	5.32	5.32	95%	95%
Smith, David	15%	98	87	87	43%	83%	83%	11%	4	11%	4.12	4.12	4.12	83%	83%
Brown, Jane	7%	126	119	119	59%	97%	97%	20%	1	20%	5.32	5.32	5.32	97%	97%
Green, John	-	3	2	2	100%	89%	89%	50%	1	50%	6.12	6.12	6.12	89%	89%

*Overall Score is a composite of the HIS & CAHPS measures that contribute to the HQRP Rollup scores.

Percentile Ranking						
<10%	10-20%	20-40%	40-60%	60-80%	80-90%	>90%

Sorting the Overview Report

- ▶ To sort the report, click on the  buttons at the top of each column.
- ▶ To sort by a different column, simply click on the  for that column.



Case Manager Scorecard Overview
 Superior Home Health & Hospice

Stand: 06/16-05/17
 Report Date: 1/15/17

Aggregate Scores

High/Low Better (+/-)


SHP National	52%
SHP State (CA)	50%
Your Organization	18%

Case Manager

(Disclosure Not Authorized)

(Not Assigned) 7%

Smith, Jane	11%
Doe, John	7%
Doe, Jane	11%
Smith, David	15%
Brown, Jane	7%
Green, John	-



Current Case Manager Overview
 Superior Hospice

Stand: 06/16-05/17, CAHPS: 02/16-01/17
 Report Date: 6/19/2017

Aggregate Scores	Caseload						PEPPER	HQRP			PAEs	Symptoms		Financial/Ops			
	Patients Served	Avg Daily Census	Total Patient Days	Admits	Deaths	Live DCs	Patients with ≥1 Indicator	HIS Admit Measures Rollup*	HIS Visits Measures Rollups	CAHPS Rollup*	Total Events	Pain Control 48 Hrs	Avg # Symp/Asmt	Avg LOS (Days)	Avg Billable Visits	Timely Rec Comp	
High/Low Better (+/-)	n/a	n/a	n/a	n/a	n/a	n/a	-	+	+	+	-	+	n/a	n/a	n/a	+	+
SHP National							19%	98%	82%	82%		55%	2.96	64.24	2.57	96%	93%
SHP State (CA)							12%	98%	77%	82%		41%	4.41	43.50	3.09	98%	94%
Your Organization	1,486	199	73k	1,347	1,084	148	14%	98%	82%	80%	721	51%	3.96	47.51	2.87	99%	99%
Current Case Mgr	↓																
BEST CLINICIAN NAME	4	0.42	155	4	4	0	0%	100%	-	100%	4	100%	4.00	38.75	2.33	100%	100%
NEXT BEST CLINICIAN	7	0.71	258	7	4	1	20%	100%	-	100%	3	-	3.96	47.00	-	100%	100%
3RD BEST CLINICIAN	6	0.06	22	6	6	0	0%	97%	-	100%	0	-	3.89	3.67	-	100%	100%
4TH BEST CLINICIAN	18	5.38	1,964	16	5	2	29%	100%	88%	-	20	0%	4.00	124.14	1.48	100%	100%
5TH BEST CLINICIAN	46	7.11	2,594	46	29	2	10%	98%	83%	100%	36	50%	3.97	49.74	3.54	100%	100%
6th BEST CLINICIAN	41	7.16	2,615	39	20	6	19%	98%	88%	-	13	50%	4.00	32.92	4.00	100%	100%
	3	2	2	2	2	100%	89%	89%	50%	1	50%	6.12	6.12	6.12	89%	89%	

*Overall Score is a composite of the HIS & CAHPS measures that contribute to the three HQRP Rollup scores.

Percentile Ranking						
<10%	10-20%	20-40%	40-60%	60-80%	80-90%	>90%

Drilling-Down to the Scorecard Report

- Click on any of the blue names in the left-hand column of the **Overview** report to open up the **Scorecard** for that value.

Case Manager Scorecard Overview

Superior Home Health & Hospice

Stand: 06/16-05/17

Report Date: 1/15/17

Aggregate Scores

High/Low Better (+/-)	
SHP National	52%
SHP State	50%
Your Org	18%

Case Manager

(Not Authorized)	-
(d)	7%
	11%
Doe, John	7%
Doe, Jane	11%
Smith, David	15%
Brown, Jane	7%
Green, John	-

*Overall Score is a composite of the HIS & CAHPS m

Case Manager Scorecard

Superior Home Health & Hospice

Standard: 12/15-11/16, CAHPS: 12/15-11/16

Report Date: 1/15/2017

Comp
HIS
DCs
-
86%
84%
75%
90%
98%
95%
98%
95%
83%
97%
89%
90%

Case Manager: John Doe

	Case Manager	Your Org		Case Mgr % of Org Total
		Avg	Total	
Patients Served	219	62.21	12,966	1.6%
Avg Daily Census	45.52	52.45	10,789	1.7%
Total Days	9965	7451	204K	4.8%
Admissions	219	24.56	12,966	1.6%
Deaths	189	52.45	10,789	1.5%
Live Discharges	219	24.56	12,966	1.9%

	Case Manager	Your Org		SHP State (CA)	SHP National
Diabetes	15.2%		2.0%	2.4%	2.8%
Lung	10.2%		2.0%	2.4%	2.8%
Cancer	9.8%		2.0%	2.4%	2.8%
ALS	0.0%		0.0%	0.0%	0.0%

	Case Manager	Your Org		SHP State (CA)	SHP National
Live Discharges: Not Terminally Ill	4.3%		2.0%	2.4%	2.8%
Live Discharges: Revocation	4.3%		2.0%	2.4%	2.8%
Live Discharges: LOS 61 - 179 Days	7.0%		8.0%	2.4%	2.8%
Long LOS (All Patients): LOS > 180 Days	6.0%		5.0%	4.7%	5.1%
Patients with ≥ 1 PEPPER Indicator (Patients: 10)	21.7%		16.9%	52.5%	51.6%

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***The Scorecard Report:
Getting to know the
Scorecards for Hospice***




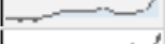


Understanding the Report Sections

Caseload

- ▶ This section displays patients served, including a breakout of the average daily census, and totals for days, admissions, deaths and live discharges.
- ▶ Now, compare the Case Manager with your organization's averages and totals.

Best Practice Recommendation:

If most rows in the report show very low counts in the **Caseload** columns, consider expanding the date ranges on the parameter page in order to include a statistically significant amount of data for each entity.

SHP Current Case Manager Scorecard Superior Hospice		Standard: 06/16 - 05/17, CAHPS: 02/16-01/17		Report Date: 6/14/2017
97% Overall Score		Current Case Manager: Jane Kindheart		
Caseload	Current Case Manager	Your Org		Current Case Mgr
		Avg	Total	% of Org Total
Patients Served	 46	41.11	1,486	3.1%
Average Daily Census	 7.11	5.52	198.96	3.6%
Total Patient Days	 2,594	2,016.61	72,620	3.6%
Admissions	 46	37.25	1,347	3.4%
Deaths	 29	29.94	1,084	2.7%
Live Discharges	 2	4.11	148	1.4%

Understanding the Report Sections

What are spark lines?

- ▶ **Spark lines** are small graphics used to demonstrate trended historical performance.
- ▶ These mini-trends appear next to each score and indicate the high and low point for each measure over the 12 month period covered by the graph.








CAHPS Hospice HQRP Measures	High/Low Better(+/-)	Provider
Hospice Team Communication	+	81.0%
Getting Timely Care	+	68.5%
Treating Family Member with Respect	+	90.3%
Getting Emotional and Religious Support	+	91.4%
Getting Help for Symptoms	+	70.8%
Getting Hospice Care Training	+	72.2%
Overall Rating of Hospice	+	82.4%
Recommend Hospice	+	81.8%
Rollup (Eligible Surveys: 300)	+	79.6%



Understanding the Report Sections

Top Primary Diagnosis Categories

- ▶ Understand the primary diagnosis categories the Case Manager is working with in your patient census.
- ▶ From this section, through the rest of the report, compare the Case Manager to your organization, and the SHP State and National Benchmarks.






Top Primary Diagnosis Categories 	Case Manager		Your Org		SHP State (CA)	SHP National
Diabetes		15.2%		2.0%	2.4%	2.8%
Lung		10.2%		2.0%	2.4%	2.8%
Cancer		9.8%		2.0%	2.4%	2.8%
ALS		0.0%		0.0%	0.0%	0.0%

Understanding the Report Sections

Pepper DC Target Areas

- ▶ Review the available patients that were live discharges or were Long Length of Stay (LOS).
- ▶ Watch the spark lines to see where you've had highs and lows for the last 12 months.

NEW!





PEPPER DC Target Areas (HIS Based)	High/Low Better(+/-)	Case Manager	Your Org	SHP State (CA)	SHP National
Live Discharges: Not Terminally Ill	-	 4.3%	2.0%	2.4%	2.8%
Live Discharges: Revocation	-	 4.3%	2.0%	2.4%	2.8%
Live Discharges: LOS 61 - 179 Days	-	 7.0%	8.0%	2.4%	2.8%
Long LOS (All Patients): LOS > 180 Days	-	 6.0%	5.0%	4.7%	5.1%
Patients with ≥ 1 PEPPER Indicator (Patients: 10)	-	 21.7%	16.9%	52.5%	51.6%

Understanding the Report Sections

Pepper DC Target Areas

- ▶ In the PEPPER report guidelines, there will be specific instructions regarding how the numerator and the denominator will be calculated for patients.

NEW!

PEPPER DC Target Areas (HIS Based)	High/Low Better(+/-)	Case Manager	Your Org	SHP State (CA)	SHP National
Live Discharges: Not Terminally Ill	-	 4.3%	2.0%	2.4%	2.8%
Live Discharges: Revocation	-	 4.3%	2.0%	2.4%	2.8%
Live Discharges: LOS 61 - 179 Days	-	 7.0%	8.0%	2.4%	2.8%
Long LOS (All Patients): LOS > 180 Days	-	 6.0%	5.0%	4.7%	5.1%
Patients with ≥ 1 PEPPER Indicator (Pa					51.6%

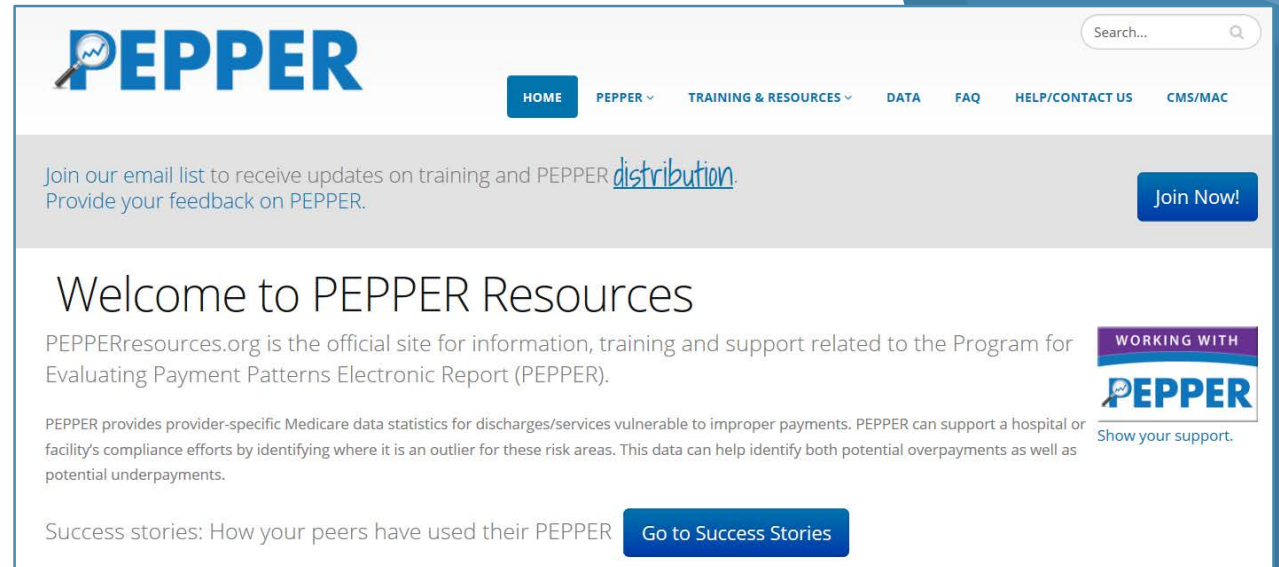
TARGET AREA	TARGET AREA DEFINITION
Live Discharges No Longer Terminally Ill (Live Disch)	<p><i>Numerator (N):</i> count of beneficiary episodes who were discharged alive by the hospice (patient discharge status code not equal to 40 (expired at home), 41 (expired in a medical facility) or 42 (expired place unknown)), excluding:</p> <ul style="list-style-type: none"> • beneficiary transfers (patient discharge status code 50 or 51) • beneficiary revocations (occurrence code 42) • beneficiaries discharged for cause (condition code H2) • beneficiaries who moved out of the service area (condition code 52) <p><i>Denominator (D):</i> count of all beneficiary episodes discharged (by death or alive) by the hospice during the report period (obtained by considering all claims billed for a beneficiary by that hospice)</p>

Understanding the Report Sections

Pepper DC Target Areas

- ▶ The pepper DC target areas were identified by CMS “as being potentially at risk for improper Medicare Payments”
- ▶ You can find more information by visiting: www.pepperresources.org
- ▶ Page 6 of the [Hospice PEPPER Report User’s Guide](#) contains more details on the numerator and denominator calculations for each of the measures being reported on by SHP

NEW!




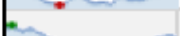
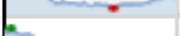

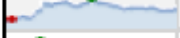

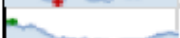



The screenshot shows the homepage of the PEPPER Resources website. At the top left is the PEPPER logo, which includes a magnifying glass icon over the word 'PEPPER'. To the right of the logo is a search bar with the text 'Search...'. Below the logo is a navigation menu with the following items: HOME, PEPPER (with a dropdown arrow), TRAINING & RESOURCES (with a dropdown arrow), DATA, FAQ, HELP/CONTACT US, and CMS/MAC. Below the navigation menu is a grey banner with the text 'Join our email list to receive updates on training and PEPPER distribution. Provide your feedback on PEPPER.' and a blue 'Join Now!' button. Below the banner is a white section with the heading 'Welcome to PEPPER Resources'. Underneath the heading is the text: 'PEPPERresources.org is the official site for information, training and support related to the Program for Evaluating Payment Patterns Electronic Report (PEPPER)'. To the right of this text is a 'WORKING WITH PEPPER' logo, which includes the PEPPER logo and the text 'Show your support.'. Below the main text is a paragraph: 'PEPPER provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments. PEPPER can support a hospital or facility's compliance efforts by identifying where it is an outlier for these risk areas. This data can help identify both potential overpayments as well as potential underpayments.' At the bottom of the white section is the text 'Success stories: How your peers have used their PEPPER' followed by a blue 'Go to Success Stories' button.

Understanding the Report Sections

HIS HQRP Measures


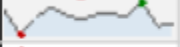







- ▶ The HIS HQRP Measures is an essential field to regularly review and ensure that your performance compares favorably with the SHP benchmark.
- ▶ Keep an eye on the percentile rank color coding to identify areas for improvement.
- ▶ Don't just focus on the red, if you are in the white, the percentile ranking for your score is still neutral.

HIS HQRP Measures		High/Low Better(+/-)	Case Manager	Your Org	SHP State (CA)	SHP National
Admit	Treatment Preferences	+	 95.7%	78.9%	86.0%	87.0%
	Beliefs/Values Addressed	+	 91.0%	92.0%	90.0%	90.0%
	Pain Screening	+	 83.0%	81.2%	63.3%	63.0%
	Pain Assessment	+	 94.0%	94.0%	98.0%	99.0%
	Dyspnea Screening	+	 95.7%	94.7%	95.0%	95.0%
	Dyspnea Treatment	+	 98.0%	98.0%	98.0%	98.0%
	Opioid with Bowel Regimen	+	 70.0%	81.2%	78.0%	77.0%
Visits	≥ 1 in Last 3 Days (RN/MD/NP/PA)	+	 71.0%	65.0%	68.0%	67.0%
	≥ 2 in Last 7 Days (SW/Chaplain/LPN/Aide)	+	 72.0%	70.0%	69.0%	70.0%
Comprehensive - Composite Process Measure		+	 88.0%	94.0%	90.0%	91.0%

Understanding the Report Sections

CAHPS Hospice HQRP Measures







- ▶ Keep track of your composite score performance for the CAHPs Hospice measures
- ▶ Drill down to the individual patient surveys to find out more!

CAHPS Hospice HQRP Measures	High/Low Better(+/-)	Current Case Manager	Your Org	SHP State (WA)	SHP National
Hospice Team Communication	+	 82.9%	82.9%	81.1%	81.4%
Getting Timely Care	+	 76.7%	76.7%	73.4%	76.1%
Treating Family Member with Respect	+	 95.1%	95.1%	91.9%	91.1%
Getting Emotional and Religious Support	+	 94.2%	94.2%	93.2%	91.9%
Getting Help for Symptoms	+	 78.3%	78.3%	74.9%	76.4%
Getting Hospice Care Training	+	 75.7%	75.7%	73.0%	72.5%
Overall Rating of Hospice	+	 86.4%	86.4%	85.4%	83.8%
Recommend Hospice	+	 90.7%	90.7%	86.8%	84.6%
Rollup (Eligible Surveys: 237)	+	 84.0%	84.0%	81.7%	81.6%

Understanding the Report Sections

Potentially Avoidable Events










- ▶ Incident Rate per 1,000 Patient Days
- ▶ Track the rate of unwanted events for patients associated with the Case Manager

Potentially Avoidable Events Incidence Rate per 1,000 Patient Days	High/Low Better(+/-)	Case Manager	Your Org	SHP State (CA)	SHP National
Hospitalizations	-	 0.209	0.338	0.268	0.268
Emergent Care	-	 0.043	0.020	0.024	0.028
Falls	-	 0.700	0.812	0.633	0.630
Infections	-	 0.267	0.177	0.047	0.051
Wounds	-	 0.700	0.812	0.633	0.630
Total Events	-	 18	84		

Understanding the Report Sections

Symptom Control Within 48 Hours

- ▶ This section requires that Symptom Assessments be performed on each patient and transmitted to SHP via the interface with your Hospice EHR vendor.
- ▶ Where you see a link lit up in dark blue, a hyperlink will take you into an in-depth view of the patients behind the figure.

Page 2		Case Manager: John Doe			
Symptom Control Within 48 Hours	High/Low Better(+/-)	Case Manager	Your Org	SHP State (CA)	SHP National
Pain	+	 95.7%	78.9%	52.5%	51.6%
Nausea	+	 4.3%	2.0%	2.4%	2.8%
Shortness of Breath	+	 70.0%	81.2%	63.3%	63.0%
Anxiety	+	 26.7%	17.7%	4.7%	5.1%
Appetite	+	 95.7%	78.9%	52.5%	51.6%
Depression	+	 4.3%	2.0%	2.4%	2.8%
Drowsiness	+	 70.0%	81.2%	63.3%	63.0%
Fatigue	+	 26.7%	17.7%	4.7%	5.1%
Wellbeing	+	 95.7%	78.9%	52.5%	51.6%
Avg # of Symp Assessed per Assessment (Patients: 276)	na	1.21	1.21	1.45	1.54

Understanding the Report Sections

Financial & Operational Metrics

- ▶ This marks the first breakout of hospice financial metrics provided by SHP!

NEW!

Financial & Operational Metrics		High/Low Better(+/-)	Current Case Manager	Your Org	SHP State (PA)	SHP National
Avg LOS (Days)		na	49.20	49.20	59.73	64.18
Percent of Discharges: LOS ≤ 60 Days		na	77.4%	77.4%	76.2%	73.9%
Percent Medicare Traditional (HIS Based)		na	85.1%	85.1%	86.9%	84.1%
Avg Visits per 7 Patient Days - All Billable Disciplines		na	4.49	4.49	3.23	2.47
Avg Visits per 7 Patient Days - Skilled Nursing		na	2.31	2.31	1.48	1.21
Level of Care	% of DCs with Routine Home Care	na	85.4%	85.4%	79.7%	86.4%
	Any General Inpatient	na	29.3%	29.3%	27.4%	18.8%
	Not Specified: Inpatient Respite	na	3.4%	3.4%	5.5%	4.0%
	0.0% Continuous Care	na	0.7%	0.7%	0.6%	1.4%
Site of Service at Admit (HIS)	Home	na	59.7%	59.7%	49.6%	55.8%
	ALF	na	3.3%	3.3%	6.5%	9.4%
	LTC/NF	na	1.8%	1.8%	10.5%	10.8%
	SNF	na	14.9%	14.9%	11.8%	7.9%
	Inpatient Hospital	na	8.4%	8.4%	7.5%	8.5%
	Inpatient Hospice Facility	na	11.5%	11.5%	12.4%	6.7%
	LTCH/Inpatient Psychiatric Facility	na	0.1%	0.1%	0.1%	0.1%
	Not Otherwise Specified (NOS)	na	0.1%	0.1%	1.1%	0.3%
	Home Care in Hospice Facility	na	0.2%	0.2%	0.4%	0.6%
SIA Eligible (HIS Based)		+	86.4%	86.4%	79.0%	78.4%
Timely Record Completion: HIS Admits Within 14 Days		+	96.0%	96.0%	97.9%	96.2%
Timely Record Completion: HIS DCs Within 7 Days		+	94.9%	94.9%	94.9%	93.3%

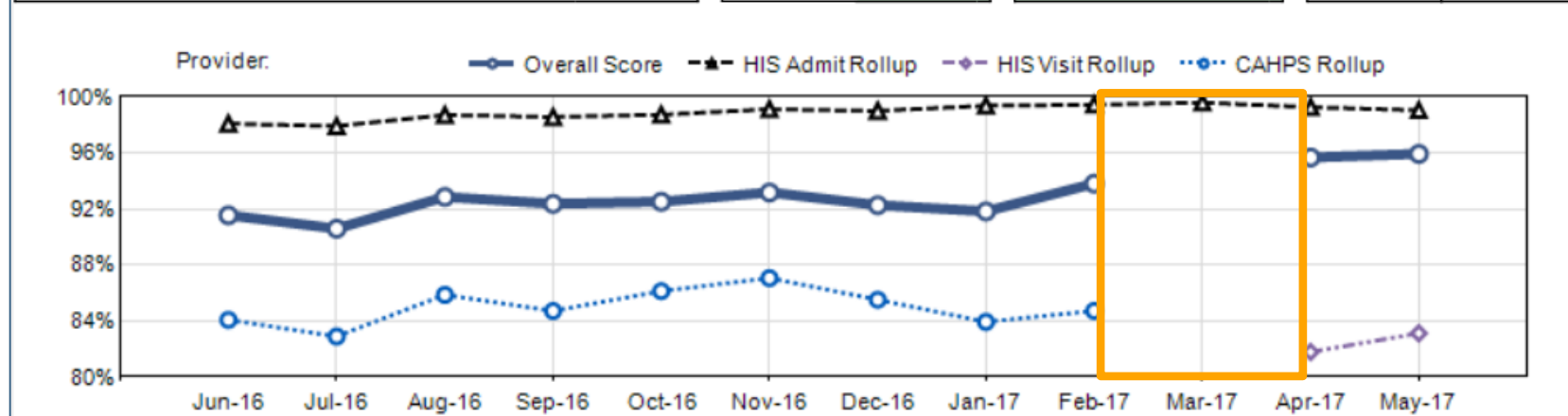
Understanding the Report Sections

Overall Score and Trended Performance

- ▶ Rollup Scores for the combined measures contributing towards:
 - ▶ HIS HQRP Admit Measures
 - ▶ HIS HQRP Visit Measures
 - ▶ CAHPS Hospice HQRP Measures



Overall Score & Trended Performance	High/Low Better(+/-)	Provider	Your Org	SHP Multistate	SHP National
HIS HQRP Admit Measure Rollup	+	98.9%	98.9%	97.8%	97.8%
HIS HQRP Visit Measure Rollup	+	82.5%	82.5%	83.2%	82.1%
CAHPS Hospice HQRP Measure Rollup	+	84.8%	84.8%	82.6%	81.6%
Overall Score	+	92.0%	92.0%	90.6%	90.1%



***Drilling Down
to
Patient Detail Reports***

Drilling down to patient detail reports

- ▶ From the Scorecard, drill down into the HQRP Patient Detail Report.

HIS HQRP Measures		High/Low Better(+/-)	Case Manager	Your Org	SHP State (CA)	SHP National
Admit	Treatment Preferences	+	95.7%	78.9%	86.0%	87.0%
	Beliefs/Values Addressed	+	91.0%	92.0%	90.0%	90.0%
	Pain Screening	+	%	81.2%	63.3%	63.0%
	Pain Assessment	+	%	94.0%	98.0%	99.0%
	Dyspnea Screening	+	%	94.7%	95.0%	95.0%
	Dyspnea Treatment					
Visits	≥ 1 in Last 3 Days (Comprehensive - Comp)					
	≥ 2 in Last 7 Days (Comprehensive - Comp)					

SHP HQRP Patient Detail
Superior Hospice

06/01/2016 - 05/31/2017
Report Date: 06/14/2017

Patient and Measure Details Patients: 23

- Measure Met
- Measure Not Met
- Patient Ineligible - Measure Met
- Patient Ineligible - Measure Not Met
- No Data or Not Applicable
- Conducted
- Outside Time Window or Date Missing
- Not Conducted

Patient	Case Mgr	Admit	DC	Treatment Preferences	Belief Value	Pain Screen	Pain Assessment	Dyspnea Screen	Dyspnea Treatment	Opioid Bow el Reg	Comprehensive Assessment
				Other Life-Sustaining	Spiritual Concerns	Severity (9=most)	Assessment Included (5 required)	SOB Indicated (y/n)	Types of Treatment (not req)	FRN Opioid (y/n) (not req)	
(Demo Patient) Sam Samson (5678910)	Demo Clinician X	11/11/16	11/21/16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	y n	<input type="checkbox"/>
(Demo Patient) Charlie Chess (456789)	Demo Clinician Y	03/17/17	03/21/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	y n	<input type="checkbox"/>
(Demo Patient) Barry Best (345678)	Demo Clinician Z	01/12/17	01/17/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	y n	<input type="checkbox"/>
(Demo Patient) Pete Parker (23456)	Demo Clinician A	02/02/17	02/02/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	y n	<input type="checkbox"/>
(Demo Patient) Hal Jordan (12345)	Demo Clinician B	03/25/17	03/26/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	y n	<input type="checkbox"/>

Drilling down to patient detail reports

▶ Drill Down to:

- ▶ HQRP Patient Detail
- ▶ Potentially Avoidable Event Patient Detail
- ▶ HQRP Service Utilization
- ▶ CAHPS Hospice Survey Detail



SHP Potentially Avoidable Events Patient Detail
Enterprise Name: Provider Group Name

Events: Hospitalizations, Emergent Care, Infections, Wounds

SHP ID	Patient Name	Patient ID	Case Mgr	Admit
12345	Allen, John (DEMO)	123456	Smith,	(Not A
12345	Bayes, John (DEMO)	123456	Smith,	
12345	Brown, Jane (DEMO)	123456	Smith,	
12345	Brown, John (DEMO)	123456	Green,	
12345	Cane, Jane (DEMO)	123456	Smith,	
12345	Cane, John (DEMO)	123456	Green,	
12345	Cohen, Jane (DEMO)	123456	Smith,	
12345	Coleman, John (DEMO)	123456	Smith,	
12345	Brown, Jane (DEMO)	123456	Smith,	
12345	Brown, John (DEMO)	123456	Green,	

SHP HQRP Patient Detail
Enterprise Name: Provider Group Name

MM/DD/YYYY - MM/DD/YYYY
Report Date: MM/DD/YYYY

Patient and Measure Details

Patients: 35

Legend:
 Measure Met
 Measure Not Met
 Patient Ineligible - Measure Met
 Patient Ineligible - Measure Not Met
 No Data or Not Applicable
 Conducted
 Conducted Outside Time Window
 Not Conducted

Treatment Preferences	Belief Value	Pain Screening	Pain Assessment	Dyspnea Screen	Dyspnea Treatment	Opioid Bowel Reg	Comprehensive Assessment
Other Life-Sustaining CPR	Spiritual Concerns	Severity (9-point rating)	Assessment Included (5 required)	SOB Indicated (Y/N)	Initiated or Declined	PRN Opioid (Y/N)	Bowel Regimen
Measure Met	Measure Met	Screened	Assessment Completed	Measure Met	Measure Met	Sched Opioid (Y/N)	Measure Met
		None	Frequency	None	Other Med	Non-Med	Other Med
		Observed	Relieves	Function	Oxygen	Oxygen	Oxygen
		Visual	Character	Location	Other Med	Other Med	Other Med
		Verbal	Severity	Severity	Other Med	Other Med	Other Med
		Numeric	Duration	Duration	Other Med	Other Med	Other Med
		Screened	Character	Character	Other Med	Other Med	Other Med
		None	Frequency	Frequency	Other Med	Other Med	Other Med
		None	Relieves	Relieves	Other Med	Other Med	Other Med
		None	Function	Function	Other Med	Other Med	Other Med
		None	Location	Location	Other Med	Other Med	Other Med
		None	Severity	Severity	Other Med	Other Med	Other Med
		None	Duration	Duration	Other Med	Other Med	Other Med
		None	Character	Character	Other Med	Other Med	Other Med
		None	Severity	Severity	Other Med	Other Med	Other Med

SHP HQRP Service Utilization Patient Detail
Enterprise Name: Provider Group Name

MM/DD/YYYY - MM/DD/YYYY
Report Date: MM/DD/YYYY

Hospice Visits Prior to Death

Patients: 35

Legend:
 Measure Met
 Measure Not Met
 Measure N/A - Continuous Care/Live DC
 Patient Ineligible - Measure Met
 Patient Ineligible - Measure Not Met
 Measure - No Data

Patient	SHP ID	DC	≥ 1 Hospice Visits from RN, MD/NP/PA in Final 3 Days										SIA Eligible																					
			Death	-1 Day	-2 Day	-3 Day	-4 Day	-5 Day	-6 Day	-7 Day	-8 Day	-9 Day																						
			RN	MD/NP/PA	Chaplain	LPN	Aide	RN	MD/NP/PA	Chaplain	LPN	Aide	RN	MD/NP/PA	Chaplain	LPN	Aide	RN	MD/NP/PA	Chaplain	LPN	Aide	RN	MD/NP/PA	Chaplain	LPN	Aide	RN	MD/NP/PA	Chaplain	LPN	Aide		
Allen, John (123456) (DE)	12345	10/30/20	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3
Bayes, John (123456) (DE)	12345	10/30/21	1	1																														
Brown, Jane (123456) (DE)	12345	10/30/22	2	1			1	1																										
Brown, John (123456) (DE)	12345	10/30/23	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3
Cane, Jane (123456) (DEMO)	12345	10/30/24					1																											
Cane, John (123456) (DEMO)	12345	10/30/25	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	//	
Cohen, Jane (123456) (DE)	12345	10/30/26	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3
Coleman, John (123456) (DE)	12345	10/30/27	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3	1	2	3	3
Brown, Jane (123456) (DE)	12345	10/30/28	1	1	2	1					1	2	1										1	2	1									
Brown, John (123456) (DE)	12345	10/30/29	1	1	1	2	1				1	2	1									1	2	1										
Brown, John (123456) (DE)	12345	10/30/30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Summary

Important New Features to Remember

- ▶ New data types, including: **Provider, CCN, Case Manager, Team, Primary DX Category, Referral Source, A1802 Admitted From, and Primary Payer Name** (check with your SHP Customer Manager to confirm which fields are available from your vendor)
- ▶ Take a granular look at your organization's performance for key metrics with drill-down to patient detail
- ▶ Staff level reporting for increased accountability on HQRP measure performance
- ▶ New financial reporting and PEPPER metrics
- ▶ Trended Spark Lines to assist with identifying negative trends and opportunities for improvement



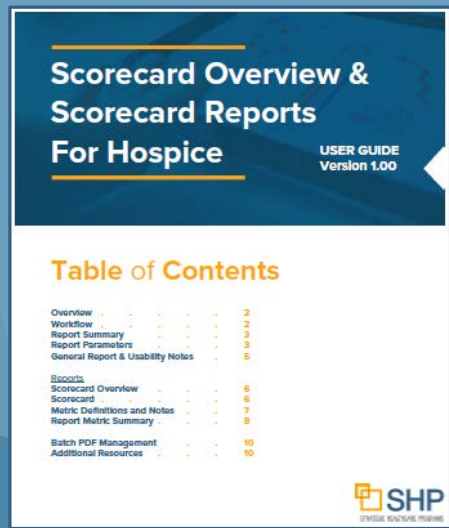
On-Demand Training Sessions

The content of this video will soon be available on SHP University!



Putting the Information to Work

- ▶ Explore, explore, explore, there are more new features than we could cover in an hour!
- ▶ Be sure to download the **User Guide** and use it to better understand the **Overview** and **Scorecard** reports.
- ▶ If you are part of a large organization, consider taking advantage of the **Batch run** and **Expanded Format** features.
- ▶ Remember that **quality** and **accountability** are more important than they have ever been in Hospice, and the new scorecards will be an effective way to keep track of success and areas for improvement
- ▶ We're here to help! Don't hesitate to contact your **SHP Customer Manager** or our Support department with any questions.



Questions and Answers





STRATEGIC HEALTHCARE PROGRAMS

Thank you for attending!

Questions? Please Contact Us At:

Support@SHPdata.com

or call (805) 963-9446

