

Report Interpretation Guide PPS Monitor Actual Therapy Analysis



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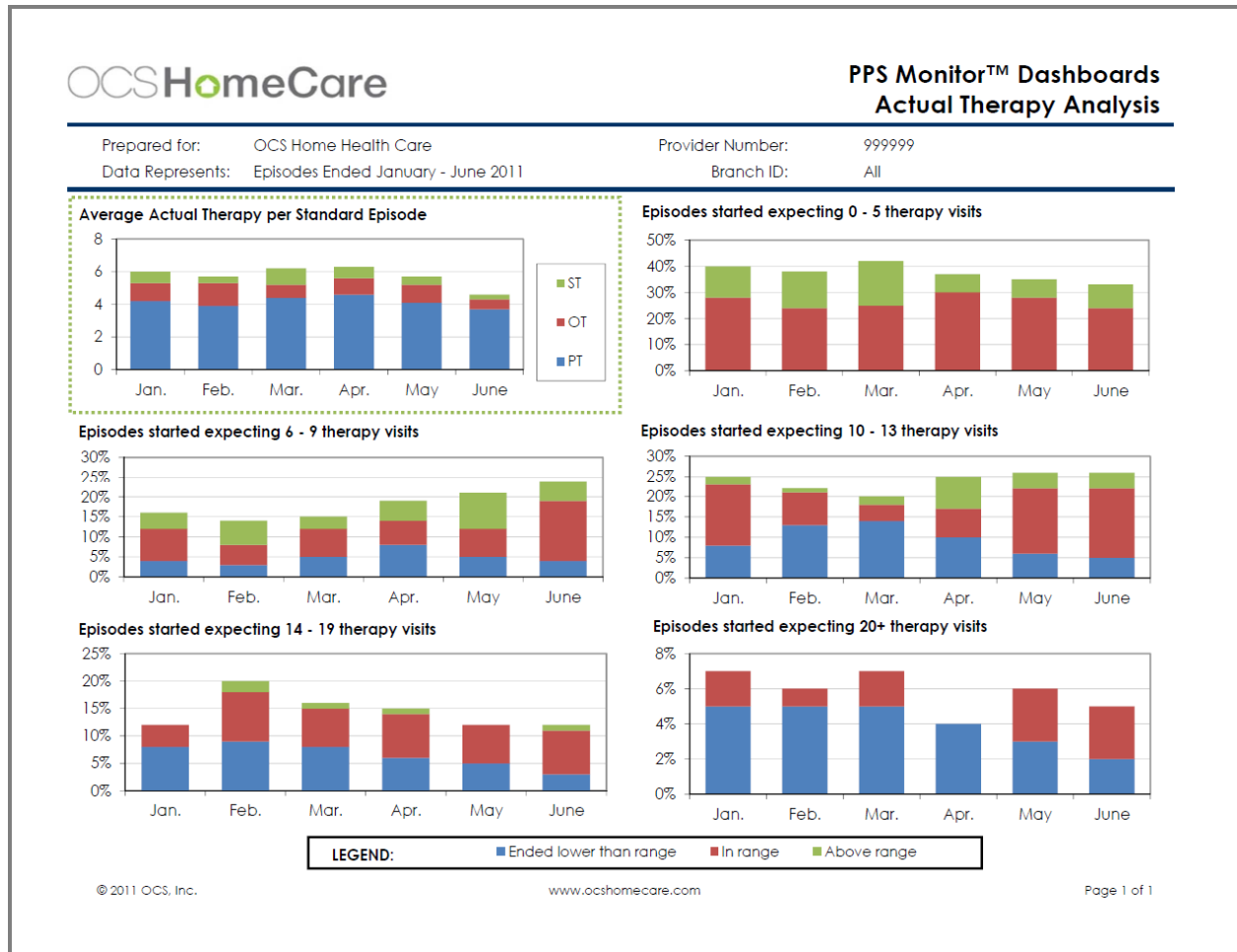
Introduction

The PPS Monitor for Actual Therapy Analysis provides information on expected and actual therapy utilization for each of the therapy ranges. Organizations can use this report to better understand their accuracy for anticipating therapy needs at the start of episodes.

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	Patients with identified PPS episodes, including utilization data, that ended during the noted time frame*
Payers	All payers, although we recommend filtering by traditional Medicare for a picture of true “PPS” data
Time period	Represents episodes ended during the time frame selected by the user and noted on the report
Data Sources	OASIS data and utilization data
Report Frequency	As often as desired by the user; reports automatically include six months of trended data, data is available for a given month after its completion
Report Location	Connection On Demand tab Strategic Reports PPS Outcomes folio PPS Monitor – Completed Episodes
Comparative Groups	None – this report includes agency data only
Risk Adjustment	Risk adjustment does not apply

* See “Report Notes” on page 6 for more information.



Report Structure

Header Definitions

Element	Definition
Prepared for:	Agency name
Provider Number:	The Home Health Agency (HHA) CMS Certification Number (CCN) or OASIS M0010.
Data represents:	The time frame selected for the report. Episodes included in the analysis ended during that window.
Branch ID:	The HHA branch ID, OASIS M0016. Only included on branch-level reports.

Measure Definitions

Graph: Average Actual Therapy per Standard Episode

Item	Numerator	Denominator
ST	Sum of total speech therapy visits provided to “standard” (non-LUPA, non-outlier) episodes	Count of “standard” (non-LUPA, non-outlier) episodes
OT	Sum of total occupational therapy visits provided to “standard” (non-LUPA, non-outlier) episodes	Count of “standard” (non-LUPA, non-outlier) episodes
PT	Sum of total physical therapy visits provided to “standard” (non-LUPA, non-outlier) episodes	Count of “standard” (non-LUPA, non-outlier) episodes

Graph: Episodes started expecting 0-5 therapy visits

Item	Numerator	Denominator
In range	Count of standard episodes that expected to require 0-5 therapy visits (M2200 at the start of the episode) and received 0-5 therapy visits	Count of standard episodes
Above range	Count of standard episodes that expected to require 0-5 therapy visits but received 6 or more therapy visits	Count of standard episodes

Graph: Episodes started expecting 6-9 therapy visits

Item	Numerator	Denominator
Ended lower than range	Count of standard episodes that expected to require 6-9 therapy visits (M2200 at the start of the episode) and actually received fewer than 6 therapy visits	Count of standard episodes
In range	Count of standard episodes that expected to require 6-9 therapy visits and received 6-9 therapy visits	Count of standard episodes
Above range	Count of standard episodes that expected to require 6-9 therapy visits but received 10 or more therapy visits	Count of standard episodes

Graph: Episodes started expecting 10-13 therapy visits

Item	Numerator	Denominator
Ended lower than range	Count of standard episodes that expected to require 10-13 therapy visits (M2200 at the start of the episode) and actually received fewer than 10 therapy visits	Count of standard episodes
In range	Count of standard episodes that expected to require 10-13 therapy visits and received 10-13 therapy visits	Count of standard episodes

Item	Numerator	Denominator
Above range	Count of standard episodes that expected to require 10-13 therapy visits but received 14 or more therapy visits	Count of standard episodes

Graph: Episodes started expecting 14-19 therapy visits

Item	Numerator	Denominator
Ended lower than range	Count of standard episodes that expected to require 14-19 therapy visits (M2200 at the start of the episode) and actually received fewer than 14 therapy visits	Count of standard episodes
In range	Count of standard episodes that expected to require 14-19 therapy visits and received 14-19 therapy visits	Count of standard episodes
Above range	Count of standard episodes that expected to require 14-19 therapy visits but received 20 or more therapy visits	Count of standard episodes

Graph: Episodes started expecting 20+ therapy visits

Item	Numerator	Denominator
Ended lower than range	Count of standard episodes that expected to require 20 or more therapy visits (M2200 at the start of the episode) and actually received fewer than 20 visits	Count of standard episodes
In range	Count of standard episodes that expected to require 20 or more therapy visits and received 20 or more therapy visits	Count of standard episodes

Report Notes

PPS reporting requires a complex process of matching data elements to create the set of episodes for analysis. This process sometimes results in a differing set of data included in the analysis than in similar reporting tools offered by MIS applications or other vendors, which often are looking at utilization and financial results in isolation, not integrated with OASIS for a more comprehensive and detailed analysis. It has been designed to include as much data as possible in the analyses, but to also ensure a high level of integrity in the data set.

OCS PPS reporting starts by identifying PPS episodes through matching OASIS records that could mark the start and the end of an episode by a collection of rules. Most of the time, an assessment that marks the start of the episode is a start of care (RFA 1) assessment, or sometimes a recertification (RFA 3). Rarely, a resumption of care (RFA 2, in place of a recertification) assessment is identified as the “episode starting” assessment. Most of the time, an assessment that marks the end of the episode is a discharge (RFA 8) or transfer (RFA 6) assessment. Sometimes it is a recertification, and rarely it is a resumption of care (in place of a recertification). These pairs of assessments must be approximately 60 days apart from each other in order to be “matched.”

Once episodes have been identified through the OASIS data, utilization data (collected from MIS applications or electronic claims) must be aligned to the patient and mapped to the specific episode. Again, a complex set of logic is applied to the data to use as much data as possible from that which has been submitted to us, but also to ensure that our matching of utilization data to PPS episodes defined by OASIS assessments is as accurate as possible.

Other Resources

For more information or guidance, please contact OCS HomeCare Client Support at 866.641.8324 or refer to the information available on the e-Learning Network, located on the Support tab in Connection.