

Report Interpretation Guide  
PPS Monitor  
Completed Episode Analysis



## Table of Contents

Introduction .....	3
Quick View of Report Specifications .....	3
Header Definitions .....	5
Measure Definitions .....	5
Report Notes .....	8
Other Resources .....	9

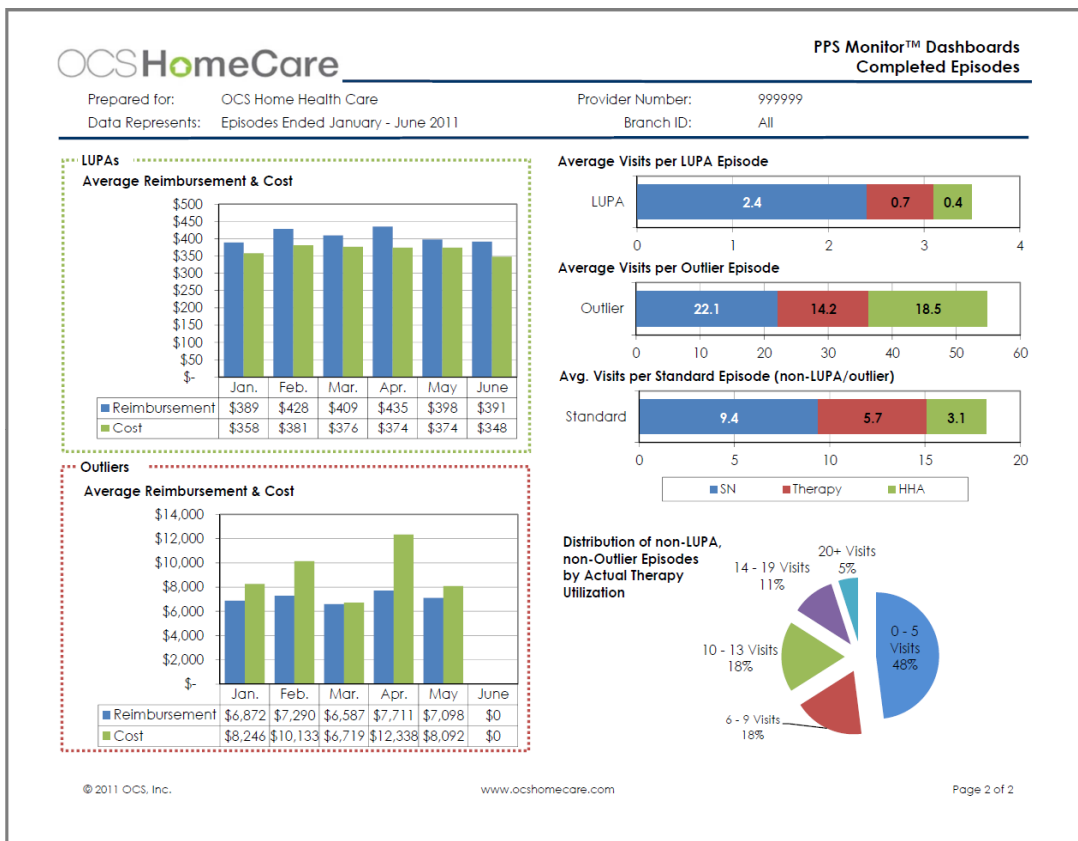
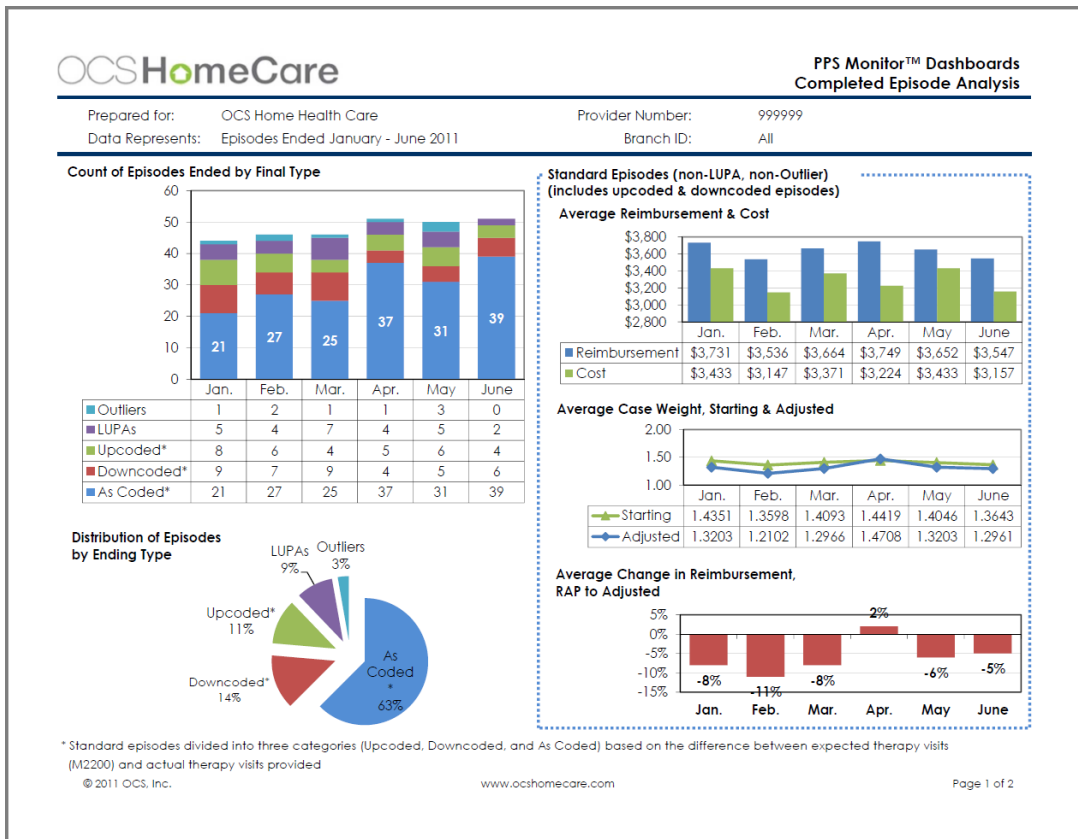
## Introduction

The PPS Monitor for Completed Episode Analysis provides meaningful information about reimbursement, costs, and visits for standard, LUPA, and outlier episodes. It also provides quick but powerful information about therapy utilization, including insight into how often episodes end up receiving more or fewer visits than originally expected, and the impact of that variation on reimbursement rates.

## 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 8 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: Count of Episode Ended by Final Type

Item	Numerator	Denominator
Outliers	Count of episodes that met the CMS definition for “outlier episodes” (exceeding a cost threshold)	NA
LUPAs	Count of episodes that met the CMS definition for “LUPA episodes” (Low Utilization Payment Adjustment – fewer than five total visits during the episode)	NA
Upcoded	Count of “standard” (non-LUPA, non-outlier) episodes in which more therapy visits were provided than anticipated (based on M2200)	NA
Downcoded	Count of “standard” episodes in which fewer therapy visits were provided than anticipated (based on M2200)	NA
As coded	Count of “standard” episodes in which the same number of therapy visits were anticipated (based on M2200) and provided	NA

#### Graph: Distribution of Episodes by Ending Type

Item	Numerator	Denominator
Outliers	Count of episodes that met the CMS definition for “outlier episodes” (exceeding a cost threshold) that ended during the full six-month window	Count of total episodes ended during the full six-month window
LUPAs	Count of episodes that met the CMS definition for “LUPA episodes” (Low Utilization Payment Adjustment – fewer than five total visits during the episode) that ended during the full six-month window	Count of total episodes ended during the full six-month window

Item	Numerator	Denominator
Upcoded	Count of “standard” (non-LUPA, non-outlier) episodes in which more therapy visits were provided than anticipated (based on M2200) that ended during the full six-month window	Count of total episodes ended during the full six-month window
Downcoded	Count of “standard” episodes in which fewer therapy visits were provided than anticipated (based on M2200) that ended during the full six-month window	Count of total episodes ended during the full six-month window
As coded	Count of “standard” episodes in which the same number of therapy visits were anticipated (based on M2200) and provided that ended during the full six-month window	Count of total episodes ended during the full six-month window

### Group of Graphs: Standard Episodes (non-LUPA, non-outlier)

#### Graph: Average Reimbursement & Cost

Item	Numerator	Denominator
Reimbursement	Sum of the wage-adjusted reimbursement (calculated based on actual, not anticipated, therapy visits) from all “standard” (non-LUPA, non-outlier) episodes	Count of all “standard” (non-LUPA, non-outlier) episodes
Cost	Sum of the cost from all “standard” (non-LUPA, non-outlier) episodes  Cost is calculated by pulling the cost per visit, by discipline, data from the most recent available cost report database, adjusting it to approximate current costs, and multiplying it against visits provided	Count of all “standard” (non-LUPA, non-outlier) episodes

#### Graph: Average Case Weight, Starting & Adjusted

Item	Numerator	Denominator
Starting	Sum of the case weight from the start of the episode (the start of care or recertification assessment) from all “standard” (non-LUPA, non-outlier) episodes; this is based on anticipated therapy (from M2200)	Count of all “standard” (non-LUPA, non-outlier) episodes
Adjusted	Sum of the case weight from the end of the episode from all “standard” (non-LUPA, non-outlier) episodes; this is the start-of-episode case weight adjusted based on actual therapy provided	Count of all “standard” (non-LUPA, non-outlier) episodes

**Graph: Average Change in Reimbursement, RAP to Adjusted**

Item	Numerator	Denominator
NA	Average adjusted case weight for the month minus the average starting case weight for the month	The average starting case weight for the month

**Graph: LUPAs – Average Reimbursement & Cost**

Item	Numerator	Denominator
Reimbursement	Sum of the wage-adjusted reimbursement from all LUPA episodes; reimbursement for LUPA episodes is calculated based on the number of visits provided multiplied by the CMS wage-adjusted reimbursement per visit by discipline figures	Count of all LUPA episodes (Low Utilization Payment Adjustment)
Cost	Sum of the cost from LUPA episodes  Cost is calculated by pulling the cost per visit, by discipline, data from the most recent available cost report database, adjusting it to approximate current costs, and multiplying it against visits provided	Count of all LUPA episodes (Low Utilization Payment Adjustment)

**Graph: Outliers – Average Reimbursement & Cost**

Item	Numerator	Denominator
Reimbursement	Sum of the wage-adjusted reimbursement from all outlier episodes; reimbursement for outlier episodes is calculated based on the CMS methodology, including both the episodic and “outlier” (based on additional reimbursement for visits provided exceeding the cost threshold) payments	Count of all outlier episodes
Cost	Sum of the cost from outlier episodes  Cost is calculated by pulling the cost per visit, by discipline, data from the most recent available cost report database, adjusting it to approximate current costs, and multiplying it against visits provided	Count of all outlier episodes

### Graph: Average Visits per LUPA/Outlier/Standard Episode

Item	Numerator	Denominator
SN	Sum of the skilled nursing visits provided to all LUPA/outlier/standard episodes	Count of all LUPA/outlier/standard episodes
Therapy	Sum of the therapy visits (all types – physical, occupational, and speech) provided to all LUPA/outlier/standard episodes	Count of all LUPA/outlier/standard episodes
HHA	Sum of the home health aide visits provided to all LUPA/outlier/standard episodes	Count of all LUPA/outlier/standard episodes

### Graph: Distribution of non-LUPA, non-Outlier Episodes by Actual Therapy Visits

Item	Numerator	Denominator
20+ visits	Count of standard episodes that received 20 or more therapy visits	Count of “standard” (non-LUPA, non-outlier) episodes
14-19	Count of standard episodes that received 14 to 19 therapy visits	Count of “standard” (non-LUPA, non-outlier) episodes
10-13	Count of standard episodes that received 10 to 13 therapy visits	Count of “standard” (non-LUPA, non-outlier) episodes
6-9	Count of standard episodes that received 6 to 9 therapy visits	Count of “standard” (non-LUPA, non-outlier) episodes
0-5	Count of standard episodes that received 20 or more therapy visits	Count of “standard” (non-LUPA, non-outlier) 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.