

DS Analytics: StrataJazz® Certification Course

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CHICAGO | OCTOBER 21-23



Strata Decision
TECHNOLOGY

Course Objectives

By the End of Class, You Will Be Able To:

- Create rules to use in DS Analytics
- Create and maintain service lines
- Create and maintain patient populations
- Create and maintain Calculated System Fields

Course Objectives

How Does This Help You?

- Increased independence
- More accurate reporting
- Save you time building and modifying analytic data
- Minimize the amount of times you must reach out to Strata Decision team members to help with a system change or issue

Introductions

Trainers

Kelsey Mueller

Priya Madan

Stephen Hansen

Room Helpers

Kristy

Charlene

Nicole

Dylan

Gurprit

Amanda

Anthony

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DS Analytics Agenda

Topic	Time
Introductions and Logistics	15 min
Analytics Tool Overview	15 min
Rule Builder	45 min
Service Lines	45 min
Patient Populations	45 min
Reports	15 min
Calculated System Fields	30 min
Class Review: Assessment	15 mins
Certification Overview & Survey	10 mins

Class Logistics



Class Materials

- Training Manual
- Database Log In



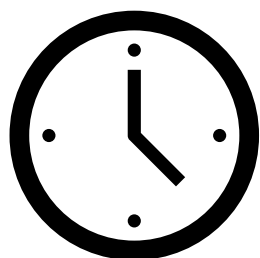
WIFI Password

- Name: Strata Decision
- Password: summit2019



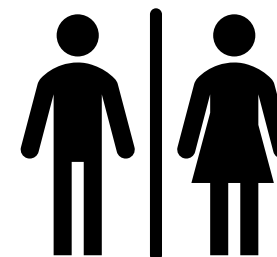
Questions

- In-System Workflow
- Organization Specific



Lunch

- 12:30 pm – 1:30 pm
- Zurich level



Restrooms

- This floor near the stairs

Types of In-Class Activities



Trainer Demo:

- These are activities your trainer will demonstrate



In-Class Scenario:

- These are activities that you do alongside the trainer



In-Class Scenario: On Your Own

- These are activities that you will complete independently



Write It Down:

- These are activities that include tables or boxes to record definitions and examples for key terms or concepts




Partner Discussion:

- These are activities that include opportunities to discuss and troubleshoot with your partner. At this time, you can share ideas, prior knowledge, and expertise

Logging In

1. Open **Internet Explorer**.
2. Type **training.stratanetwork.com** into the address bar.
3. Log in with the **information on your database handout**.

Only for accessing training databases
(Your organization's database is accessed from a different URL)



The image shows the StrataJazz login interface. At the top left is the Strata Decision Technology logo. To its right, it says "Welcome to StrataJazz®". Below this is a login form with the heading "All fields are required". The form contains four input fields: "Username", "Password", "Org PIN", and "Database". Each field has a blue arrow icon to its right. The "Database" field is a dropdown menu with the text "Enter login information about" and a downward arrow. Below the "Database" field is a small text prompt: "Please enter all log in information first". At the bottom right of the form is a "Log in" button. Below the form, there are two lines of text: "If you log in with your email address, [click here](#)." and "If you are having problems logging in, please contact your administrator".

Why Does Decision Support Analytics Matter?

Evolving from Data to Action

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The Challenge

*Even with accurate cost data, many healthcare organizations are **challenged with leveraging the data** to drive the right action to improve financial performance*

***Lack of access to meaningful data among leaders** and limited accountability reduces ability to deliver measurable improvements to KPIs and the bottom line*

Market Dynamics for Decision Support Analytics

Service Line profitability

Understand the total cost, volume, revenue and margin for distinct service lines

Service Line Strategy & Growth

Align service line definitions and growth initiatives with organizational structure and strategy

Upstream and downstream financial impact

Measure the effects of Service Line initiatives along the continuum of care

Standard and Trusted Costing

Comprehensive and validated data that provides encounter-level visibility on cost drivers and variation

Contextual Analytics

Readily available, useful, and timely analytics across the organization

Solving Key Problems Requires Understanding Financial Performance

Visibility

Accountability

DS Governance

Solving Key Problems Requires Understanding Financial Performance

Visibility

Do your Operations & Service Line leaders know and understand their financial performance?

Accountability

How do your service line leaders manage performance?

DS Governance

Is your team equipped to support your organization's needs?

Email professionalservices@stratadecision.com

Rule Builder

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Rule Building

By the end of this section, you will be able to:

- Review the components of a rule set
- Review the types of rules
- Build a rule on your own

Overview of Rule Sets:

	Component	Description
1	Data Element	Identify the dimension or measure for the rule. You can use a drop-down list within the rule builder to select the data element.
2	Operator	Define the relationship between the data element and the value.
3	Value	This is the criteria that the rule has to meet in order to qualify. Enter a value in this field. To enter multiple values, separate each value with a comma.
4	Boolean Logic	(Evaluation Logic) Defines the relationship between multiple rules within a rule set.

Pediatrics - Pediatrics

Add a Rule
Reload Grouping
R2 And R3

R2:

Patient Encounter - Patient Type Rollup Name(P

Not Equal

Inpatient

R3:

Patient Encounter - Age(Age)

Between

0

and

17

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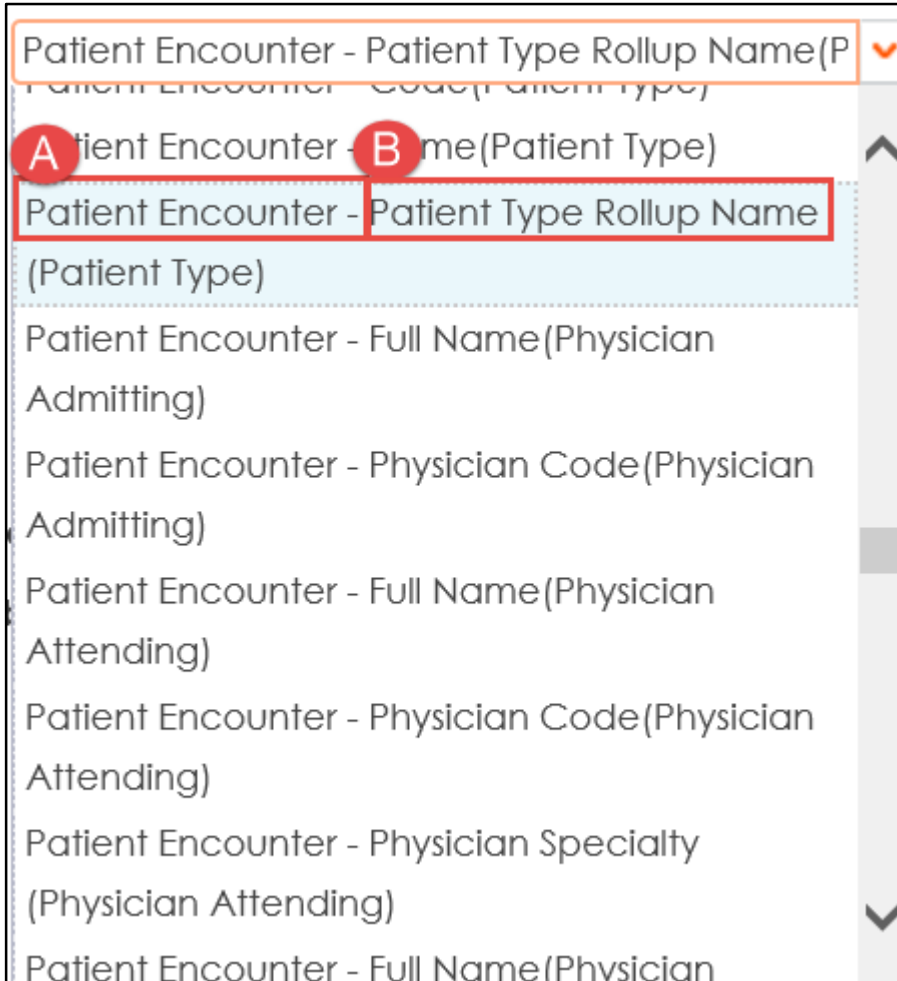
Rule Building: Data Element

Data is stored at different levels

- A. Indicates the level data is stored at
- B. Indicates the narrowed piece of data the system will test an encounter against

It is important to ask yourself first, “At what level is the data that I am looking for?”

- Is my data stored at the encounter level or billing line level ?



Patient Encounter - Patient Type Rollup Name(P

Patient Encounter - Patient Type Rollup Name(P

A Patient Encounter - B Patient Type Rollup Name(P

Patient Encounter - Patient Type Rollup Name(P

(Patient Type)

Patient Encounter - Full Name(Physician

Admitting)

Patient Encounter - Physician Code(Physician

Admitting)

Patient Encounter - Full Name(Physician

Attending)

Patient Encounter - Physician Code(Physician

Attending)

Patient Encounter - Physician Specialty

(Physician Attending)

Patient Encounter - Full Name(Physician

Rule Building: Data Element

What Qualifier are you looking for when selecting a data element?

- A. In rule A, you are looking for a single charge to be greater than or equal to \$1,000
- B. In rule B, you are looking for the total charges for the entire encounter to be greater than or equal to \$1000

A	DSS Patient Billing Line Item Detail - Charge	▼	Greater Than or Equal	▼	1000	✕
B	DSS Patient Encounter - TotalCharges	▼	Greater Than or Equal	▼	1000	✕

Troubleshooting: Adding Attributes and Measures for Rule Building

Can't Find the Attribute or Dimension you are looking for?

All Readmissions

Add a Rule Reload Grouping R1 And R2

R1: Patient Encounter - Patient Type Rollup Name(P Equal Inpatient x p

R2: Patient Encounter - Age (Admit Date) Equal x p

Base Patient Encounter - CalendarYear(Admit Date)

Inclu Patient Encounter - FiscalYear(Admit Date)

Num Patient Encounter - Admit Department Code (Admit Department)

Patient Encounter - Admit Source Code(Admit Source)

Patient Encounter - APR DRG Code(APR DRG)

Patient Encounter - APR ROM(APR DRG)

Patient Encounter - APR SOI(APR DRG)

Patient Encounter - Bill Status Code(Bill Status)

Patient Encounter - Case Mix Group Code (Case Mix Group)

Age is missing

Trainer Demo: Add an Attribute

1. Navigate to **Configure Attributes**
 - Path: Wrench > **System Center** > **Decision Support** > **General** > **Rule Building** > **Drop Down Configuration**
2. Check the box for the missing attribute
3. Click **Save**.

The Attribute will now show up for select in rule building

Configure Attributes 1 2

Select the Attributes that can be used for the Rules Engine and related areas.

Previous Save Next

+ Add Attribute - Delete Attribute

	Dimension	Attribute	Include In Rules?	Include In Schedules?	Include In Ad Hoc Patient Populations?
	Filter...	Filter...			
1	Admit Date	CalendarDateTime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Admit Date	CalendarMonthName	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Admit Date	CalendarYear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Admit Date	FiscalYear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Admit Department	Admit Department Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Admit Source	Admit Source Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Age	Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	APR DRG	APR DRG Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	APR DRG	APR ROM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	APR DRG	APR SOI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Bill Status	Bill Status Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Billed CPT	Billed CPT Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Case Mix Group	Case Mix Group Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

R2: Patient Encounter - Age(Age) (Admit Date) Equal

Base Patient Encounter - CalendarYear(Admit Date)

Includ Patient Encounter - FiscalYear(Admit Date)

Num Patient Encounter - Admit Department Code (Admit Department)

Patient Encounter - Admit Source Code(Admit Source)

Patient Encounter - Age(Age)

Patient Encounter - APR DRG Code(APR DRG)

Patient Encounter - APR ROM(APR DRG)

Troubleshooting: Adding Attributes and Measures for Rule Building

Can't Find the Attribute or Dimension you are looking for?

- Navigate to **Configure Attributes**
- Click **Next** to update to update a Dimension

Path: Wrench > **System Center** > **Decision Support** > **General** > **Rule Building** > **Drop Down Configuration**

Decision Support \ General \ Rule Building \ Drop Down Configuration \

Configure Attributes

Select the Attributes that can be used for the Rules Engine and related areas.


Previous Save Next

+ Add Attribute - Delete Attribute

Dimension	Attribute	Include In Rules?	Include In Schedules?	Include In Ad Hoc Patient Populations?
Filter...	Filter...			
1 Admit Date	CalendarDateTime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Admit Date	CalendarMonthName	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Admit Date	CalendarYear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Admit Date	FiscalYear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Admit Department	Admit Department Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Admit Source	Admit Source Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Age	Age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8 APR DRG	APR DRG Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9 APR DRG	APR ROM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 APR DRG	APR SOI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11 Bill Status	Bill Status Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Billed CPT	Billed CPT Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13 Case Mix Group	Case Mix Group Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14 Case Type Family MSDRG	MSDRG Case Type Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Charge Code	Charge Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Charge Code	Cost Driver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Charge Department	ChargeDepartmentCode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Charge Modifier 1	Charge Modifier 1 Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rule Building: Operators


	Description	Example
Equal	Specify a single specific value to look for.	MS DRG Code EQUAL 470
Not Equal	Specify one specific value not to look for.	MS DRG Code NOT EQUAL 000
Contains	Indicate a search for any portion of the specified value. Use Contains to retrieve a single value contained within the returned values.	Charge Code CONTAINS Surgery
Not Contains	Identify any value that is not contained within the specified value.	ICD10 DX NOT CONTAINS Diabetes
Starts With	Specify the starting characters of the values to match on.	ICD10 PX Code STARTS WITH 8E0
In	Use In to retrieve a list of comma-separated codes or values.	ICD10 PX Code IN 8E090CZ, 8E093CZ, 8E094CZ
Not In	Ignores any encounters that have a value that is contained within the comma-separated list. For a dimension or measure rule, this operator enables the export or import of a comma-separated value file.	Payor Group NOT IN Medicare, Medicaid
Between	Include the sequence of numbers that falls between the upper and lower range, including the specified range values.	UB Revenue Code BETWEEN 0270 and 0278
Exclude	Ignores any line items that have a value that is contained within the comma-separated list.	CPT Code EXCLUDE 88305, 88306, 88307



Equal
 Not Equal
 Contains
 Not Contains
 Starts With
In
 Not In
 Between
 Exclude

Rule Building: Operators

	Description	Example
Equal	Specify a single specific value to look for.	MS DRG Code EQUAL 470
Starts With	Specify the starting characters of the values to match on.	Charge Code STARTS WITH SUP
In	Use In to retrieve a list of comma-separated codes or values.	ICD10 PX Code IN 8E090CZ, 8E093CZ, 8E094CZ
Between	Include the sequence of numbers that falls between the upper and lower range, including the specified range values.	UB Revenue Code BETWEEN 0270 and 0278



Equal

Not Equal

Contains

Not Contains

Starts With

In

Not In

Between

Exclude

Rule Building: Selecting the Correct Boolean Logic

	With	And	OR
Description	Within the Same Line Item Specify a value for which both the first and second conditions are true for the same line item.	On the Encounter Specify a value for which both the first condition and the second condition are true.	Specify a value for which either the first condition or section condition are true.
Comparison	one-to-one comparison	one-to-many comparison	R1 OR R2
Example Rule	CPT EQUAL 67028 WITH modifier 50	CPT EQUAL 67028 AND modifier 50	CPT IN 99201, 99203, 99204 OR UB Rev Code 450
System Evaluation	The system finds only encounters with modifier 50 attached to the CPT 67028 charge line.	The system finds any account with CPT 67028 and modifier 50 present for any charge line on the encounter.	The system finds any account with the correct CPT code or UB Rev code present for any charge line on the encounter.

Rule Type: Overview of types of rules

Available Rule Types:

- Always Rule
- Dimension Rule
- Measure Rule
- Aggregate Measure Rule
- Date Compare Rule
- Compare Measure Rule

0 Expected Payment Audit

[Add a Rule](#)
[Reload Grouping](#)

R1 And R2

alCharges

ectedPayment

Always Rule

Dimension Rule

Measure Rule

Aggregate Measures Rule

Date Compare Rule

Compare Measures Rule

We will discuss each in more detail in the following slides

Rule Type: Always Rule

This rule is typically used as a catch-all. No additional criteria are required.

OP Trigger
⬆ ⚙ ✕

Add a Rule
Add Reimbursement Method
Reload Grouping
R1

R1: Always ✕

Case Rate: 0 ⚙ i ✕

Expected Payment: [Case Rate] ⚙

Rule Type: Dimension Rule

This rule specifies qualitative information such as patient type, charge code, or department. The list is filtered to include relevant dimensions.

Pediatrics - Pediatrics

Add a Rule
 Reload Grouping
 R2 And R3

R2:

Patient Encounter - Patient Type Rollup Name(P

Not Equal

Inpatient

×

🔍

✖

Rule Type: Measure Rule

This rule specifies quantitative information such as total charges or length of stay. The list is filtered to include relevant measures.

Pediatrics - Pediatrics
⬆ ⚙ ✕

Add a Rule
Reload Grouping

R4:

▼

▼

✕

Rule Type: Aggregate Measure Rule

This rule specifies quantitative information such as total charges or UB Rev Code. The list is filtered to include relevant measures.

Pediatrics - Pediatrics

Add a Rule

Reload Grouping

R2 And R3 And R4

R4:

Σ

Patient Encounter - Total Charges

▼

Greater Than

▼

1000

✕

Rule Type: Date Compare Rule

This rule allows you to enter two dates that you can compare for a given patient. For example, a Decision Support Administrator may want to report on a group of patients for whom surgery occurred within 24 hours of the admission date.

Pediatrics - Pediatrics
⬆️ ⚙️ ✕

Add a Rule Reload Grouping R2 And R3 And R4 And R5

R5:

Patient Billing Line Item Detail - Calenc
▼

After
▼

5

Days Of

Patient Encounter - CalendarDateTime
▼
✕

On Your Own: Rule Building

Part A: Answer the Questions

Part B: Build the Rule



Your organization wants to run a series of reports on pediatric patients admitted with a diagnosis of asthma. In this example, asthma is defined by ICD-10 DX Primary Codes J69.8, J82, J60, R06.2, J67.8, or J44.9. Both the age and the ICD-10 DX Primary Code data elements represent qualitative information; therefore, dimension rules are used to create the criteria.

- Both Patient Age and ICD – 10 Primary DX can be found within the Patient Encounter Dimension.
- Pediatric patients are between the age of 0 and 18.



Scenario: Page 7



Write it Down: Answer the Questions

Based on the scenario information, answer the following questions on page 7:

1. How many rule(s) do we need to build? _____
2. If we are looking for pediatric patients, which operator would we use to capture age?
 - a) IN
 - b) BETWEEN
 - c) CONTAINS
 - d) EQUAL
3. If we are looking for one value in a list, which operator would we use to capture one code in a list of IDC-10 DX?
 - a) IN
 - b) BETWEEN
 - c) CONTAINS
 - d) EQUAL
4. TRUE FALSE In order for a patient population to qualify for the scenario, the encounter needs to contain both the correct ICD- 10 code and a pediatric patient.
 1. What is the correct Boolean logic for the two rules (Circle One)? OR AND



Write it Down: Answer the Questions

Based on the scenario information, answer the following questions on page #.

1. How many rule(s) do we need to build? 2
2. If we are looking for pediatric patients, which operator would we use to capture age?

b. BETWEEN

WHY? The BETWEEN operator is used to specify a range of values (in this case, ages 0 through 18).

3. If we are looking for one value in a list, which operator would we use to capture one code in a list of ICD-10 DX?

a. IN

WHY? The IN operator is used to specify a list of values (in this case, ICD-10 DX Primary Codes)

4. ~~TRUE~~ FALSE In order for a patient population to qualify for the scenario, the encounter needs to contain both the correct ICD- 10 code and a pediatric patient.

5. What is the correct Boolean logic for the two rules (Circle One)? ~~OR~~ AND



Write it Down: Create the Rule

Based on the Scenario information and the questions, fill in the blanks to create your rule.

- Rule 1 is for the age; Pediatric patients are between the age of 0 and 18.
- Rule 2 is for ICD- 10 Primary DX codes.

Pediatric Asthma Admission Rate - Last Run: Never (Encounters: 0)

[Add Rule](#) [Reload Grouping](#)

R1:

x

and

x

R2:

x

Helpful Note: Both the Age and ICD – 10 DX attributes are on the Patient Encounter Dimension

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Check Your Work: Create the Rule

Based on the Scenario information and the questions, fill in the blanks to create your rule.

- Rule 1 is for the age; Pediatric patients are between the age of 0 and 18.
- Rule 2 is for ICD- 10 DX codes.

Helpful Note: Both the Age and ICD – 10 DX attributes are on the Patient Encounter Dimension

Service Lines

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Service Lines: Oncology Example

Oncology Service Line Profitability
<ul style="list-style-type: none"> Group Together all Oncology encounters Evaluate Profitability of Oncology Service Lines
All Encounters containing a DRG Code related to Oncology
Encounter A, B and C

Department Profitability		
<ul style="list-style-type: none"> Group Together encounters per department Evaluate Profitability per department making it difficult to compare like encounters 		
5021	200	211
Encounter A	Encounter B	Encounter C

	Encounter A	Encounter B	Encounter C
Department:	5021	200	211
DRG Code:	146	597	840

Service Lines: Ortho Department

Service Line		
<ul style="list-style-type: none"> Group Together all Ortho encounters Evaluate Profitability of Oncology Service Lines 		
All Knee Replacement Encounters	All Hip Replacement Encounters	All Back Pain Encounters
Encounter A – Knee Replacement	Encounter B – Hip Replacement	Encounter C – Back Pain
Encounter D – Rehab on Knee	Encounter E – Post surgery rehab on hip	Encounter F – Pre Op for surgery

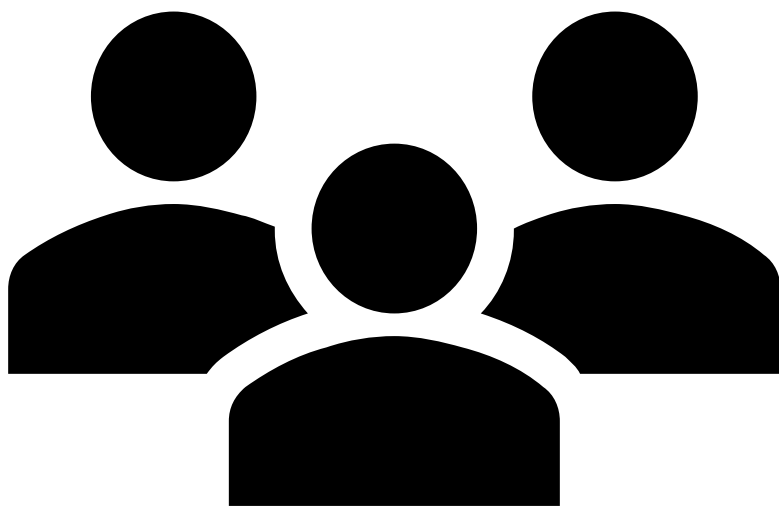
Department		
<ul style="list-style-type: none"> Group Together encounters per department Evaluate Profitability per department making it difficult to compare like encounters 		
5021 - Surgery		
Encounter A – Knee Replacement	Encounter B – Hip Replacement	Encounter C – Pre-Op Back Pain Appt

Service Lines

Scenario Overview:

You are the Analytics Administrator. After running the Service Line Validation Report, you notice some issues that cause you to add new service lines and update current service lines.

- In this section, we are going to:
 - Define Key Terms
 - Access Service Lines
 - Add a Service Line
 - Modify Service Lines



In Class Scenario:

Log In and Navigate to Service Lines

1. Log In

- **URL:** Training.Stratanetwork.com
- **User Name:** Financeadmin
- **Password:** Password1
- **Org Pin:** 9900
- **Database:** Use the Database Information Sheet to find your Assigned Database

2. Navigate to Service Lines

- **Decision Support > Service Line Definitions**



Defining Key Terms: Service Lines

Complete the Table using the **Help Center** at the Service Line Definition activity

StrataJazz® Description	
Service Line	
(1) Primary Service Line	
(2) Service Lines 2-6	
(3) Strata Decision Service Line	

Service Line Definitions

1

2

3

Primary Service Line

Primary Diagnosis Based Service Line

Financial Service Line

Service Line 4

Service Line 5

Service Line 6

Strata Decision Service Line

New

Save

Execute

Search....

Clinic - Clinic

Womens - Obstetrics

Pediatrics - Pediatrics

Other - Behavioral

General Medicine-Surgery - Infectious

General Medicine-Surgery - Ophthalmology

General Medicine-Surgery - Otolaryngology

General Medicine-Surgery - Pulmonary

General Medicine-Surgery - Dermatology

General Medicine-Surgery - General Internal Medicine

General Medicine-Surgery - Gastroenterology

General Medicine-Surgery - Endocrinology

General Medicine-Surgery - Nephrology

General Medicine-Surgery - Urology

Cardiovascular - Cardiovascular

Cardiovascular - Pulmonary Medicine

Currently Selected Service Lines

General Medicine-Surgery - Urology

Grouping: (R1 Or R2 Or R3 Or R4 Or R5 Or R6 Or R7 Or R8)

R1:	DSS Patient Encounter - Reporting DRG Code - Between - 689,700
R2:	DSS Patient Encounter - Reporting DRG Code - Between - 725,730
R3:	DSS Patient Encounter - Reporting DRG Code - Between - 653,655
R4:	DSS Patient Encounter - Reporting DRG Code - Between - 717,718
R5:	DSS Patient Encounter - Reporting DRG Code - Between - 707,714
R6:	DSS Patient Encounter - Reporting DRG Code - Between - 984,986
R7:	DSS Patient Encounter - Reporting DRG Code - Between - 659,664
R8:	DSS Patient Encounter - Reporting DRG Code - Between - 668,675



Defining Key Terms: Service Lines Review

StrataJazz® Description	
Service Line	A service line represents a group of related services in a healthcare system (Example: Cardiac Surgery)
Primary Service Line	The financial service line shared by all solutions within the StrataJazz® platform. This service line is used during budget and forecast creation so service line creation and deletion is reserved for those modules. On this page, you can add rules and sort service lines members for the Primary Service Line. You can not add new detailed service lines.
Service Lines 2-6	Custom service lines for decision support. You can rename these definitions and add new detailed service lines.
Strata Decision Service Line	Read-only. You cannot add detail service lines nor alter the rules for this service line. This service line is the same across all clients.



Overview of Service Lines

- An encounter can qualify for multiple service line definition tabs
- Within one service line tab, an encounter can only qualify for one service line.
 - Order of Operations on one tab: Top to Bottom
 - Best Practice: More detailed service lines should be first
- You can only edit the rules for the Primary Service Line (tab 1)
- You can add detail service lines to any of the custom service lines (2 -6)
- Strata Decision Service line tab is read only. You can not edit or add service line definitions or rules

Service Line Definitions

Primary Service Line | Primary Diagnosis Based Service Line | **Financial Service Line** | Service Line 4 | Service Line 5 | Service Line 6 | Strata Decision Service Line

+ New | Save | Execute | Search....

Currently Selected Service Lines

Spine

Grouping: R1 And (R2 Or R3)

R1: 519, 520, 551, 552 DSS Patient Encounter - MS DRG Code -- In -- 028, 029, 030, 052, 053, 453, 454, 455, 456, 457, 458, 4

R2: DSS Patient Encounter - Physician Specialty -- Contains -- neuro

R3: DSS Patient Billing Line Item Detail - Physician Specialty -- Contains -- neuro

Service Line List:

- Radiation Oncology
- All Other
- Cardiac Surgery
- Cardiology -Electrophysiology
- Cardiology -Interventional
- Cardiology Medical
- Delivery - Csection
- Delivery - Vaginal
- Inpatient/Outpatient Gyn
- Medical Oncology
- Neurology
- Neurosurgery
- Newborn - Neonate
- Newborn - Normal
- **Spine**
- Spine/Back/Neck



Add a Service Line

1. Click **Financial Service Line**
2. Click **New**
3. Enter the **Service Line Name**,
Rollup, and **Sort Order**
 1. Service Line Rollup: Free Text field that helps you categorize
4. Click **Save**
5. Single-click in the grouping section to add a rule
6. Click **Add a Rule**
7. Select the appropriate rule type
8. Enter the rule

Service Line Definitions

Primary Service Line | Primary Diagnosis Based Service Line | **Financial Service Line** (1)

New (2) | Save | Execute

Search....

New Financial Service Line

Service Line Name:

Rollup: (3)

Sort Order:

Save (4) | Cancel

Currently Selected Service Lines

Test

Grouping: (5)

Add a Rule (6) | Reload Grouping

Test

(7)

- Always Rule
- Dimension Rule
- Measure Rule
- Aggregate Measures Rule
- Date Compare Rule
- Compare Measures Rule



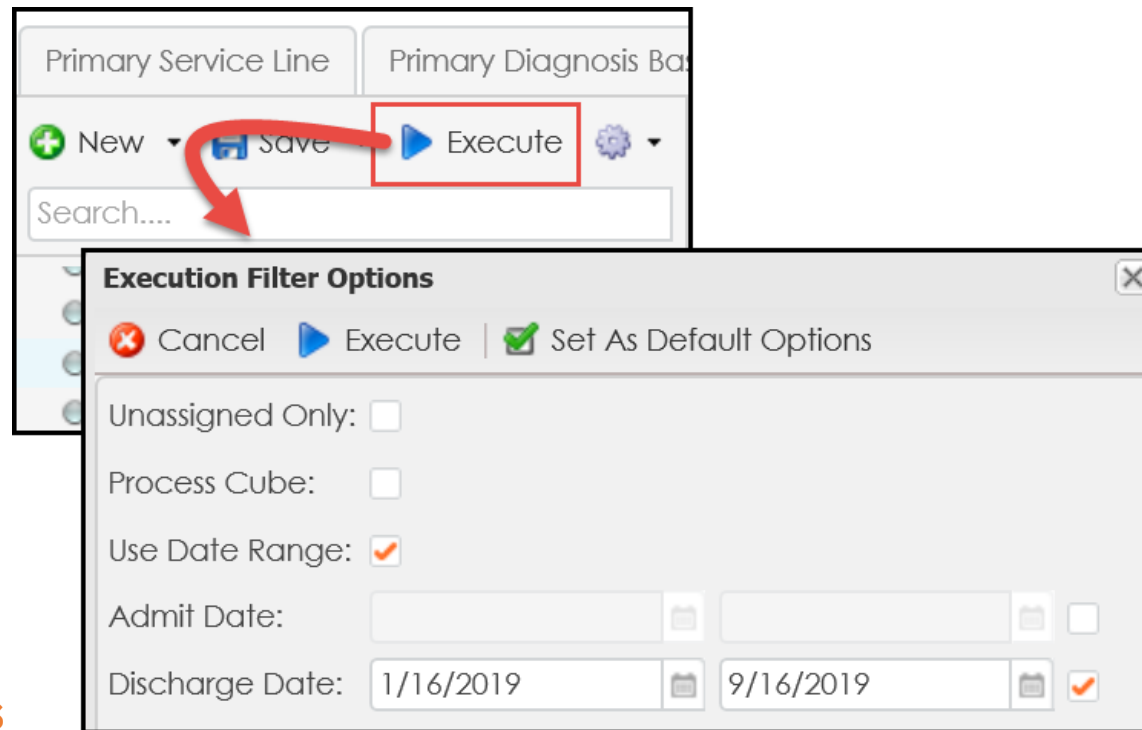
Service Line Validation - Execute: DEMO ONLY

- Detail Service lines on each tab are executed independently
- The system continues processing until all the detail service lines have processed.

Executing service lines runs the selected service lines based on the specified filters.

In order to Execute a service line:

1. Click **Execute**
2. Select the check boxes, as applicable
 - Description of each is on the following slide
3. Click **Execute**



In training, you will not execute your service lines



Service Line Validation

- **Unassigned Only:**

- Evaluates ONLY encounters that have not been assigned to a service line.
- Rare Use Case

- **Process Cube:**

- Push results to reporting for immediate viewing
- If left unchecked will not be updated in reports until the next full cube processing

- **Use date range:**

- Limit the encounters evaluated by date range
- Useful during build and validation phase as a smaller amount of data is processed faster.

Primary Service Line Primary Diagnosis Base

+ New Save Execute

Search....

Execution Filter Options

Cancel Execute Set As Default Options

Unassigned Only: ☐

Process Cube: ☐


Use Date Range: ☒

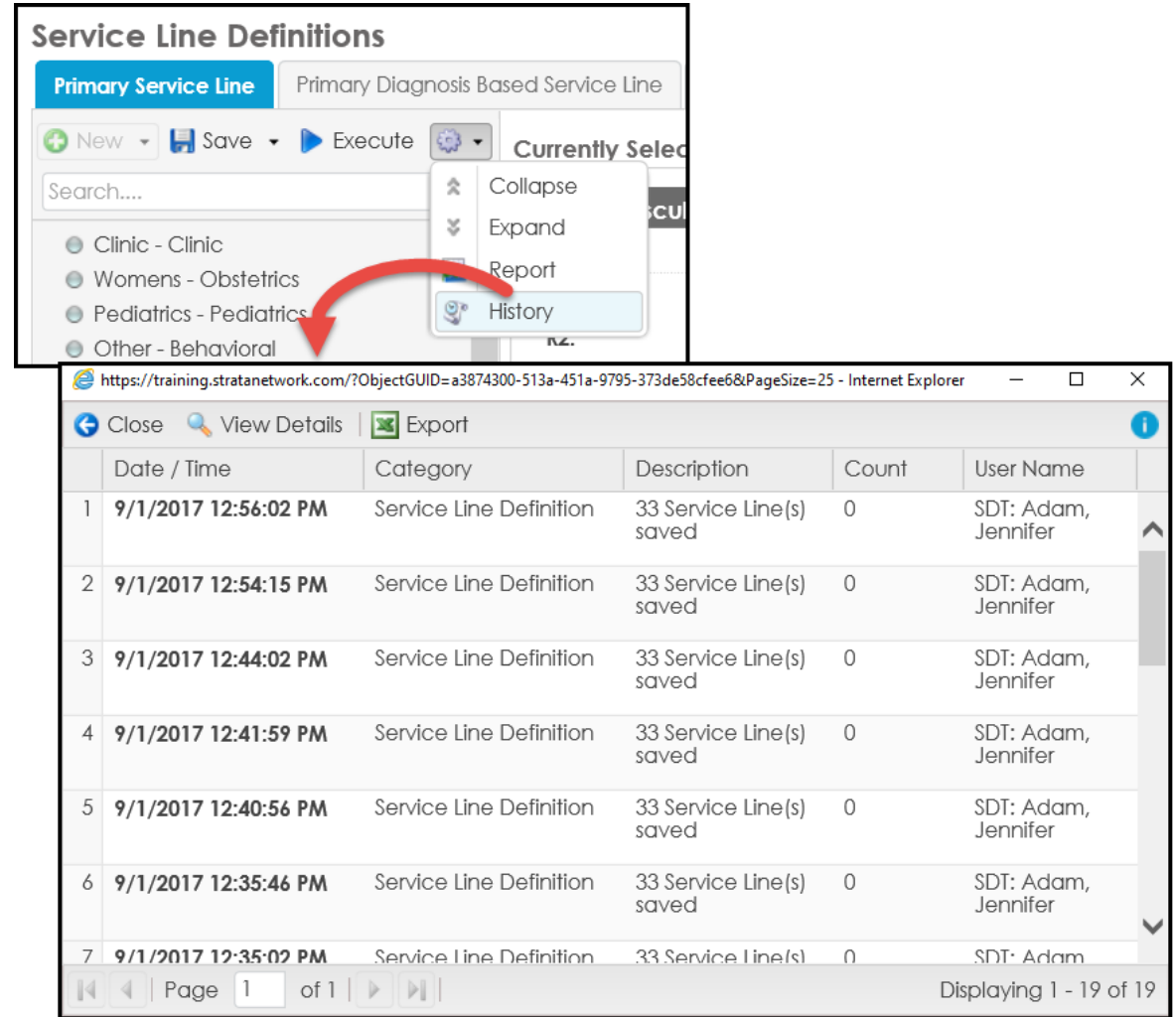
Admit Date: ☐

Discharge Date: 1/16/2019 9/16/2019 ☒

View History of a Service Line


You can view the history for all Service Lines. Once you are on the Service Line Definitions activity, follow the steps below.

1. Click  > **History**. The service line history window opens.
2. Review the following columns:
 - **Date/Time**
 - **Category**
 - **Description**
 - **User Name**
3. Click **Close**.



Service Line Definitions

Primary Service Line | Primary Diagnosis Based Service Line

New Save Execute  Currently Selected

Search....

- Clinic - Clinic
- Womens - Obstetrics
- Pediatrics - Pediatrics
- Other - Behavioral

History

https://training.stratanetwork.com/?ObjectGUID=a3874300-513a-451a-9795-373de58cfee6&PageSize=25 - Internet Explorer

Close View Details Export

	Date / Time	Category	Description	Count	User Name
1	9/1/2017 12:56:02 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer
2	9/1/2017 12:54:15 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer
3	9/1/2017 12:44:02 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer
4	9/1/2017 12:41:59 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer
5	9/1/2017 12:40:56 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer
6	9/1/2017 12:35:46 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer
7	9/1/2017 12:35:02 PM	Service Line Definition	33 Service Line(s) saved	0	SDT: Adam, Jennifer

Page 1 of 1 | Displaying 1 - 19 of 19



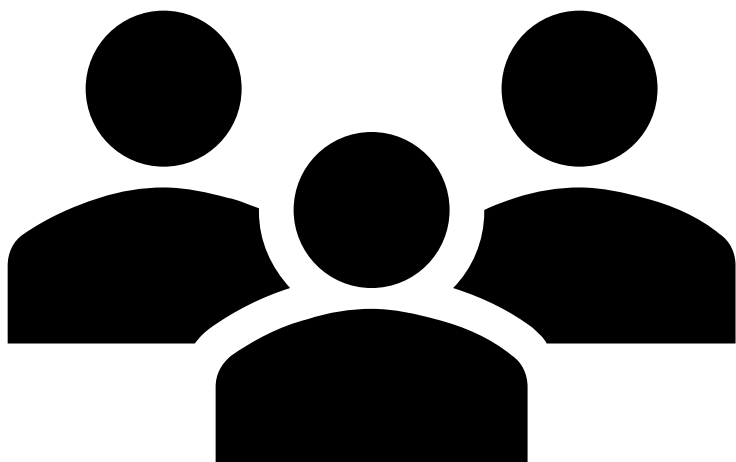
Trainer Demo:

Service Line Module Overview

- Navigate to **Service Lines**
 - Path: **Decision Support** > **Reporting** > **Service Line Definition**
- Orientation of Service Line Module
 - Reordering Service Lines within one Service Line Definition tab
 - Screen layout and key buttons
- Add and Edit a Service Line



Service Lines: Page 31 - 35



In Class Scenario:

Modify a Service Line

Part A: Answer the Questions
Part B: Build the Rule

Scenario Overview: We no longer want to have separate service lines for Neonate and Normal newborns. When updating the current service line be sure to update the name of the service line, and include the rules include either MS DRGs 789, 790, 791, 792, 793, 794, 795 and includes the inpatient patient type rollup



Partner Discussion: Preparing for the Scenario

Based on the scenario information, answer the following questions on page 9. After we review the questions, we will complete the scenario together.

1. How many rules do we need to build based on the scenario? Provide a brief overview of each rule.
2. What is the Boolean Logic for our rules?

In Class Review: Modify a Service Line

1. Rename the Service Line to read Newborn
2. Delete the Service Line Newborn – Normal
3. Add the MS DRG code 795 to the current rule
4. Add an additional Dimension Rule for Inpatient Rollup
5. Boolean Logic should read R1 And R2

Service Line Definitions

Primary Service Line
Primary Diagnosis Based Service Line
Financial Service Line
Service Line 4
Service Line 5
Service Line 6

New Save Execute

Search....

Delivery Section
Delivery - Vaginal
Inpatient/Outpatient Gyn
Medical Oncology
Neurology
Neurosurgery
Newborn
Spine

Currently Selected Service Lines

Newborn

Grouping: R1 And R2

R1: DSS Patient Encounter - MS DRG Code – In – 789, 790, 791, 792, 793, 794, 795

R2: DSS Patient Encounter - Patient Type Rollup Name – Equal – Inpatient



On Your Own: Adding a Service Line

Part A: Answer the Questions
Part B: Build the Service Line

You notice the 208 – Respiratory System Dx with Ventilator Support 96 Hours DRG is not assigned to a Service line, but you want it to show as part of a Respiratory Service Line.

Complete the following steps:

- (1) **Add a Service Line** of Respiratory Services
- (2) **Create the rule(s)**



Check for Understanding: Reviewing Adding a Service Line

Confirm your screen looks like mine by checking the items below:

1. Service line of Respiratory Services is added
2. One Dimension rule is added for the MS DRG code
3. (Not in Training) Execute the rules for the discharge dates

Service Line Definitions

Primary Service Line | Primary Diagnosis Based Service Line | **Financial Service Line** | Service Line 4 | Service L

+ New | Save 3 | Execute | ⚙

Search....

Medical Oncology
Neurology
Neurosurgery
Newborn
Surgical Oncology
Thoracic Surgery
Lower Leg/Foot/Ankle
Pelvis/Hip/Femur
1 Respiratory Services
Shoulder/Elbow/Upper Arm
Test

Currently Selected Service Lines

Respiratory Services

Grouping: R1

2 R1: DSS Patient Encounter - MS DRG Code -- Equal -- 208

Section Review

- ✓ Accessing Service Lines
- ✓ Adding a Service Lines
- ✓ Modify Service Lines
- ✓ Executing Service Lines
- ✓ Viewing History for a Service Line

Section Review

We covered a lot of information in this section. Answer the questions below as a section review.

1. What is a service line?
2. Which Service Line is read-only?
3. Can an encounter qualify for multiple service lines rules within one service line tab?

Patient Populations

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Strata Decision
TECHNOLOGY

What are Patient Populations?

A tool that categorizes patient encounters for reporting purposes. Patient encounters can be assigned to multiple patient populations.

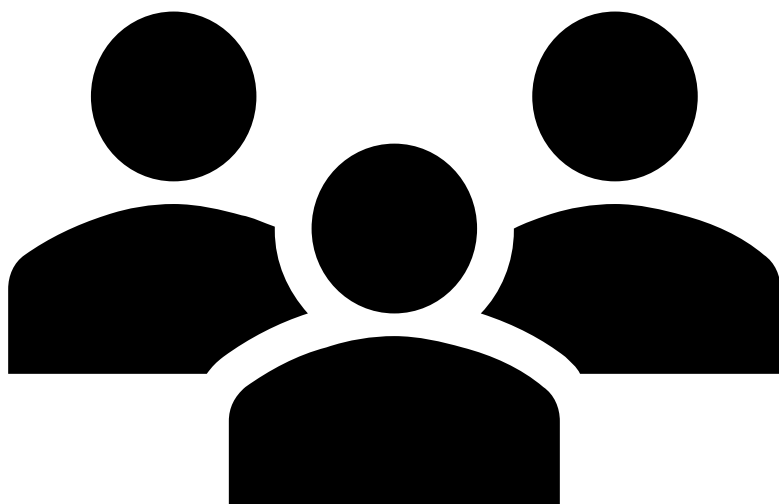
What is the Difference between Patient Populations and Service Lines

	Patient Populations	Service Lines
Definition	Help identify groups of patients that your organization may be interested in following	Mutually exclusive groups of like services or encounters
Can a patient encounter be assigned to multiple?	Yes	No <i>(within one service line definition tab)</i>
Key Detail	Group together and analyze like patients	Compare like encounters within one department and across the organization
Use Case	You want to report on and analyze pediatric asthma patients who have visited the ED	You want to define and report on the profitability of the pediatric asthma encounter across all departments

Patient Populations

Scenario Overview:

- You are the Analytics Administrator and reviewing the Patient Population because you have new patient populations to add and need to update current patient populations.
- In this section, we are going to:
 - Define Key Terms
 - Access Patient Populations
 - Add a Patient Populations
 - Modify Patient Populations
- Once we have updated and adding our patient populations, we can use this data to drive robust and accurate reporting.



In Class Scenario:

Log In and Navigate to Patient Population

1. Log In

- URL: Training.Stratanetwork.com
- User Name: Finance Admin
- Password: Password1
- Database: Use the Database Information Sheet to find your Assigned Database

2. Navigate to Service Lines

- **Decision Support > Patient Populations**



Defining Key Terms: Patient Populations

Term	StrataJazz® Description
Patient Population <i>(aka Simple patient population)</i>	
Readmit Patient Population	

Decision Support \ Reporting \ Patient Populations

Patient Populations

CATEGORIES

Tools

All Patient Populations (52)

- 30 Day Readmissions(14)
- CCJR Populations(6)
- CDC Hospital Acquired Conditions
- Continuous Improvement(3)
- Contract Analytics(1)
- Patient Safety Indicators (PSI)(7)
- Uncategorized(17)

PATIENT POPULATIONS

Search...

Execute Rules

New Refresh View History

New Patient Population

New Readmit Patient Population

	Name	Number of Encounters	Reports At
1	All Cause 30 Day Readmits	57,725	2 Strata Decision
2	All Cause 30 Day Readmits Baseline	203,898	1 Strata Decision
3	All Readmissions	57,663	0 Strata Decision
4	All Readmissions Baseline	162,151	0 Strata Decision
5	AMI 30 Day Readmission	56	0 Strata Decision
6	AMI Baseline	1,562	0 Strata Decision
7	Aquamantys Patients	11	0 Strata Decision
8	Asthma Contingent Triggers For use in Asthma Episode	268,971	0 Strata Decision



Defining Key Terms: Patient Populations Answers

Term	StrataJazz® Description	Example
Patient Population (aka Simple Patient Population)	A set of rules that define a particular group of patient encounters. A patient population can be broad, such as asthma patients, or can represent a narrower segment, such as pediatric asthma patients.	Asthma Patients Pediatric Asthma Patients
Readmit Patient Population	Identifies readmissions for a particular patient population. The configuration is very similar to the patient population configuration with additional readmission criteria, which includes readmissions for the base population and more specific criteria	Asthma Readmission

Overview of Patient Populations

Create a Patient Population and Readmit Patient Population using rules within StrataJazz®

Best Practice: Write “Baseline” on your patient population to easily distinguish from the readmit population

Decision Support \ Reporting \ Patient Populations

Patient Populations

CATEGORIES

Tools ▾

- All Patient Populations (52)
- 30 Day Readmissions(14)
- CCJR Populations(6)
- CDC Hospital Acquired Conditions(4)
- Continuous Improvement(3)
- Contract Analytics(1)
- Patient Safety Indicators (PSI)(7)
- Uncategorized(17)

PATIENT POPULATIONS Search...

	Name
1	® All Cause 30 Day Readmits
2	All Cause 30 Day Readmits Baseline
3	® All Readmissions
4	All Readmissions Baseline



Add a Patient Population

1. Click **New** > **New Patient Population**
2. Type the name and click **Save**

Decision Support \ Reporting \ Patient Populations

Patient Populations

CATEGORIES

- All Patient F
- 30 Day Rec
- CCJR Popu
- CDC Hospi
- Continuous
- Contract A
- Patient Safe
- Uncategori

PATIENT POPULATIONS

Search...

Execute Rules **1** New Refresh View History

New Patient Population
New Readmit Patient Population

2 New Patient Population

Name: New Patient Population

Description:

Cancel Save

	Name	Number of Encounters	Reports	Author	Las	Active	Copy	Delete
1	All Co					Active	Copy	Delete
2	All Co					Active	Copy	Delete
3	All Re					Active	Copy	Delete
4	All Re					Disabled	Copy	Delete
5	AMI 3					Disabled	Copy	Delete
6	AMI E					Disabled	Copy	Delete
7	Aquamantys Patients					Active	Copy	Delete



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Add a Patient Population – Execute – Demo Only

9. Click **Refresh**

10. Click **Execute Rules**

11. Search for and select the patient population you just created

12. Check **Run Only Selected Patient Populations**, **Process Cube**, and **Use Date Range**

- Leaving **Run Only Selected Patient Populations** deselected will allow you to execute for all patient populations.

13. Select the appropriate date range

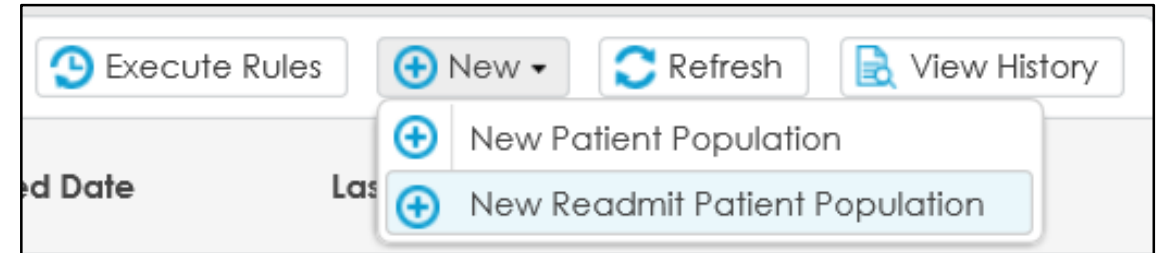
14. Click **Execute**

The screenshot shows the 'PATIENT POPULATIONS' interface. At the top, there are buttons for 'Execute Rules' (11), 'New' (10), 'Refresh' (10), and 'View History'. Below this is a table with columns: Name, Number of Encounters, Reports, Author, Last Modified Date, Last Run Date, and Status. The table lists three populations: 1. CABG Baseline, 2. CABG 30 Day Readmission, and 3. CABG Rehab Visit. An 'Execution Filter Options' dialog box is open, showing a search for 'cab' and a list of populations. 'CABG Baseline' is selected (11). The dialog has checkboxes for 'Set As Default' (12), 'Run Only Selected Patient Populations' (12), 'Process Cube' (12), and 'Use Date Range' (12). The 'Admit Date' is set to 6/30/2015 and the 'Discharge Date' is set to 1/1/2019 (13). At the bottom of the dialog are 'Cancel' and 'Execute' buttons (14).



Add a Readmit Patient Population

- A **Readmit Patient Population** is created following the same procedure with these variations:
 - Click **New Readmit Patient Population**
 - When creating your rules for your new readmit patient population, you will select the **Base Population** and define the **Number of Days** after discharge



The screenshot shows a configuration window titled 'New Readmit Patient Population'. It has 'Close' and 'Save' buttons at the top. Below the title bar, there are links for 'Add a Rule' and 'Reload Grouping', followed by a search bar. The main form contains three fields, each highlighted with a red border: 'Base Population:' with a dropdown menu showing 'CABG Baseline', 'Include Base Population Rules:' with an unchecked checkbox, and 'Number of Days:' with a text input field containing '0'.

Readmit Patient Population: Include Base Population Rules

Check **Include Base Population Rules** *only* when you want to look for patients that come back with the same rules defined for the base population with the additional rules created for your readmit population.

CABG 30 Day Readmission

Add a Rule Reload Grouping R1 And R2 And R3 And R4

R1: Patient Encounter - Patient Type Rollup Name(P) Equal Inpatient

R2: Patient Encounter - MS DRG Code(MS DRG) Not In 001, 002, 005, 006

R3: Patient Diagnostic Detail - ICD9 DX Code(ICD9) Not In v52.0, v52.1, v52.4

R4: Patient Diagnostic Detail - ICD9 DX Code(ICD9) Not In v58.11, v58.12

Base Population: CABG Baseline

Include Base Population Rules: ☐

Number of Days: 30

CABG 30 Day Readmission

Add a Rule Reload Grouping R1 And R2 And R3 And R4

R1: Patient Encounter - Patient Type Rollup Name(P) Equal Inpatient

R2: Patient Encounter - MS DRG Code(MS DRG) Not In 001, 002, 005, C

R3: Patient Diagnostic Detail - ICD9 DX Code(ICD9) Not In v52.0, v52.1, v5

R4: Patient Diagnostic Detail - ICD9 DX Code(ICD9) Not In v58.11, v58.12

Base Population: CABG Baseline

Include Base Population Rules: ☒

Number of Days: 30

CABG Baseline

Grouping: (R1 Or R6) And R2 And R3 And R4 And R5

R1: DSS Patient Encounter - ICD9PX Code -- In 10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19

R2: DSS Patient Encounter - Patient Type RollupEqual -- Inpatient

R3: DSS Patient Encounter - Age -- Between --

In the image above, the system is looking for all patients that meet the criteria for the readmission AND the criteria for the baseline.

Overview of Include Readmit Population

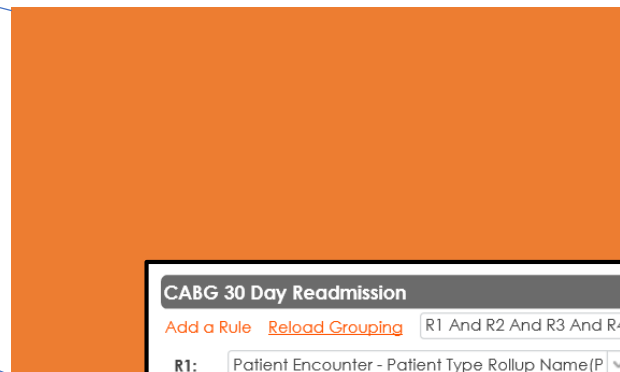
Baseline Patient Population:

All Coronary Bypass Encounters



Readmit Patient Populations:

All Patients readmitted within 30 days of a coronary bypass surgery for ANY Diagnosis (pneumonia, infection, etc.)



CABG 30 Day Readmission

Add a Rule Reload Grouping R1 And R2 And R3 And R4

R1:	Patient Encounter - Patient Type Rollup Name(P	Equal	Inpatient	x	p	x
R2:	Patient Encounter - MS DRG Code(MS DRG)	Not In	001, 002, 005, 006,	x	p	x
R3:	Patient Diagnostic Detail - ICD9 DX Code(ICD9	Not In	v52.0, v52.1, v52.4	x	p	x
R4:	Patient Diagnostic Detail - ICD9 DX Code(ICD9	Not In	v58.11, v58.12	x	p	x

Base Population: CABG Baseline

Include Base Population Rules: ☐

Number of Days: 30

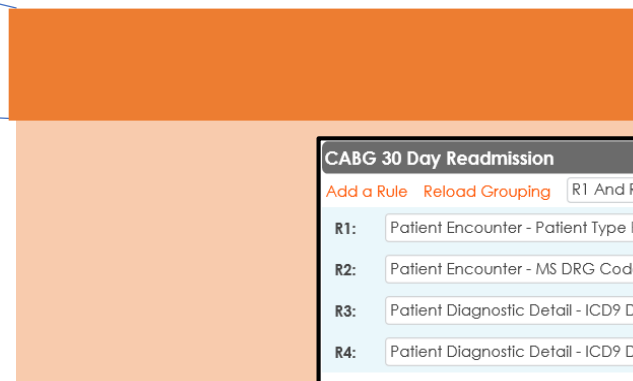
Overview of Include Base Population Rules

Baseline Patient Population:

All Coronary Bypass Encounters

Readmit Patient Populations:

Patients readmitted within 30 days of a coronary bypass surgery for the same Diagnosis



CABG 30 Day Readmission

Add a Rule Reload Grouping R1 And R2 And R3 And R4

R1:	Patient Encounter - Patient Type Rollup Name(P	Equal	Inpatient	x	p	x
R2:	Patient Encounter - MS DRG Code(MS DRG)	Not In	001, 002, 005, C	x	p	x
R3:	Patient Diagnostic Detail - ICD9 DX Code(ICD9	Not In	v52.0, v52.1, v5	x	p	x
R4:	Patient Diagnostic Detail - ICD9 DX Code(ICD9	Not In	v58.11, v58.12	x	p	x

Base Population: CABG Baseline

Include Base Population Rules: ☒

Number of Days: 30

CABG Baseline

Grouping: (R1 Or R6) And R2 And R3 And R4 And R5

R1: DSS Patient Encounter - ICD9PX Code -- In 10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19

R2: DSS Patient Encounter - Patient Type RollupEqual -- Inpatient

R3: DSS Patient Encounter - Age -- Between --

Overview of Readmit Base Patient Populations

Baseline **Patient Population:**

All Coronary Bypass Encounters

Readmission Base Population

(Identifies the **initial encounter** (encounter 0)
where patients were readmitted)

Automatically created by

StrataJazz®

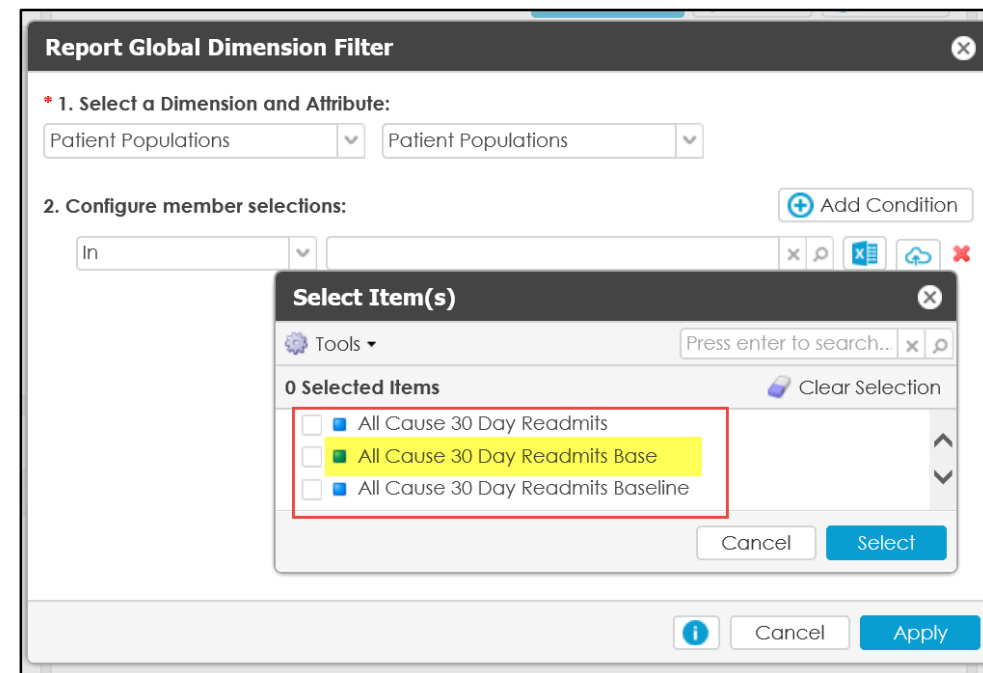
Readmit Patient Populations:

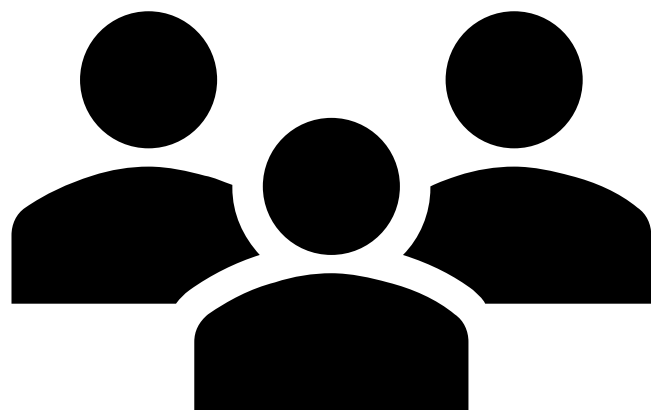
All Patients readmitted within 30
days of a coronary bypass
surgery

Note: this can be for any Dx

Overview of Readmission Base Population

- View in Reporting only (not viewable from the Patient Population module)
- Automatically created in the background
- Reporting Purposes
- **Goal: Prevent readmissions by identifying:**
 - Initial encounters for which patients were subsequently readmitted
 - Trends of readmit patient populations
 - Opportunities to improve care in those initial encounters
- $\text{Readmission} / \text{Baseline} = \% \text{ Reported to Medicare}$





In Class Scenario: Adding a Patient Population

Part A: Answer the Questions

Part B: Build the Rule

You want to create a new patient population for orthopedics deep vein thrombosis and put it in the Hospital Acquired Conditions category. You want to flag any patients with the following ICD10 codes:

- I82.0, I82.1, I82.2, I82.3
- I82.409, I82.4, I82.5

Grouped with related MS DRGs codes:

- 299, 300, 301

Complete the following steps:

- (1) Create a new patient population
- (2) Add your rules



Partner Discussion: Preparing for the Scenario

Based on the scenario information, answer the following questions on page 14. After we review the questions, we will complete the scenario together.

1. How many rules do we need to build based on the scenario? Provide a brief overview of each rule.
2. What is the Boolean Logic for our rules?



In-Class Scenario: Modify a Service Line

Based on the scenario information, answer the following questions

1. How many rules do we need to build? **2 Rules**

- Dimension Rule for ICD – 10 Primary Dx
- Dimension Rule for MS DRG Codes

2. What is the Boolean Logic for the rules?

R1 AND R2



On Your Own:

Modify a Patient Population

You notice not all your pneumonia patients are being captured in the population. You want to review the population criteria and possibly update it to capture the missing patients.

Complete the following steps:

- (1) Navigate to your Pneumonia Baseline
- (2) Update the rule to include all pneumonia patients



Check for Understanding: Modify a Patient Population

Confirm your screen looks like mine by checking the items below:

1. R3 includes patients between 60 – 114.
2. On the patient population screen, the last modified date and time is today indicating that you executed the patient population rules.

The screenshot shows the 'Pneumonia Baseline' configuration window. At the top, there are 'Close' and 'Save' buttons. Below the title bar, there's a section for 'Add a Rule' and 'Reload Grouping' with a summary of the rule: '(R1 Or R6 Or R7 Or R8 Or R9) And R2 And R3 And R4 And R5'. The main area contains four rules (R1, R2, R3, R4) with their respective conditions:

Rule ID	Field	Operator	Value
R1	Patient Encounter - ICD9 DX Code(ICD9 DX Prin	In	480.0, 480.1, 480.2, 480.3, 480.8, 480.9, 481, 482.0, 482.1, 4
R2	Patient Encounter - Patient Type Rollup Name(P	Equal	Inpatient
R3	Patient Encounter - Age(Age)	Between	60 and 114
R4	Patient Encounter - Discharge Status Code(Disc	Not In	2, 02, 7, 07, 20

The value '60' in the R3 rule is highlighted with a red box.



On Your Own:

Create a Readmission Patient Population

You want to create a patient population to monitor overall hospital readmissions 90 days after discharge. A baseline population has been created for all inpatient accounts. This population is called “All Readmissions Baseline.”

Complete the following steps:

- (1) Create a New Readmission Patient Population
- (2) Add a Rule

Section Review

- ✓ Accessing Patient Populations
- ✓ Adding a Patient Population
- ✓ Modify Patient Populations
- ✓ Executing Patient Populations

Reports: Using Service Lines and Patient Populations

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Why are Service Lines and Patient Populations useful for reporting?

Why are Service Lines and Patient Populations useful for reports?

- Organize information
- Decrease load time
- Decrease report maintenance
- Consistent data for defining criteria
- Ran with Nightly Processing
- When using a patient population filter, the system pulls data for the entire encounter

Using Patient Populations vs Filters in Reporting

EXAMPLE

UB Revenue Code 0636 – Pharmacy

Filter

Displays only drug charges

Patient Population

Displays all patients that had a pharmacy drug charge + all of their other charges

Filter vs Patient Population

Encounter Data

ERN	Charge Code	Charge	UB Rev Code
1234567	1002	\$800	0636
1234567	3456	\$700	251
1234567	7244	\$340	450
1234567	0990	\$420	254
9876543	1002	\$1,900	0636
9876543	7282	\$100	254
9876543	9827	\$420	450
9876543	1236	\$700	251

A **report filter** on
 UB Rev code
 0636 will return
 the records that
 meet the criteria

Filter vs Patient Population

Encounter Data

ERN	Charge Code	Charge	UB Rev Code
1234567	1002	\$800	0636
1234567	3456	\$700	
1234567	7244	\$340	
1234567	0990	\$420	
9876543	1002	\$1,900	0636
9876543	7282	\$100	
9876543	9827	\$420	
9876543	1236	\$700	

A **patient population** defined as encounters with the UB Rev code 0636 will return all the records for the encounter that meets the criteria

Inpatient Drug Charge Exam

ROW LAYOUT

+ Add Section - Delete

Filter

☒ Patient Type - Rollup

☐ UB Revenue Code

☐ UB Revenue Code - Code

Patient Population

☒ Patient Type - Rollup

☐ UB Revenue Code

☐ UB Revenue Code - Code

Filter

Inpatient

Patient Population

Inpatient

Filter section – Displays charges by UB revenue code

Patient Population section – Displays all charges for patients with UB revenue code included their encounter

NEW REPORT	
UB Revenue Code - Code (Filter): (In 0250, 0251, 0252, 0253, 0254, 0255, 0256)	
And Patient Type - Rollup: (In Inpatient)	
And Ad-hoc Patient Population: Drug Charges	
Filter	Charge
Inpatient	
0250 - PHARMACY (ALSO SEE 063X AN EXTENSION OF 025X) - GENERAL CLASSIFICATION	\$230,129,532
0254 - PHARMACY (ALSO SEE 063X AN EXTENSION OF 025X) - DRUGS INCIDENT TO OTHER DIAGNOSTIC SERVICES	\$484,656
0255 - PHARMACY (ALSO SEE 063X AN EXTENSION OF 025X) - DRUGS INCIDENT TO RADIOLOGY	\$2,316,784
Total Filter	\$232,930,973
Patient Population	
Inpatient	
0 - Not Specified	\$47,059,341
0110 - ROOM BOARD - PRIVATE (ONE BED) - GENERAL CLASSIFICATION	\$46,948,548
0111 - ROOM BOARD - PRIVATE (ONE BED) - MEDICALSURGICALGYN	\$121,047,060
0112 - ROOM BOARD - PRIVATE (ONE BED) - OBSTETRICS (OB)	\$14,097,240
0113 - ROOM BOARD - PRIVATE (ONE BED) - PEDIATRIC	\$5,078,820
0117 - ROOM BOARD - PRIVATE (ONE BED) - ONCOLOGY	\$15,133,960
0120 - ROOM BOARD - SEMI-PRIVATE TWO BEDS - GENERAL CLASSIFICATION	\$6,880
0170 - NURSERY - GENERAL CLASSIFICATION	\$924,990
0171 - NURSERY - NEWBORN - LEVEL I	\$4,073,558
0172 - NURSERY - NEWBORN - LEVEL II	\$83,800
0173 - NURSERY - NEWBORN - LEVEL III	\$18,945,658
0174 - NURSERY - NEWBORN - LEVEL IV	\$28,659,060
0200 - INTENSIVE CARE UNIT - GENERAL CLASSIFICATION	\$4,903,640

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Adding Patient Population as an Attribute

Adding a patient population as a row allows you to view data organized by patient populations

In this example, you can analyze the data organized by Patient Population

ROW LAYOUT

+

 Add Section

-

 Delete

Cases

☒ Patient Type - Rollup
☒ Patient Populations

Cases

Units Of Service

Days

☒ Patient Populations

COLUMN LAYOUT

+

 Add Section

-

 Delete

Discharge Date - Fiscal Year

☒ Discharge Date - Fiscal Year

Patient Encounter - Service Line Strata Decision

☒ Patient Encounter - Service Line Strata Decision

BP 2017 - DS SERVICE LINE INCOME STATEMENT - ALL SERVICE LINES

Refresh Data

Income Statement by service line based on costing data

FY2018

Cases

Inpatient

All Cause 30 Day Readmits

All Cause 30 Day Readmits Base

All Cause 30 Day Readmits Baseline

All Readmissions

Asthma Contingent Triggers

BPCI Major Joint Replacement - Hip

BPCI Major Joint Replacement - Knee

CABG Rehab Visit

Clostridium Difficile (CDI)

Discharge to SNF

Emergency Room Visits

Heart Failure Baseline - Home Discharge

Inpatient Mortality

594

549

2,043

742

433

20

21

47

6

157

765

31

18

3

1

1

-

-

-

-

-

1

-

-

AVAILABLE CONTENT

patient population

×

Datasource

Row Calculations

Column Calculations

Dimensions

Patient Populations

Category

Patient Populations

Measures

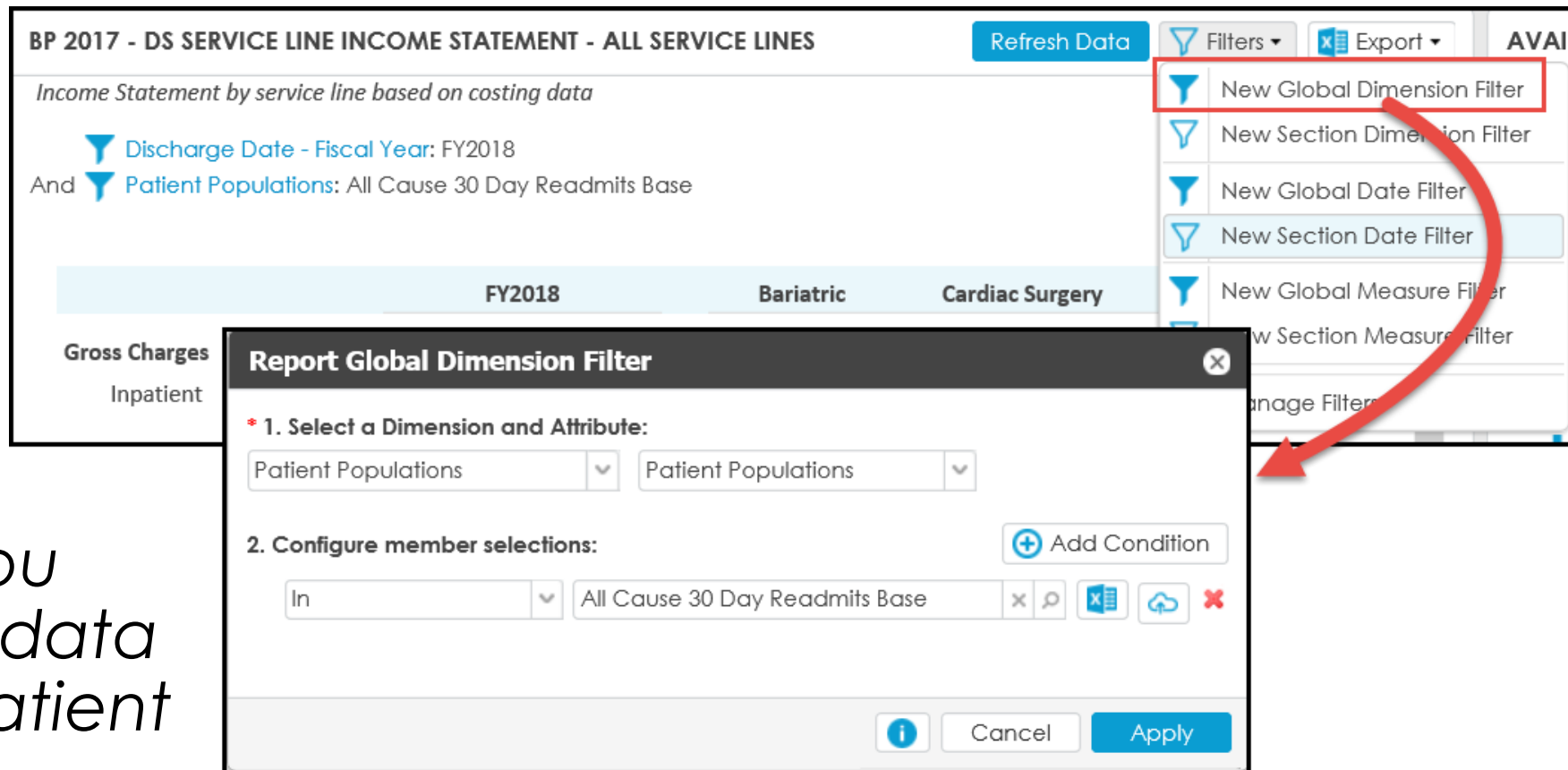
LIFT 19

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Adding Patient Population as a Global Filter

Adding a Patient Population as a Global Filter allows you to filter the data for a specific patient population.

In this example, you can analyze your data for one specific patient population.



The screenshot displays the 'BP 2017 - DS SERVICE LINE INCOME STATEMENT - ALL SERVICE LINES' report. The main content area shows 'Income Statement by service line based on costing data' with filters for 'Discharge Date - Fiscal Year: FY2018' and 'Patient Populations: All Cause 30 Day Readmits Base'. The report is organized by 'FY2018', 'Bariatric', and 'Cardiac Surgery' categories, with sub-categories for 'Gross Charges' and 'Inpatient'. A 'Filters' dropdown menu is open, showing options like 'New Global Dimension Filter', 'New Section Dimension Filter', 'New Global Date Filter', 'New Section Date Filter', 'New Global Measure Filter', and 'New Section Measure Filter'. A red arrow points from the 'New Global Dimension Filter' option to the 'Report Global Dimension Filter' dialog box. The dialog box has two sections: '1. Select a Dimension and Attribute:' with 'Patient Populations' selected in both dropdowns, and '2. Configure member selections:' with 'In' selected in the dropdown and 'All Cause 30 Day Readmits Base' entered in the text field. The dialog box also includes an 'Add Condition' button, a list of icons (X, P, XLS, CLOUD, X), and 'Cancel' and 'Apply' buttons at the bottom.

Example: Adding Patient Population as a Filter

Patient Populations

SEPSIS PHYSICIAN ANALYSIS										
Patient Populations: PSI 13 - Postop Sepsis Rate And Discharge Date - Fiscal Year: FY2019										
	Length Of Stay	ALOS	MS DRG GLOS	ALOS/GLOS Variance	Direct Cost	Total Cost	Days	Direct Cost per Day	Expected Payment	
PSI 13 - Postop Sepsis Rate										
115794 - SCHWARZLOSE TYREE	29	29.00	5.5000	23.50	\$139,948	\$192,964	29	\$4,825.78	\$112,342	
21673 - ZAJICEK FRANCISCO	28	28.00	9.6000	18.40	\$54,560	\$67,000	28	\$1,948.57	\$31,267	
23788 - KOENIGSMAN ESTEFANA	18	18.00	5.0000	13.00	\$14,517	\$25,389	18	\$806.49	\$0	
18892 - ARMBRISTER CLYDE	18	18.00	10.9000	7.10	\$42,716	\$60,663	18	\$2,373.13	\$0	
22266 - BRAKHAGE LEORA	10	10.00	4.2000	5.80	\$8,119	\$12,424	10	\$811.86	\$27,289	
23319 - GELINEAU TOMOKO	17	8.50	4.7500	3.75	\$49,952	\$73,477	17	\$2,938.38	\$53,047	
72437 - MOONEYHAN FREDERICKA	7	7.00	4.6000	2.40	\$10,529	\$16,484	7	\$1,504.18	\$8,657	

Example: Adding Service Lines as a Filter

Service Line Income Statement

ROW LAYOUT

Add Section
Delete

- Gross Charges
 - ☒ Patient Type - Rollup
 - ☒ Charge
- Contractuals
 - ☒ Contractuals
- Net Patient Revenue
 - ☒ Patient Type - Rollup
 - ☒ Net Revenue
- Direct Expenses
 - ☒ Cost Component - Category
 - ☒ Cost Component
 - ☒ Detailed Direct Cost
- Contribution Margin
 - ☒ Contribution Margin
- Indirect Cost
 - ☒ Indirect Cost
- Net Income
 - ☒ Net Income
- Cases

COLUMN LAYOUT

Add Section
Delete

- Discharge Date - Fiscal Year
 - ☒ Discharge Date - Fiscal Year
- Patient Encounter - Service Line Strata Decision
 - ☒ Patient Encounter - Service Line Strata Decision

BP 2017 - DS SERVICE LINE INCOME STATEMENT - ALL SERVICE LINES

Refresh Data
Filters
Export

Income Statement by service line based on costing data

Discharge Date - Fiscal Year: FY2018
And Patient Encounter - Service Line 2: (All)

	FY2018	Bariatric	Behavioral	Cardiac Surgery	Cardiovascular	Cath Lab	Colorectal
Gross Charges							
Inpatient	\$81,580,516	\$195,514	\$3,414,216	\$7,637,554	\$4,194,469	\$4,976,081	\$1,568,309
Outpatient	\$77,981,804	-	\$2,432,564	-	\$11,810,252	-	-
Total Gross Charges	\$159,562,320	\$195,514	\$5,846,780	\$7,637,554	\$16,004,721	\$4,976,081	\$1,568,309
Contractuals							
Contractuals	\$114,416,157	\$149,423	\$4,105,761	\$5,171,843	\$12,396,268	\$3,074,806	\$1,038,090
Net Patient Revenue							
Inpatient	\$23,945,441	\$46,091	\$943,730	\$2,465,711	\$1,054,285	\$1,901,274	\$530,219
Outpatient	\$21,200,722	-	\$797,290	-	\$2,554,167	-	-
Total Net Patient Revenue	\$45,146,163	\$46,091	\$1,741,020	\$2,465,711	\$3,608,453	\$1,901,274	\$530,219
Direct Expenses							
Depreciation	\$0	-	\$0	\$0	\$0	\$0	\$0
Employee Benefits	\$284,308	-	\$38,592	\$9,037	\$25,835	\$10,784	\$5,017
Minor Equipment	\$45,705	-	\$728	\$1,551	\$895	\$794	\$498
Other	\$308,424	-	\$4,329	\$339	(\$1,046)	\$912	\$1,167
Other Revenue	(\$112,732)	-	(\$3,529)	(\$305)	(\$6,020)	(\$3,186)	(\$3,158)
Professional Fees	\$23,145	-	\$8,124	\$64	\$3,541	\$537	\$224
Purchases Services	\$35,790	-	\$1,955	\$967	\$1,778	\$776	\$287
Salaries and Wages	\$703,137	-	\$51,238	\$40,723	\$60,109	\$10,589	\$13,052
Supplies	\$1,593,777	-	\$18,881	\$18,933	\$803,757	\$150,362	\$19,524
Tax Assessment	\$2,922	-	\$492	\$0	\$0	\$0	\$0
Total Direct Expenses	\$2,884,477	-	\$120,810	\$71,309	\$888,849	\$171,568	\$36,612
Contribution Margin	\$42,261,686	\$46,091	\$1,620,209	\$2,394,402	\$2,719,603	\$1,729,706	\$493,608

AVAILABLE CONTENT

service line 2

- Datasource
- Row Calculations
- Column Calculations
- Dimensions
 - Patient Encounter
 - Service Line 2
- Measures



In Class Scenario:

Is it a Filter, Service Line, or Patient Population

Using what you know about the differences between filters, service lines, and patient populations, review the scenarios outlined below and decide whether you think the data presented is a service line, patient population or filter.

Is it a Filter, Service Line, or Patient Population?

You want to report on a list of UB revenue codes. You want to view the costs associated with only these UB revenue codes.

This describes a...

- A. Filter
- B. Service Line
- C. Patient Population

Is it a Filter, Service Line, or Patient Population?

You want to report on a list of UB revenue codes. You want to view the costs associated with only these UB revenue codes.

This describes a...

A. Filter

B. Service Line

C. Patient Population

Is it a Filter, Service Line, or Patient Population?

You want to sort patients into mutually exclusive groupings based on secondary diagnoses.

This describes a...

- A. Filter
- B. Service Line
- C. Patient Population

Is it a Filter, Service Line, or Patient Population?

You want to sort patients into mutually exclusive groupings based on secondary diagnoses.

This describes a...

A. Filter

B. Service Line

C. Patient Population

Is it a Filter, Service Line, or Patient Population?

You want to report on any cardiology patients that have visited the emergency department. You want to do an analysis on the ALOS on these emergency department patients.

This describes a...

- A. Filter
- B. Service Line
- C. Patient Population

Is it a Filter, Service Line, or Patient Population?

You want to report on any cardiology patients that have visited the emergency department. You want to do an analysis on the ALOS on these emergency department patients.

This describes a...

A. Filter

B. Service Line

C. Patient Population

Calculated System Fields

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TECHNOLOGY

Calculated System Fields

Base Population		Cases	Net Revenue
#	Cases		
#	Net Revenue		
Behavioral	2		\$5,509.68
Cardiac Surgery	1		\$50,170.51
Colorectal	1		\$17,739.35

If:

1. Total Actual Payments

Then: [Patient Encounter - Total Actual Payments]

Else If:

2. Historic Expected Payment

Then: [Patient Encounter - Historic Expected Payment]

Measures:

Common Measures:

Available:

Patient Encounter - AccountBalance

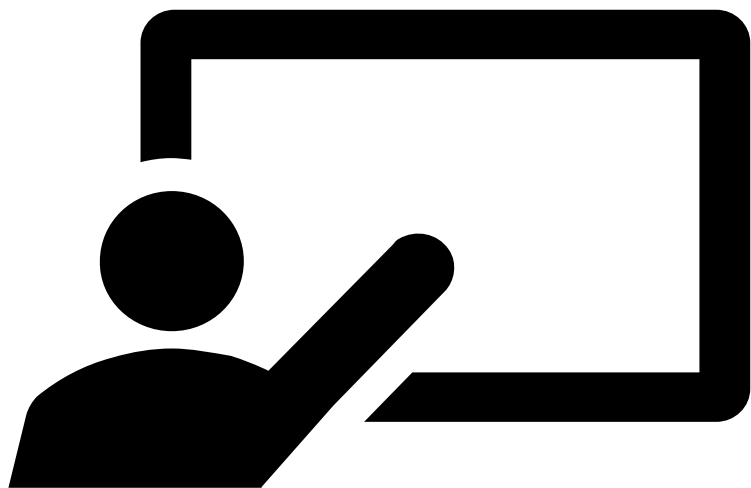
Patient Encounter - ExpectedPayment

Patient Encounter - Net Revenue

Patient Encounter - Total Actual Adjustments

What Are Calculated System Fields?

- Allows you to create calculated numeric or text fields for reporting in order to complete calculations accurately
- Use case statement (If/Then) logic to define new fields based on existing data elements
- Fields available within all rule engines



Trainer Demo: Calculated System Fields Module Overview

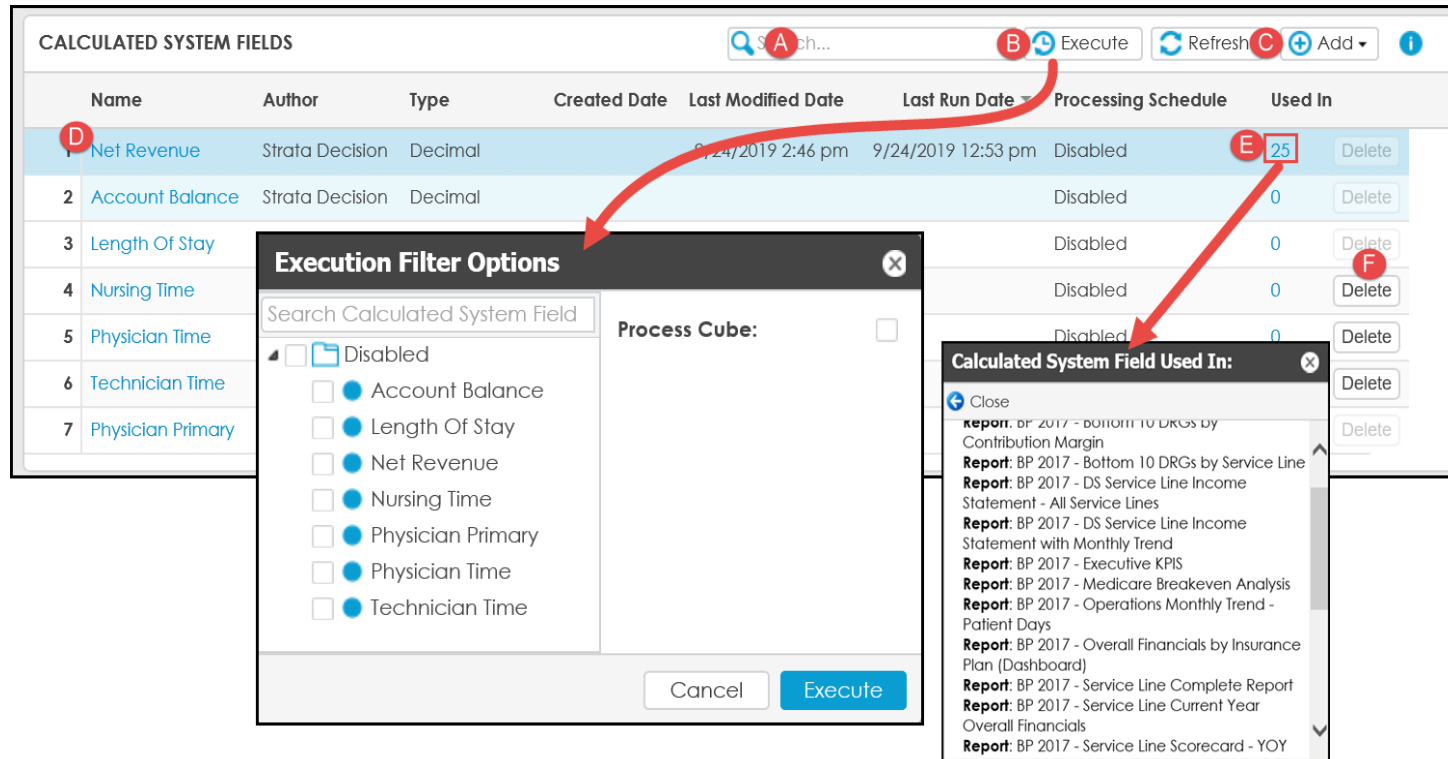
- Navigate to **Calculated System Fields**
 - Path: **Decision Support** > **Reporting** > **Calculated System Fields**
- Orientation of Module
 - Screen layout and key buttons
- Open Net Revenue CSF
 - Overview of editing a CSF
 - If/Then Logic



Calculated System Fields (CSF): Page 42- 45

Overview of Calculated System Fields

- A. Search for a CSF
- B. Click **Execute** to execute the rules and process the cube.
- C. Click **Add** to add a new CSF.
- D. Click the hyperlinked Calculated System Field to edit the CSF.
- E. **Used In** indicates the number of reports the CSF is used in. Click the hyperlink to see the list.
- F. Click **Delete** to delete a CSF.



The screenshot shows the 'CALCULATED SYSTEM FIELDS' table with columns: Name, Author, Type, Created Date, Last Modified Date, Last Run Date, Processing Schedule, and Used In. The 'Used In' column for 'Net Revenue' shows '25' with a hyperlink. Annotations A-F point to specific UI elements: A (Search bar), B (Execute button), C (Add button), D (Net Revenue link), E (Used In value 25), and F (Delete button).

Three modal windows are shown:

- Execution Filter Options**: A dialog for selecting fields to process. It includes a search bar and a list of fields: Account Balance, Length Of Stay, Net Revenue, Nursing Time, Physician Primary, Physician Time, and Technician Time. The 'Process Cube' checkbox is unchecked.
- Calculated System Field Used In:**: A list of reports using the selected field. Reports include:
 - Report: BP 2017 - Bottom 10 DRGs by Contribution Margin
 - Report: BP 2017 - Bottom 10 DRGs by Service Line
 - Report: BP 2017 - DS Service Line Income Statement - All Service Lines
 - Report: BP 2017 - DS Service Line Income Statement with Monthly Trend
 - Report: BP 2017 - Executive KPIs
 - Report: BP 2017 - Medicare Breakeven Analysis
 - Report: BP 2017 - Operations Monthly Trend - Patient Days
 - Report: BP 2017 - Overall Financials by Insurance Plan (Dashboard)
 - Report: BP 2017 - Service Line Complete Report
 - Report: BP 2017 - Service Line Current Year Overall Financials
 - Report: BP 2017 - Service Line Scorecard - YOY

Calculated System Fields

The pre-calculated measure, Net Revenue, is available in Ad Hoc Reporter after being created as a Calculated System Field

CALCULATED SYSTEM FIELDS

Search...

Execute

Refresh

Add

	Name	Author	Type ^	Created Date	Last Modified Date	Last Run Date	Processing Schedule	Used In
1	Account Balance	Strata Decision	Decimal				Disabled	0
2	Length Of Stay	Strata Decision	Decimal				Disabled	0
3	Net Revenue	Strata Decision	Decimal		9/24/2019 2:46 pm	9/24/2019 12:53 pm	Disabled	25
4	Nursing Time	Strata Decision	Decimal				Disabled	0
5	Physician Time	Strata Decision	Decimal				Disabled	0
6	Technical Time	Strata Decision	Decimal				Disabled	0
7	Physician Primary	Strata Decision	Decimal		2019 1:29 pm	5/23/2019 1:29 pm	Disabled	0

AVAILABLE CONTENT

net revenue

Datasource

Row Calculations

Column Calculations

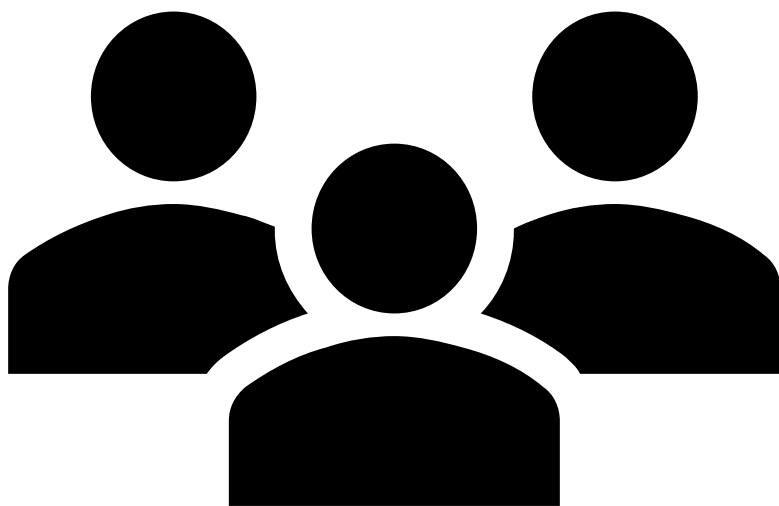
Dimensions

Measures

Financial Calculations

Net Revenue

Path: Click **Decision Support** > **Calculated System Fields**



In Class Scenario:

Modify the Net Revenue CSF so that you can better understand your margins in order to make decisions about services to expand for next year.

Class Review

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Class Review: Rules

True False Encounter A qualifies for the CABG baseline patient population

Encounter A Information:

- **Patient Type:** Inpatient
- **Patient Age:** 72
- **Patient Sex:** Female
- **Primary ICD 10:** 02100J3
- **Discharge Status Code:** 1

CABG Baseline

Add a Rule Reload Grouping (R1 Or R6) And R2 And R3 And R5

R1:	Patient Encounter - ICD9PX Code(ICD9 PX Primc	In	36.1, 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, :	x				
R2:	Patient Encounter - Patient Type Rollup Name(P	Equal	Inpatient	x				
R3:	Patient Encounter - Age(Age)	Between	65 and 114	x				
R5:	Patient Encounter - Discharge Status Code(Disc	Not In	2, 02, 7, 07, 20	x				
R6:	Patient Encounter - ICD10 PX Primary Code(ICD	In	0210093, 02100A3, 02100J3, 02100K3, 02100Z3, 0210493, C	x				

Class Review: Rules

True False Encounter A qualifies for the CABG baseline patient population

Encounter A Information:

- **R2 Patient Type:** Inpatient
 - **R3 Patient Age:** 72
 - **Patient Sex:** Female
 - **R6 Primary ICD 10:** 02100J3
 - **R5 Discharge Status Code:** 1
- R6 AND R2 And R3 AND R5**

CABG Baseline

Add a Rule Reload Grouping (R1 Or R6) And R2 And R3 And R5

R1:	Patient Encounter - ICD9PX Code(ICD9 PX Primc	In	36.1, 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, :	x				
R2:	Patient Encounter - Patient Type Rollup Name(P	Equal	Inpatient	x				
R3:	Patient Encounter - Age(Age)	Between	65 and 114	x				
R5:	Patient Encounter - Discharge Status Code(Disc	Not In	2, 02, 7, 07, 20	x				
R6:	Patient Encounter - ICD10 PX Primary Code(ICD	In	0210093, 02100A3, 02100J3, 02100K3, 02100Z3, 0210493, (x				

Class Review: Service Lines

1. True False The most general service line definitions should be listed first.
2. In this scenario, the **All Other** service line definition is a catch all for all other inpatient services. Will an encounter qualify for Cardiac Surgery? If no, what do you need to do.

Service Line Definitions

Primary Service Line
Primary Diagnosis Base

+ New
Save
Execute

Search....

- ☐ Radiation Oncology
- ☒ All Other
- ☐ Cardiac Surgery
- ☐ Cardiology -Electrophysiology
- ☐ Cardiology -Interventional
- ☐ Cardiology Medical
- ☐ Delivery - Csection
- ☐ Delivery - Vaginal
- ☐ Inpatient/Outpatient Gyn
- ☐ Medical Oncology
- ☐ Neurology
- ☐ Neurosurgery
- ☒ Newborn - Neonate
- ☐ Newborn - Normal
- ☐ Spine





Class Review: Service Lines

1. True False The most general service line definitions should be listed first.

2. In this scenario, the **All Other** service line definition is a catch all for all other inpatient services. Will an encounter qualify for Cardiac Surgery? If no, what do you need to do.
 - No, based on the set up all IP encounters will qualify for **All Other** and then stop. In order to set this Service Line Definition up correctly, move All Other to be last.

Service Line Definitions

Primary Service Line
Primary Diagnosis Base

 New
 Save
 Execute


Search....

- ☐ Radiation Oncology
- ☒ All Other
- ☐ Cardiac Surgery
- ☐ Cardiology -Electrophysiology
- ☐ Cardiology -Interventional
- ☐ Cardiology Medical
- ☐ Delivery - Csection
- ☐ Delivery - Vaginal
- ☐ Inpatient/Outpatient Gyn
- ☐ Medical Oncology
- ☐ Neurology
- ☐ Neurosurgery
- ☒ Newborn - Neonate
- ☐ Newborn - Normal
- ☐ Spine

Class Review: Patient Population

True False Based on this screenshot, the pneumonia baseline and readmission populations are available in reporting.


WHY?

PATIENT POPULATIONS							<input type="text" value="pneumonia"/> <input type="button" value="x"/> <input type="button" value="Execute Rules"/> <input type="button" value="+ New"/>	
	Name	Number of Encounters ▲	Reports	Author	Last Modified Date	Last Run Date	Status	
1	Ⓡ Pneumonia 30 Day Readmission	448	0	Strata Decision			Disabled	<input type="button" value="Copy"/> <input type="button" value="Delete"/>
2	Pneumonia Baseline	3,112	0	Strata Decision			Disabled	<input type="button" value="Copy"/> <input type="button" value="Delete"/>

Class Review: Patient Population

True **False** Based on this screenshot, the pneumonia baseline and readmission populations are available in reporting.

Disabled patient populations are excluded from processing and unavailable in reporting.

PATIENT POPULATIONS							<input type="text" value="pneumonia"/> <input type="button" value="Execute Rules"/> <input type="button" value="New"/>	
	Name	Number of Encounters	Reports	Author	Last Modified Date	Last Run Date	Status	
1	 Pneumonia 30 Day Readmission	448	0	Strata Decision			Disabled	<input type="button" value="Copy"/> <input type="button" value="Delete"/>
2	Pneumonia Baseline	3,112	0	Strata Decision			Disabled	<input type="button" value="Copy"/> <input type="button" value="Delete"/>

Important Note: Patient populations run most efficiently when only active patient populations are included. We recommend that you delete any patient populations that you no longer use. A weekly task runs to disable patient populations that are not used in a report or rules engine, and have not been modified for three months

Certification Course Information and Closing Logistics

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Course Objectives

Now you are able to:

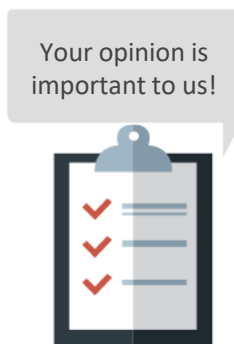
- ✓ Create rules to use in DS Analytics
- ✓ Create and maintain service lines
- ✓ Create and maintain patient populations
- ✓ Create and maintain Calculated System Fields

Additional Resources

- This manual
- StrataJazz® eLearning (if purchased)
- Product documentation available through Help Center
- Your peers!
- Strata Decision staff

Training Evaluation

Please complete this five-minute survey prior to leaving training today. Your response will provide us valuable information so that we may constantly improve our delivery, content, and technology, and ultimately provide you with the best possible learning experience.



Access the **survey** through the following link:

<https://stratadecision.getfeedback.com/certification>

Certification Training Session: **Decision Support Analytics**

Additional Steps To Finish Certification

- Project
- Test
- 75% score on each required to earn certification
- Annually, will have an online quiz to keep certification current

Reach out directly to training@stratadecision.com for questions related to the certification class, project, or test