SHP

STRATEGIC HEALTHCARE PROGRAMS

Demystifying Home Health Risk Adjustments (OASIS-D Update)

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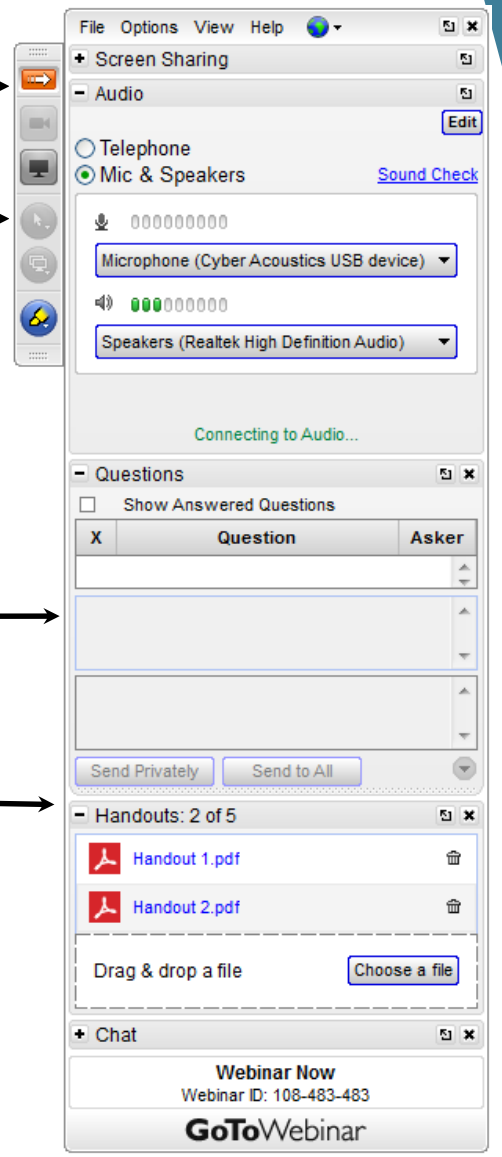

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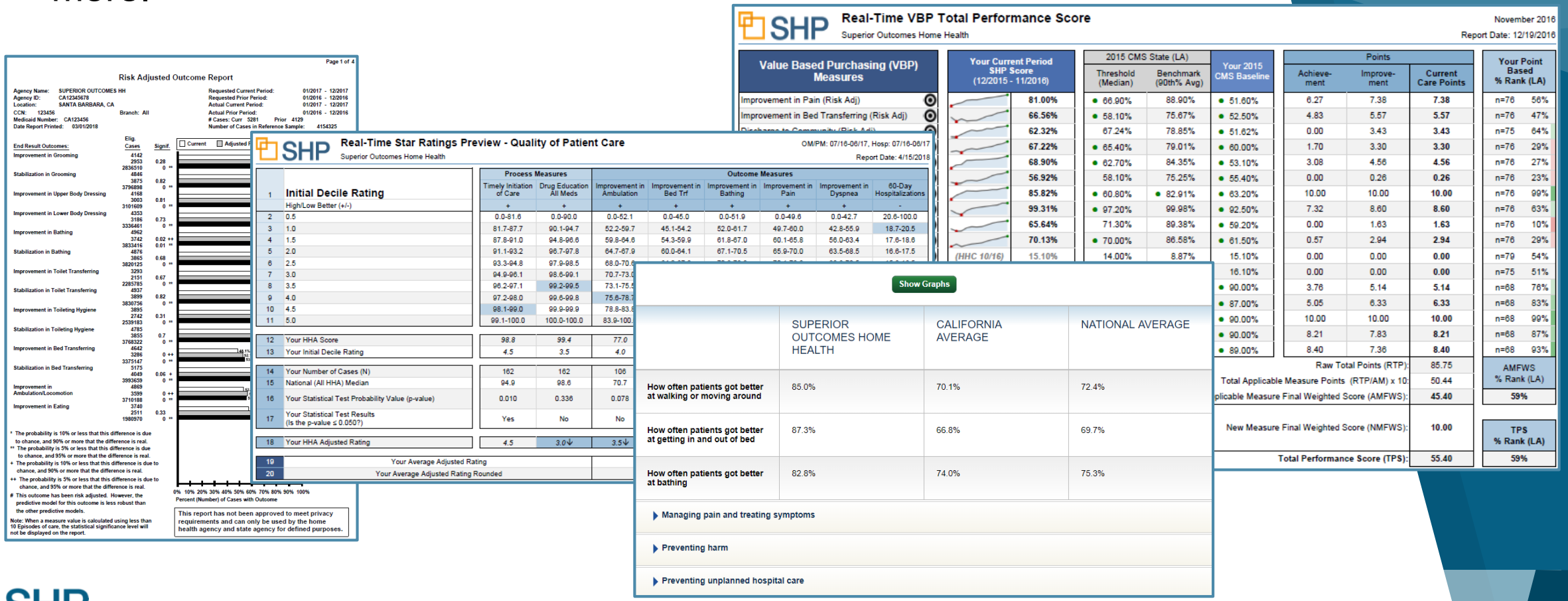
Objectives

- How and why risk adjustments are used in quality reporting
- Changes to the risk adjustment model with OASIS-D
- Top and bottom covariates in the OASIS-D risk model
- Impact analysis and insights on the OASIS-D risk model
- How should you use this information?

How and why risk adjustments are used in quality reporting

CMS Reported Scores

- Risk-adjusted outcomes are utilized by CMS in many different areas, including Home Health Compare, Quality of Patient Care star ratings, CASPER reports, Value-Based Purchasing calculations, and more.



Risk Adjusted Outcome Report

Real-Time Star Ratings Preview - Quality of Patient Care

Real-Time VBP Total Performance Score

Show Graphs

CMS Reported Scores (cont.)

- Not every publicly reported outcome is utilized in every calculation.
- As shown below, the Quality of Patient Care Star Rating calculation and the Value Based Purchasing calculation both omit outcomes that are reported on Home Health Compare.

Current Usage	Ambulation	Bed Transferring	Bathing	Pain	Dyspnea	Surgical Wound Status	Oral Meds	Discharged to Comm.
Home Health Compare	X	X	X	X	X	X	X	
CASPER	X	X	X	X	X	X	X	X
Quality of Patient Care Star Ratings	X	X	X	X	X		X	
Value Based Purchasing	*These three outcomes now contribute to the two Total Normalized Composite (TNC) measures, along with other improvement outcomes, utilizing a new risk model*			X	X		X	X

Risk Adjustment – Why is it done?

- The basic purpose of risk adjustment is to ensure a fair comparison of outcomes by taking into consideration patient characteristics at the start of a home care quality episode that may **affect the likelihood of specific outcomes** during this episode
- Used for OBQI improvement outcomes and the OASIS-based *Discharged to Community* utilization measure
- Not used for process measures
- Each outcome has a unique risk model
- Outcomes scores include Medicare, Medicare Advantage, Medicaid and Medicaid HMOs payers
- Only exception is Claims-based measures

Risk Adjustment – How is it done?

- A predicted value for a specific outcome was computed based on an analysis of the relationships between that outcome and its multiple risk factors in the **reference group** of patients
- A formula was then developed that expressed the **probability of the outcome** as a mathematical function of the most significant risk factors
- Using this formula for each of a specific agency's patients, the **predicted value** for the agency's rate on a specific outcome measure can be calculated
- The actual outcome rate achieved by the agency (its current observed value) is then compared to the national reference value

Risk Adjustment – In English Please??

An adjustment made to your outcome scores by comparing your patient characteristics to national averages.

Risk-Adjustment Step-by-Step

1. Observed outcome rate is calculated for all eligible patients

   Agency(observed) = (# achieving outcome)/(# eligible for outcome)

2. For each of the same patients, a predicted outcome is calculated based on statistical risk model and patient condition at SOC/ROC
3. Predicted outcomes are averaged across all the patients served in a 12 month period

   Agency(predicted) = (Sum of predicted probability)/((# eligible for outcome)

4. National observed and predicted rates are calculated aggregating across all eligible patients served by any HHA
5. Agency rate is risk adjusted by adding to the observed rate the difference between the national predicted rate and agency predicted

   Agency(risk adjusted) = Agency(observed) + (National(predicted) – Agency(predicted))

Risk Model using Logistic Regression

- **Logistic regression** is a statistical technique commonly used to analyze the relationship between multiple predictors (In this case, risk factors) and a yes/no outcome (In this case, improved/not-improved)
- Using this technique, a **predictive model** was constructed for each outcome based on an analysis of risk factors and outcomes using reference group data
- The predictive model is a mathematical formula that reflects the influence of multiple **risk factors** on a particular outcome

Risk Factors and Covariates

- OASIS **risk factors** are patient characteristics identified at SOC or ROC
- Each risk factor has multiple **covariates**, each with an associated **coefficient** value that that can either **raise** or **lower** the likelihood of the patient improving for the outcome in question
  - ***Note**: We will be presenting the coefficients as **probabilities** so that it's easier to interpret the potential impact of each covariate.*
- The **higher** the **probability** value for a risk factor (e.g. – over 50%), the **more** likely the patient is to improve if the risk factor is present, whereas a **lower** value (e.g. - below 50%), indicates that the specified risk factor makes the patient **less** likely to improve

Risk Factors and Covariates: Example

- **Example**: Below are top and bottom risk-factor covariates (converted to probabilities) for the Ambulation outcome that have the largest **positive** and **negative** impact on how likely a particular patient is to improve in Ambulation:

Risk Factor	Covariate	Covariate Detail	Coefficient	Probability
Ambulation	AMB3	M1860 = 3 (Able to walk only with the supervision or assistance of another person at all times.)	2.2677	90.6%
Age	AGE_95PLUS	Age = 95+	-0.6206	35.0%

- **Translation**: A rating of "3" for Ambulation at SOC/ROC would **increase** the probability of the patient improving, whereas a patient being aged 95 or older would **lessen** their likelihood of improving in Ambulation

Predicted Improvement Scores

- The values for each risk factor present for a specific patient are aggregated and contribute to a single **predicted improvement** score for the patient
- The higher the **predicted improvement** score, the more likely that the patient is to improve, and vice versa
- The predicted improvement scores for each individual patient are used to calculate your **agency predicted** score
- Therefore, having a large population of patients with patient predicted values that are **higher** than the national predicted score will result in your risk-adjusted score being **lower** than your observed score, and vice-versa

Takeaway Regarding Risk-Factors

- What does this tell us about risk-adjustment?
- For nearly all of the HHC outcomes, the **single biggest factor** by far that causes your final risk-adjusted score to be lowered is the severity of the rating for the outcome at SOC/ROC

Outcome	Risk Factor	Covariate Detail	Coefficient	Probability
Ambulation	Ambulation	M1860 = 3 (Able to walk only with the supervision or assistance of another person at all times)	2.2677	90.6%
Bathing	Bathing	M1830 = 6 (Unable to participate effectively in bathing and is bathed totally by another person)	3.0383	95.4%
Bed Transferring	Transferring	M1850 = 3, 4, or 5 (Unable to transfer self and is unable to bear weight or pivot when transferred by another person **OR** Bedfast)	3.0747	95.6%
Pain	Pain	M1242 = 4 (All of the time)	1.6770	84.3%
Dyspnea	Dyspnea	M1400 = 3 or 4 (With minimal exertion or with agitation **OR** At rest during day or night)	1.5293	82.2%
Oral Meds	Oral Medication Management	M2020 = 3 (Unable to take medication unless administered by another person)	1.2751	78.2%
Surgical Wounds	Therapy	M2200 > 13 (More than 13 therapy visits planned)	0.5192	62.7%

Changes to the risk adjustment model with OASIS-D

CY 2019 OASIS-D

- Effective January 2019, 70 data elements from 24 OASIS items are no longer collected at SOC/ROC
- CMS was required to recalibrate the risk adjustment model to include only OASIS items that will be present on OASIS-D
- **Removed M-Items Included:**
  - Frequency of ADL/IADL Assistance: At least daily
  - Conditions Prior to Treatment: Intractable pain
  - Prior Functioning: Needed assistance with transfer
  - Use of Telephone: Able to make and answer calls
  - Patient Overall Status: Serious progressive conditions

CMS Activities to Update Models

- Reviewed model risk adjustment factor (covariate) definitions to identify those not supported by OASIS-D
- Refined additional risk adjustment factors as needed, based on statistical, clinical and other input
- Recalibrated risk adjustment model parameters using revised risk factors
- Conducted clinical and technical reviews to retain risk adjustment factors that were statistically and clinically meaningful
- Tested new risk adjustment model performance against current models

Risk Factors: Old Model vs. New Model

- In general, there are more risk factors used for each outcome under the new model, with the exception of the *Surgical Wound Status* outcome, which has 18 less risk factors under the new model

Outcome	Old Model	New Model	Change (+/-)
Ambulation	102	122	↑ 20
Bathing	114	122	↑ 8
Bed Transferring	99	116	↑ 17
Pain	69	116	↑ 47
Dyspnea	83	106	↑ 23
Oral Meds	119	121	↑ 2
Surgical Wounds	78	60	↓ -18

Top and bottom risk factor covariates in the OASIS-D risk model

Top/Bottom Risk Factors: Ambulation

- The SOC/ROC rating for Ambulation and Surgical Wound Status are still the top risk factors for Ambulation
- New risk factors in the top-10 are: Pain and Anxiety

Top 10 Covariates
(making the patient MORE likely to improve)

Improvement in Ambulation/Locomotion

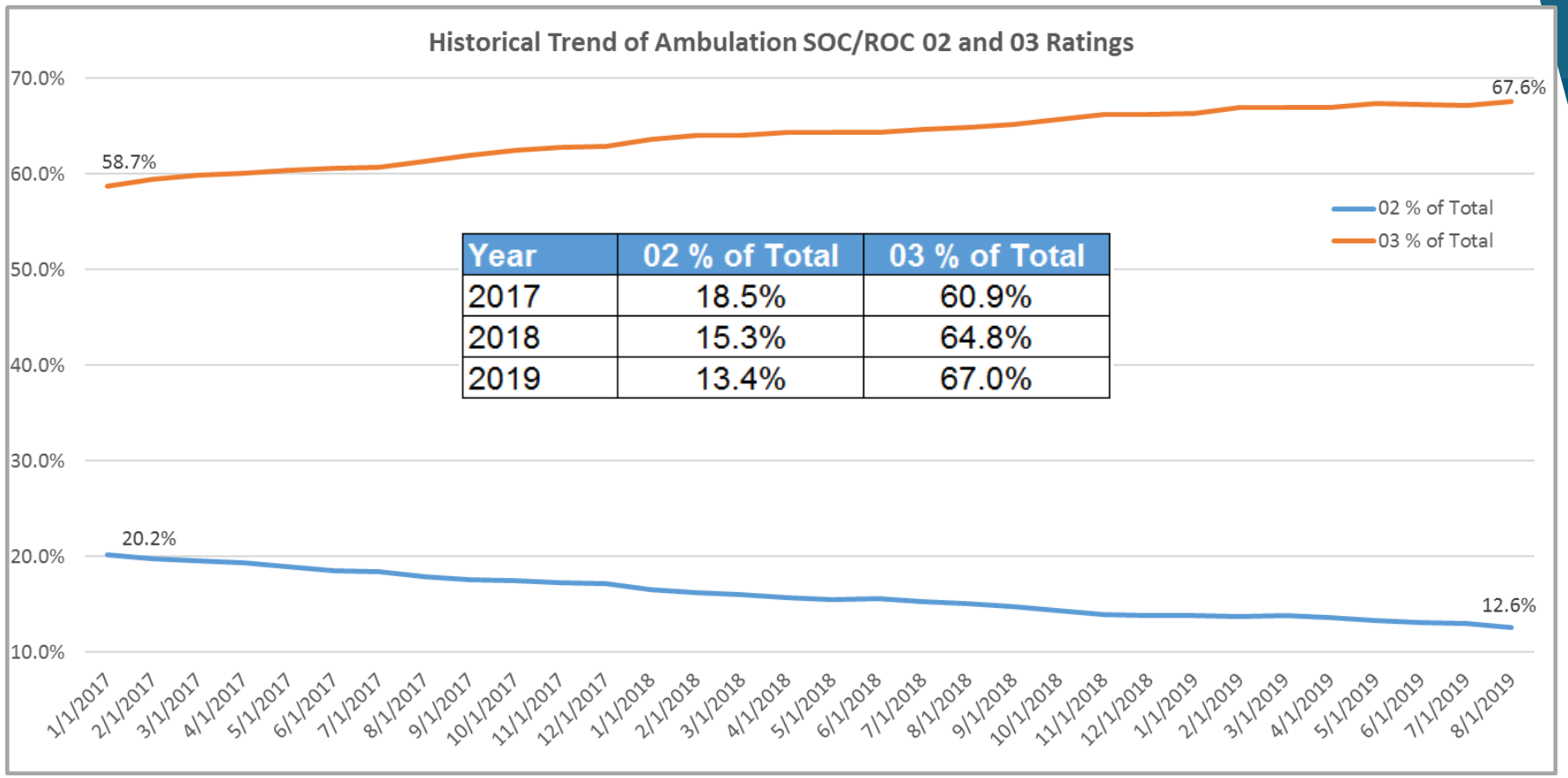
Risk Factor #	Risk Factor	Covariate Name	Probability
29	Ambulation	AMB3	90.6%
29	Ambulation	AMB456	81.9%
12	Surgical Wound	SRG_WND_OBS_NOHEAL	62.7%
29	Ambulation	AMB2	60.3%
12	Surgical Wound	SRG_WND_OBS_EPI	57.1%
12	Surgical Wound	SRG_WND_OBS_GRAN	56.8%
26	Toilet Transferring	TLTTRN2	56.8%
9	Pain	PAIN4	56.7%
26	Toilet Transferring	TLTTRN1	56.6%
18	Anxiety	ANX3	56.2%

Bottom 10 Covariates
(making the patient LESS likely to improve)

Risk Factor #	Risk Factor	Covariate Name	Probability
1	Age	AGE_95PLUS	35.0%
14	Urinary Status	URINCONT_CATH	36.6%
25	Bathing	BATH6	37.3%
4	SOC/ROC and Admission Source	SOC_COMM	38.5%
1	Age	AGE_90_94	39.0%
10	Pressure Ulcers	PU_STG2PLUS_UNSTG	39.3%
4	SOC/ROC and Admission Source	ROC	39.7%
28	Transferring	TRNFR1	41.0%
11	Stasis Ulcer	STAS_ULCR_OBS_2PLUS	41.4%
28	Transferring	TRNFR345	41.7%

Ambulation SOC/ROC Rating Trends

- The % of episodes rated a “2” for Ambulation at SOC/ROC has decreased consistently over time, while the % of episodes rated a “3” has increased



Year	02 % of Total	03 % of Total
2017	18.5%	60.9%
2018	15.3%	64.8%
2019	13.4%	67.0%

Top/Bottom Risk Factors: Bathing

- The SOC/ROC rating for Bathing still comprises the top 5 risk factors for the Bathing outcome
- New risk factors in the top-10 are: Surgical Would Status, Toilet Transferring and Pain

Top 10 Covariates
(making the patient MORE likely to improve)

Improvement in Bathing

Risk Factor #	Risk Factor	Covariate Name	Probability
25	Bathing	BATH6	95.4%
25	Bathing	BATH5	94.3%
25	Bathing	BATH4	91.8%
25	Bathing	BATH3	86.9%
25	Bathing	BATH2	76.8%
12	Surgical Wound	SRG_WND_OBS_NOHEAL	62.1%
34	Therapy	THER_HIGH_GT13	58.6%
26	Toilet Transferring	TLTTRN2	57.9%
9	Pain	PAIN4	57.7%
12	Surgical Wound	SRG_WND_OBS_GRAN	57.6%

Bottom 10 Covariates
(making the patient LESS likely to improve)

Risk Factor #	Risk Factor	Covariate Name	Probability
29	Ambulation	AMB456	21.0%
1	Age	AGE_95PLUS	34.4%
30	Feeding or Eating	EAT345	36.1%
29	Ambulation	AMB2	37.4%
14	Urinary Status	URINCONT_CATH	38.2%
1	Age	AGE_90_94	39.0%
17	Confusion	CONF4	39.2%
4	SOC/ROC and Admission Source	SOC_COMM	39.8%
29	Ambulation	AMB3	39.9%
11	Stasis Ulcer	STAS_ULCR_OBS_2PLUS	40.0%

Top/Bottom Risk Factors: Bed Transferring

- The SOC/ROC rating still comprises the top risk factors for the Bed Transferring outcome, followed by Surgical Wound Status and Therapy Need
- New risk factors in the top-10 are: any DX within the range Z00 to Z99, Anxiety, and Disruptive Behavior Frequency

Top 10 Covariates
(making the patient MORE likely to improve)

Bottom 10 Covariates
(making the patient LESS likely to improve)

Improvement in Bed Transferring

Risk Factor #	Risk Factor	Covariate Name	Probability
28	Transferring	TRNFR345	95.6%
28	Transferring	TRNFR2	91.9%
12	Surgical Wound	SRG_WND_OBS_NOHEAL	61.5%
34	Therapy	THER_HIGH_GT13	58.3%
34	Therapy	THER_MED_5_13	57.9%
12	Surgical Wound	SRG_WND_OBS_EPI	56.0%
12	Surgical Wound	SRG_WND_OBS_GRAN	56.0%
35	Home Care Condition Codes	HC_DX_HLTH_FACTORS	55.8%
18	Anxiety	ANX3	55.7%
21	Disruptive Behavior Frequency	BEHPFR5	54.8%

Risk Factor #	Risk Factor	Covariate Name	Probability
29	Ambulation	AMB456	13.5%
29	Ambulation	AMB2	27.7%
29	Ambulation	AMB3	31.9%
1	Age	AGE_95PLUS	36.4%
29	Ambulation	AMB1	36.6%
14	Urinary Status	URINCONT_CATH	36.8%
25	Bathing	BATH6	38.5%
4	SOC/ROC and Admission Source	SOC_COMM	38.8%
30	Feeding or Eating	EAT345	39.4%
10	Pressure Ulcers	PU_STG2PLUS_UNSTG	40.0%

Top/Bottom Risk Factors: Pain

- The SOC/ROC rating still comprises the top risk factors for the Pain outcome
- The seven risk factors below the 3 pain risk factors are all new to the top-10

Top 10 Covariates
(making the patient MORE likely to improve)

Bottom 10 Covariates
(making the patient LESS likely to improve)

Improvement in Pain Interfering with Activity

Risk Factor #	Risk Factor	Covariate Name	Probability
9	Pain	PAIN4	84.3%
9	Pain	PAIN3	68.2%
9	Pain	PAIN2	67.7%
12	Surgical Wound	SRG_WND_OBS_NOHEAL	56.4%
21	Disruptive Behavior Frequency	BEHPFR3	55.9%
26	Toilet Transferring	TLTTRN2	55.5%
21	Disruptive Behavior Frequency	BEHPFR12	55.3%
26	Toilet Transferring	TLTTRN34	54.9%
31	Oral Medication Management	ORMED2	54.4%
1	Age	AGE_85_89	54.3%

Risk Factor #	Risk Factor	Covariate Name	Probability
29	Ambulation	AMB456	37.1%
29	Ambulation	AMB2	42.6%
19	Depression Screening	PHQ2_SCOR_3PLUS	42.8%
11	Stasis Ulcer	STAS_ULCR_OBS_2PLUS	43.6%
4	SOC/ROC and Admission Source	ROC	43.8%
25	Bathing	BATH6	44.3%
1	Age	AGE_55_59	44.6%
29	Ambulation	AMB3	44.7%
10	Pressure Ulcers	PU_STG2PLUS_UNSTG	45.2%
3	Payment source	PAY_MCAID_ONLY	45.3%

Top/Bottom Risk Factors: Dyspnea

- The SOC/ROC rating still comprises the top risk factors for the Dyspnea outcome
- New risk factors in the top-10 are: any DX within the range Z00 to Z99, Disruptive Behavior Frequency, and ROH = None

Top 10 Covariates
(making the patient MORE likely to improve)

Improvement in Dyspnea

Risk Factor #	Risk Factor	Covariate Name	Probability
13	Dyspnea	DYSP34	82.2%
13	Dyspnea	DYSP2	72.4%
12	Surgical Wound	SRG_WND_OBS_NOHEAL	60.1%
34	Therapy	THER_MED_5_13	58.6%
34	Therapy	THER_HIGH_GT13	57.2%
35	Home Care Condition Codes	HC_DX_HLTH_FACTORS	56.4%
12	Surgical Wound	SRG_WND_OBS_EPI	55.4%
21	Disruptive Behavior Frequency	BEHPFR3	54.7%
21	Disruptive Behavior Frequency	BEHPFR5	54.6%
7	Risk of Hospitalization	RISK_NONE	54.5%

Bottom 10 Covariates
(making the patient LESS likely to improve)

Risk Factor #	Risk Factor	Covariate Name	Probability
35	Home Care Condition Codes	HC_DX_RESPIRATORY	40.9%
4	SOC/ROC and Admission Source	ROC	41.1%
4	SOC/ROC and Admission Source	SOC_COMM	41.4%
29	Ambulation	AMB456	41.7%
35	Home Care Condition Codes	HC_DX_NEOPLASM	43.6%
14	Urinary Status	URINCONT_CATH	43.9%
1	Age	AGE_95PLUS	43.9%
11	Stasis Ulcer	STAS_ULCR_OBS_2PLUS	44.6%
19	Depression Screening	PHQ2_SCOR_3PLUS	45.4%
14	Urinary Status	URINCONT_INCONT	45.5%

Top/Bottom Risk Factors: Oral Meds

- The SOC/ROC rating still comprises the top risk factors for the Oral Meds outcome
- New risk factors in the top-10 are: Pain and Living Arrangement (Lives Alone)

Top 10 Covariates
(making the patient MORE likely to improve)

Bottom 10 Covariates
(making the patient LESS likely to improve)

Improvement in Management of Oral Medications

Risk Factor #	Risk Factor	Covariate Name	Probability
31	Oral Medication Management	ORMED3	78.2%
31	Oral Medication Management	ORMED2	75.5%
12	Surgical Wound	SRG_WND_OBS_NOHEAL	63.0%
9	Pain	PAIN4	62.9%
18	Anxiety	ANX3	58.3%
9	Pain	PAIN3	58.1%
8	Living Arrangement	LIV_ALONE	57.5%
12	Surgical Wound	SRG_WND_OBS_EPI	57.3%
13	Dyspnea	DYSP34	56.9%
12	Surgical Wound	SRG_WND_OBS_GRAN	56.6%

Risk Factor #	Risk Factor	Covariate Name	Probability
8	Living Arrangement	LIV_CONGREGATE	26.8%
1	Age	AGE_95PLUS	29.4%
17	Confusion	CONF4	31.1%
30	Feeding or Eating	EAT345	33.6%
1	Age	AGE_90_94	33.8%
16	Cognitive function	COGN34	34.7%
1	Age	AGE_85_89	37.5%
25	Bathing	BATH6	38.2%
17	Confusion	CONF23	38.3%
29	Ambulation	AMB456	38.6%

Top/Bottom Risk Factors: Surgical Wounds

- Therapy Need still comprises two of the top 3 risk factors for the Surgical Wound Status outcome, but the therapy buckets have been condensed and simplified
- The eight other risk factors are all new to the top-10

Top 10 Covariates
(making the patient MORE likely to improve)

Bottom 10 Covariates
(making the patient LESS likely to improve)

Improvement in Status of Surgical Wounds

Risk Factor #	Risk Factor	Covariate Name	Probability
34	Therapy	THER_HIGH_GT13	62.7%
1	Age	AGE_95PLUS	58.5%
34	Therapy	THER_MED_5_13	57.8%
1	Age	AGE_90_94	56.3%
1	Age	AGE_85_89	56.2%
35	Home Care Condition Codes	HC_DX_HLTH_FACTORS	56.1%
8	Living Arrangement	LIV_CONGREGATE	55.6%
22	Grooming	GROOM2	55.0%
27	Toilet Hygiene	TLTHYG3	54.8%
27	Toilet Hygiene	TLTHYG2	54.6%

Risk Factor #	Risk Factor	Covariate Name	Probability
4	SOC/ROC and Admission Source	SOC_COMM	41.2%
12	Surgical Wound	SRG_WND_OBS_GRAN	42.2%
29	Ambulation	AMB456	43.7%
35	Home Care Condition Codes	HC_DX_GEN_URINARY	44.0%
3	Payment source	PAY_OTHER_COMBO	45.0%
35	Home Care Condition Codes	HC_DX_NEOPLASM	45.1%
6	IV Therapies	IVTHER_ANY	45.3%
15	Bowel Incontinence	BWL_FR345	45.6%
15	Bowel Incontinence	BWL_OSTOMY	45.6%
35	Home Care Condition Codes	HC_DX_SKIN	45.7%

Impact analysis and insights on the OASIS-D risk model

Patient Predicted Analysis

- To demonstrate the effect of the new risk model, the comparison below looks the average patient predicted rates for SOC/ROC assessments from 2018 vs. SOC/ROC assessments from 1/2019 to 9/2019
- As noted in the last column, the average patient predicted rates have gone up for all 7 outcomes

Outcome	1/2018 - 12/2018	1/2019 - 9/2019	Change (+/-)
Ambulation	72.7%	78.0%	↑ 5.3%
Bathing	72.1%	78.0%	↑ 5.9%
Bed Transferring	74.4%	80.5%	↑ 6.1%
Pain	69.5%	77.1%	↑ 7.6%
Dyspnea	70.4%	77.0%	↑ 6.6%
Oral Meds	90.2%	90.7%	↑ 0.5%
Surgical Wounds	66.0%	70.6%	↑ 4.6%

National Predicted Scores under OASIS-D

- Remember the calculation:

  Agency(risk adjusted) = Agency(observed) +(National(predicted) – Agency(predicted))

- SHP calculates the *Agency's* observed and predicted scores based on the covariate logic provided by CMS
- Due to the fact that the *National Predicted* rates for each outcome are not published by CMS, they must be calculated each quarter by SHP (for 12 months ending)
- SHP calculates a *National Predicted* rate from the SHP national database, and incorporates the most-recent publicly reported Home Health Compare data from CMS in order to help adjust for any differences between the SHP and CMS national benchmarks

National Predicted Scores under OASIS-D

- Our hope is that CMS will be posting risk-adjusted scores based on the new OASIS-D risk model in early 2020, which would include outcome data from April 2018 – March 2019
- Once available, SHP will use the OASIS-D portion of the data to calibrate 12-month SHP-only *National Predicted* rates for each publication period that includes outcomes in 2019
- Due to this gap in data, and in order to avoid multiple changes to your risk-adjusted scores, we chose to wait until 2020 to make changes to the national predicted component of the risk-adjustment calculation
- Keep in mind that trends including both OASIS-C2 and OASIS-D data may show a decline in risk adjusted scores starting in early 2019 that will be adjusted once a National Predicted rate that includes OASIS-D can be calculated.

National Predicted Scores under OASIS-D

- Tracking your observed scores trends will be important
- Comparing your percentile rank for both observed and risk adjusted scores will reflect performance against your peers
- Reminder: Risk adjustment is calculated the same way for all providers

SHP STRATEGIC HEALTHCARE PROGRAMS

Clinical Executive Advantage

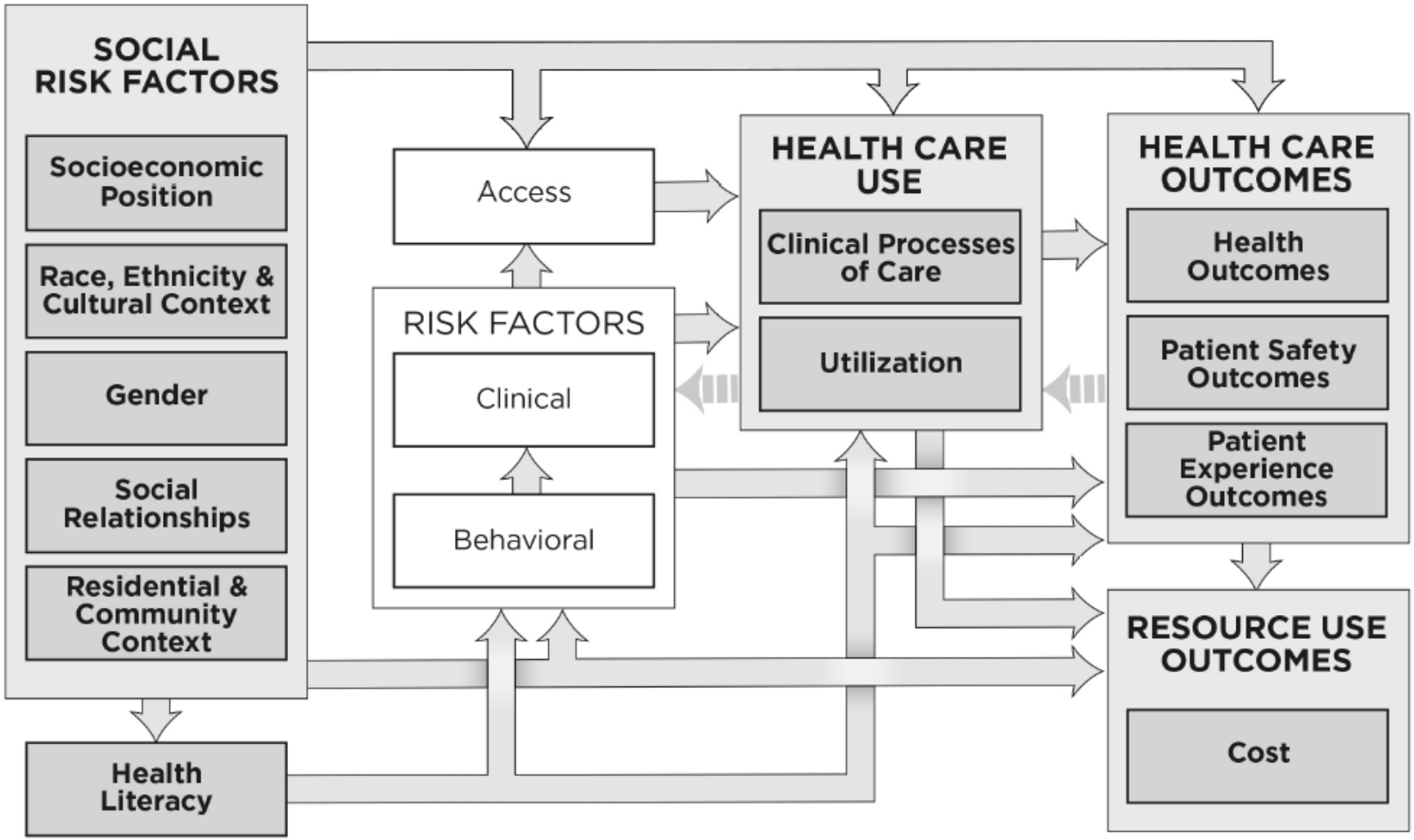
Superior Healthcare

Standard: 05/01/2018 - 04/30/2018, Offset: 02/01/2018 - 01/31/2018

Report Date: 5/12/2018

Outcome: **Ambulation**	Improved				Declined			Your % Ranking	
	Eligible	#	%	Risk Adjusted	Eligible	#	%	Observed	Risk Adjusted
Enterprise	**7,975**	**6,368**	**79.8%**	**68.9%**	**8,534**	**82**	**1.0%**	**88%**	**77%**
SHP National Database			67.6%				2.4%		
Superior Home Care of Ventura	1,304	1,103	84.6%	70.0%	1,390	12	0.9%	95%	81%
Enterprise (CA)	**1304**	**1103**	**84.6%**	**70.0%**	**1390**	**12**	**0.9%**	**95%**	**81%**
SHP Database (CA)			71.3%				1.8%		
Superior Home Care of Scottsdale	43	31	72.1%	62.2%	49	2	4.1%	70%	43%
Superior Home Care of Phoenix	3,034	2,312	76.2%	64.4%	3,237	34	1.1%	81%	54%
Superior Home Care of Flagstaff	282	250	88.7%	75.7%	283	1	0.4%	98%	94%
Superior Home Care of Gilbert	829	650	78.4%	72.3%	884	6	0.7%	85%	89%
Superior Home Care of Mesa	1,968	1,600	81.3%	72.3%	2,110	23	1.1%	90%	89%
Enterprise (AZ)	**6156**	**4843**	**78.7%**	**68.5%**	**6563**	**66**	**1.0%**	**86%**	**76%**
SHP Database (AZ)			71.8%				1.9%		

Social Determinants of Health Framework



Social Determinants of Health Framework

- Additional Social Risk Factors are being proposed as new questions on OASIS-E

- A1250 – Transportation

  Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- B1300 - Health Literacy

  How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- D0700 – Social Isolation

  How often do you fell lonely or isolated from those around you?

How should you use this information?

OASIS Accuracy

- **OASIS accuracy is key to financial success**

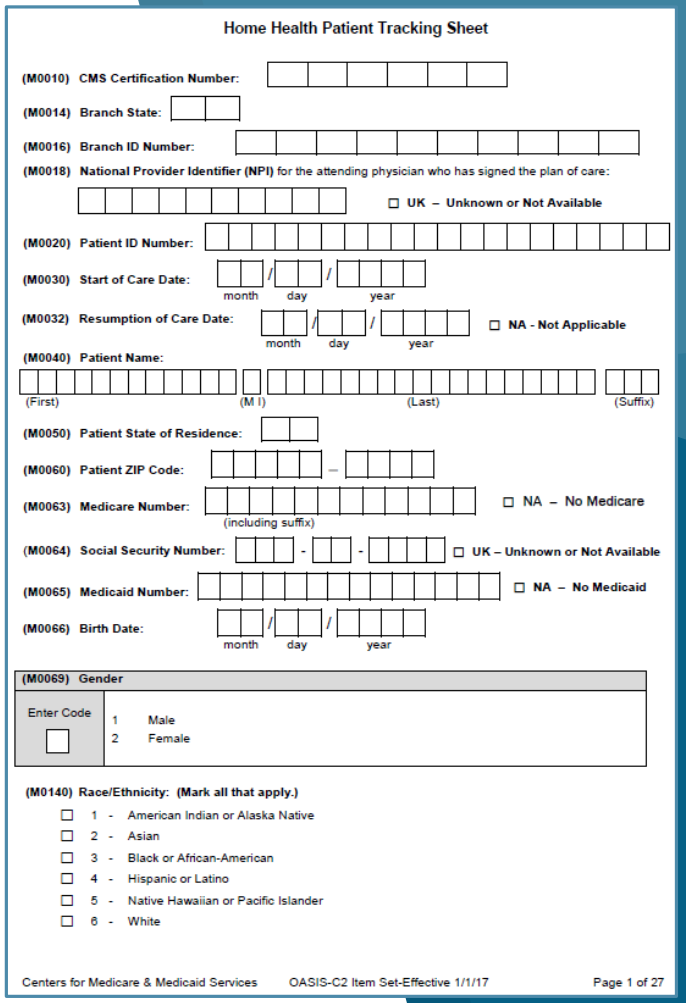
  Outcomes can only improve when SOC assessment accurately reflects patient frailty and disability

- **Enhance OASIS education**

  Repeat education at specified intervals

  Validate knowledge received and retained

  Utilize OASIS Q & As



Home Health Patient Tracking Sheet

(M0010) CMS Certification Number:

(M0014) Branch State:

(M0016) Branch ID Number:

(M0018) National Provider Identifier (NPI) for the attending physician who has signed the plan of care:

☐ UK – Unknown or Not Available

(M0020) Patient ID Number:

(M0030) Start of Care Date: month / day / year

(M0032) Resumption of Care Date: month / day / year ☐ NA - Not Applicable

(M0040) Patient Name:

(First) (M I) (Last) (Suffix)

(M0050) Patient State of Residence:

(M0060) Patient ZIP Code: –

(M0063) Medicare Number: (including suffix) ☐ NA – No Medicare

(M0064) Social Security Number: - - ☐ UK – Unknown or Not Available

(M0065) Medicaid Number: ☐ NA – No Medicaid

(M0066) Birth Date: month / day / year

(M0069) Gender

Enter Code ☐

1 Male
2 Female

(M0140) Race/Ethnicity: (Mark all that apply.)

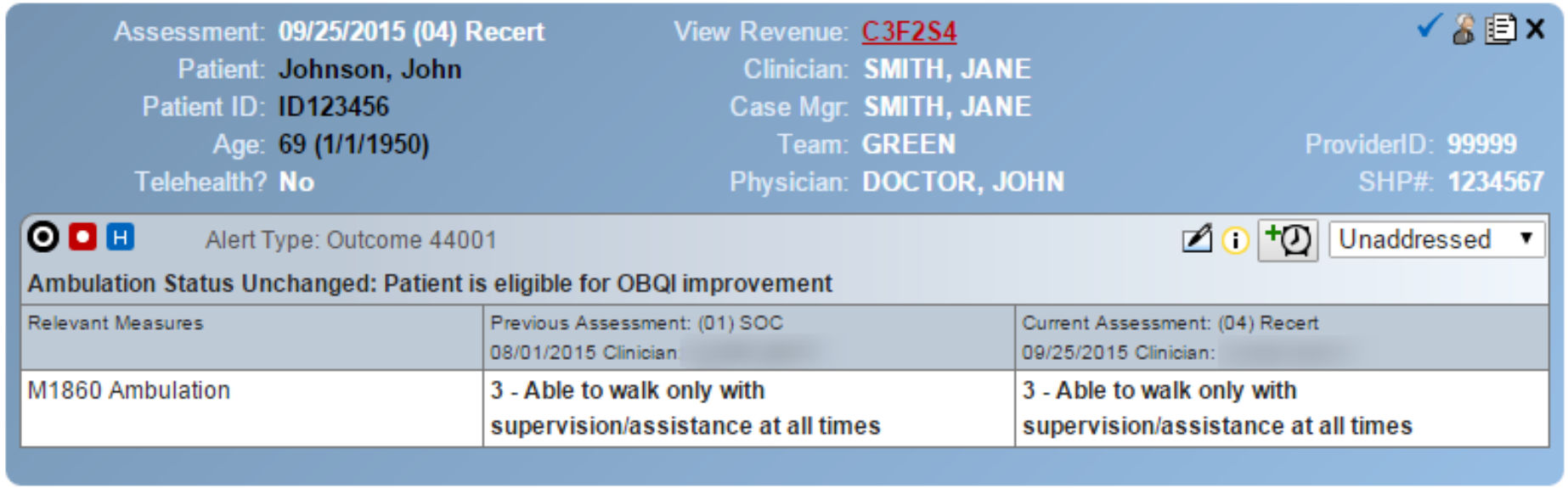
☐ 1 - American Indian or Alaska Native
☐ 2 - Asian
☐ 3 - Black or African-American
☐ 4 - Hispanic or Latino
☐ 5 - Native Hawaiian or Pacific Islander
☐ 6 - White

Centers for Medicare & Medicaid Services OASIS-C2 Item Set-Effective 1/1/17 Page 1 of 27

SHP

OASIS Scrubbing

- Have OASIS review staff and clinicians review and resolve OASIS scrubbing alerts
- Track and monitor alert utilization
- Look at Outcome alerts to proactively identify improvement opportunities and verify OASIS accuracy



SHP

OASIS Potential Alerts

- It is important to resolve both the SHP critical and potential OASIS alerts regularly for all patients
- The SHP resolution rate for **potential alerts** is typically less often, but these inconsistencies can impact your risk adjustments
- Certain OASIS items can affect the predicted improvement rates for your patients depending on how scored and influence the risk adjustments positively or negatively
- Managing alerts for all **Medicare and Medicaid** patients will help ensure the accuracy is applied consistently in the risk models

OASIS Potential Alerts

- The examples below demonstrate just a few of the SHP "Potential" OASIS alerts that could impact your risk-adjustment

Alert Type: OASIS Accuracy 102001018 — Unaddressed

M2102g indicates no assistance needed with advocacy or facilitation, but neuro/emotional/behavioral or telephone measure(s) contradict.

Relevant Measures	Current Assessment
M2102 Types and Sources of Assistance	**g. Advocacy/facilitation: 0 - No assistance needed**
M1700 Cognitive Functioning	**2 - Requires assistance/direction or low stimulus environment**

Alert Type: OASIS Accuracy 102036 — Unaddressed

M1745 = 0 - Patient never exhibits behaviors that are disruptive or dangerous to self or others, but M1740 indicates behavior may be potentially unsafe to self or others.

Relevant Measures	Current Assessment
M1745 Freq of Disruptive Behavior Symp	**0 - Never**
M1740 Cog, Behav, Psych symp - once/wk - Memory deficit	**Yes**
M1740 Cog, Behav, Psych symp - once/wk - Impaired decisions	**Yes**

Alert Type: OASIS Accuracy 109007138 — Unaddressed

GG0170C Mobility indicates SOC/ROC Performance - Patient Dependent, but M1810 Dressing Upper, M1820 Dressing Lower, M1830 Bathing, or M1860 Ambulation indicate independence.

Relevant Measures	Current Assessment
GG0170C - Mobility: 1. S/ROC Performance	**03 - Parital/moderate assistance**
M1810 Dressing Upper	1 - Able to dress upper body if clothing is placed
M1820 Dressing Lower	2 - Someone must assist
M1830 Bathing	**2 - Able to bathe self with intermittent assistance**
M1860 Ambulation	3 - Able to walk only with supervision/assistance at all times

The Takeaway

The $1,000,000 question: How do I “fix” my risk adjustment?

Answer: You don’t! Your risk-adjustment isn’t “right” or “wrong”, it simply uses your OASIS answers to determine how likely your patients are to improve.

Instead, focus on OASIS accuracy and do the best that you can to ensure that your assessments accurately represent the clinical condition of your patients.

Questions?

Thank You for Attending!

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Demystifying Home Health Risk Adjustments (OASIS D Update)

Winning Wednesday Webinar Series