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Objectives

- Review of Risk-Adjustment Basics and Terms
- Changes to the Risk Model for OASIS-D1
- Top and Bottom Covariates in the OASIS-D1 Risk Model for Star-Rated Outcomes
- Impact Analysis and Insights on the OASIS-D1 Risk Model
- Question & Answers

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
 - The only exception is claim-based measures, which only include Medicare patients

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Risk-Adjustment: How Is It Done?

- 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
- Predicted outcomes are averaged across all the patients served in a 12 month period (Note: The Jan 2022 posting will use a 9 month period) Agency(predicted) = (Sum of predicted probability)/(# eligible for outcome)
- National predicted rates are calculated aggregating across all eligible patients served by any HHA
- 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(redicted))

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Terms: 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

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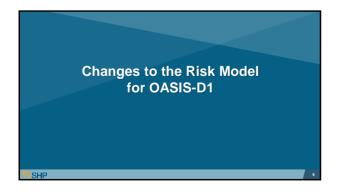
Risk Factors and Covariates: Example Stample: Below are the top and bottom risk-factor covariates (converted to probabilities) for the Ambulation outcome that have the largest positive and negative impact on how likely a particular patient is to improve in Ambulation: <u>Intervenent in Ambulation Addition of the Ambulation Addition Additaddition Addition Additadditaddition Addition Addition Addition A</u>

Predicted Improvement Scores

Ambulation

- The values for each risk factor that is 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

Measure Name	Notes	Covariate Detail	Predicted Improvement Value
	Reflects the same	Ambulation = 1 (One- handed	81.07%
Improvement in Ambulation	exact patient with only	device on all surfaces)	
Improvement in Amounco	M1860 changed from	Ambulation = 3 (Walks only	97.72%
	a 1 to a 3 at SOC	with supervision or assist)	



CMS Activities to Update Models

- Reviewed model risk adjustment factor (covariate) definitions to identify those not supported by OASIS-D1
- 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

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Risk Factor Overview: 2019 vs. 2021

 The total number of risk factors used for each risk model declined slightly for every risk-adjusted outcome as shown in the table below.

	Risk Factors Not Used	Risk Factors Used for		Overall Change (+/-)	
	for 2019 But Added	2019 but Removed			
	for 2021	for 2021			
rovement in Ambulation	1	2	9	-10	
rovement in Bathing	0	2	8	-10	
rovement in Bed Transferring	5	3	8	-6	
rovement in Bowel Incontinence	1	2	7	-8	
rovement in Confusion Frequency	2	2	9	-9	
rovement in Dyspnea	1	3	8	-10	
rovement in Lower Body Dressing	2	0	8	-6	
rovement in Upper Body Dressing	2	5	8	-11	
rovement in Management of Oral Medications	0	1	8	-9	
rovement in Toilet Transferring	4	7	8	-11	
charge to Community	1	6	9	-14	
rovement in Management of Oral Medications rovement in Toilet Transferring	0 4 1	1 7 6	8 8 9	-9 -11	

OASIS-D1: Outcome & Risk Factors Deprecated

- · Two outcomes are no longer risk-adjusted by CMS**:
 - Improvement in Surgical Wound Status
 - Improvement in Pain Interfering with Activity
- Four OASIS Items are no longer required under OASIS-D1 and have been completely removed from the all risk models:
 - M1030: Therapies patient receives at home
 - M1242: Frequency of Pain Interfering with patient's activity or movement
 - M2030: Management of Injectable Medications (Excludes injectable and IV medications)
 - M2200: Therapy Need (# visits)

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OASIS-D1: Additional Risk Factors Removed

 Besides the risk factors that were completely removed from all risk-models, a number of outcomes no longer use risk factors that were previously used in the 2019 OASIS-D model.

Measure Name	Risk Factors Used for 2019 But Removed	
	for 2021	
Improvement in Ambulation	2	
Improvement in Bathing	2	
Improvement in Bed Transferring	3	
Improvement in Bowel Incontinence	2	
Improvement in Confusion Frequency	2	
Improvement in Dyspnea	3	
Improvement in Lower Body Dressing	0	
Improvement in Upper Body Dressing	S	
Improvement in Management of Oral Medications	1	
Improvement in Toilet Transferring	7	
Discharge to Community	6	

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OASIS-D1: Additional Risk Factors Added

 With the removal/deprecation of the risk factors highlighted on the previous slides, CMS also started using a number risk factors that were present in the 2019 model but that were not used on some outcomes as shown in the table below.

Improvement in Ambulation	1
Improvement in Bathing	0
Improvement in Bed Transferring	5
Improvement in Bowel Incontinence	1
Improvement in Confusion Frequency	2
Improvement in Dyspnea	1
Improvement in Lower Body Dressing	2
Improvement in Upper Body Dressing	2
Improvement in Management of Oral Medications	0
Improvement in Toilet Transferring	4
Discharge to Community	1

Top and Bottom Covariates in the OASIS-D1 Risk Model for Star-Rated Outcomes

Top/Bottom Risk Factors: Ambulation

- The SOC/ROC rating for Ambulation and Surgical Wound Status are still the top risk factors
- New in the Top-10: HC DX Health Factors (Any primary or other diagnosis within the range Z00 to Z99)
- Out of the Top-10: Pain = 4

	10 Covariates ient MORE likely to imp	rove)		10 Covariates ant LESS likely to imp	rove)	
Risk Factor	Covariate Name	Probability	Risk Factor	Covariate Name	Probability	
Ambulation	AMB3	90.93%	Age	AGE_95PLUS	34.49%	
Ambulation	AMB456	82.32%	Urinary Status	URINCONT_CATH	36.13%	
Surgical Wound	SRG_WND_OBS_NOHEAL	63.10%	Bathing	BATH6	37.94%	
Ambulation	AMB2	60.76%	SOC/ROC and Admission Source	SOC_COMM	38.46%	
Surgical Wound	SRG_WND_OBS_EPI	57.64%	SOC/ROC and Admission Source	ROC	38.67%	
Surgical Wound	SRG_WND_OBS_GRAN	57.12%	Age	AGE_90_94	38.69%	
Aniety	ANX3	58.95%	Pressure Ulcers	PU_STG2PLUS_UNSTG	39.37%	
Toilet Transferring	TLTTRN2	58.85%	Stasis Ulcer	STAS_ULCR_08S_2PLUS	41.18%	
Toilet Transferring	TLTTRN1	56.57%	Transferring	TRNFR1	41.40%	
Home Care Condition Codes	HC_DX_HLTH_FACTORS	55.45%	Bowel Incontinence	BWL_FR345	41.72%	

Ambulation SOC/ROC Rating Trends

а аа	d a "3" or "5" h	as increased	
n	_	Ambulation Start Ratings Trended	By Month
	2/5 	****	and the for a state of the stat
	3.2%		

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Top/Bottom Risk Factors: Bed Transferring

- The SOC/ROC rating still comprises the top risk factors, followed by Surgical Wound Status and Anxiety
 New in the Top-10: External causes of morbidity (Any primary or other diagnosis within the range V00 to Y99), Disruptive Behavior Frequency = 4
- Out of the Top-10: Therapy 5-13 and > 13 T--- 40 C-

	Top To Covariates	
(mak	king the patient MORE likely to improve)	

	10 Covariates ent MORE likely to imp	prove)		10 Covariates ant LESS likely to in	nprove)
Risk Factor	Covariate Name	Probability	Risk Factor	Covariate Name	Probability
Transferring	TRNFR345	95.62%	Ambulation	AMB456	14.38%
Transferring	TRNFR2	91.98%	Ambulation	AMB2	28.91%
Surgical Wound	SRG_WND_OBS_NOHEAL	61.51%	Ambulation	AMB3	33.84%
Surgical Wound	SRG_WND_OBS_EPI	56.42%	Age	AGE_95PLUS	35.96%
Aniety	AND(3	56.21%	Urinary Status	URINCONT_CATH	36.07%
Surgical Wound	SRG_WND_OBS_GRAN	56.04%	Ambulation	AMB1	37.11%
Home Care Condition Codes	HC_DX_HLTH_FACTORS	65.74%	SOCROC and Admission Source	SOC_COMM	38.19%
Disruptive Behavior Frequency	BEHPFR5	54.98%	SOC/ROC and Admission Source	ROC	38.58%
Disruptive Behavior Frequency	BEHPFR4	53.72%	Feeding or Eating	EAT345	38.85%
Home Care Condition Codes	HC_DX_EXT_MORB	53.64%	Bathing	BATH6	39.43%

Top/Bottom Risk Factors: Dyspnea

- · The SOC/ROC rating still comprises the top risk factors
- New in the Top-10: Bathing = 4, External causes of morbidity (Any primary or other diagnosis within the range V00 to Y99)
- Out of the Top-10: Therapy 5-13 and > 13

	10 Covariates ent MORE likely to imp	prove)		10 Covariates ant LESS likely to imp	rove)
Risk Factor	Covariate Name	Probability	Risk Factor	Covariate Name	Probability
Dyspnea	DYSP34	81.82%	SOC/ROC and Admission Source	ROC	39.70%
Dyspnea	DYSP2	72.07%	SOC/ROC and Admission Source	SOC_COMM	40.74%
Surgical Wound	SRG_WND_OBS_NOHEAL	59.75%	Home Care Condition Codes	HC_DX_RESPIRATORY	41.02%
Home Care Condition Codes	HC_DX_HLTH_FACTORS	56.37%	Uninary Status	URINCONT_CATH	42.99%
Surgical Wound	SRG_WND_OBS_EPI	55.58%	Home Care Condition Codes	HC_DX_NEOPLASM	43.16%
Bathing	BATH4	55.16%	Ambulation	AMB456	43.62%
Home Care Condition Codes	HC_DX_EXT_MORB	64.89%	Stasis Ulcer	STAS_ULCR_OBS_2PLUS	43.96%
Disruptive Behavior Frequency	BEHPFR5	54,70%	Age	AGE_95PLUS	44.06%
Disruptive Behavior Frequency	BEHPFR3	54,00%	Urinary Status	URINCONT_INCONT	45.41%
Risk of Hospitalization	RISK_NONE	54.47%	Depression Screening	PHQ2_SCOR_3PLUS	45.70%

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and Transfe	erring = 3, 4, 5 op-10: Pain =	,		/ = None	
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(making the pat Risk Factor Oral Medication Management Oral Medication Management Surgical Wound Araisty Surgical Wound Dyspines	Covariate Name ORALED3 ORALED2 SRG_WND_OBS_NOHEAL ANK3 SRG_WND_OBS_EPI DYSP34	Probability 77.93% 75.27% 64.09% 59.95% 58.13% 58.11%	(making the pati Risk Factor Living Arrangement Age Confusion Age Feeding or Eating Cognitive function	ent LESS likely to in Covariate Name LN_CONGREGATE AGE_90PLUS CONF4 AGE_90_94 EAT345 COGN34	Probability 20.03% 28.02% 30.20% 33.04% 33.10% 33.73%
(making the pat Risk Factor Cral Medication Management Cral Medication Management Surgical Wound Ansiety Surgical Wound Dyspnea Using Arrangement	Ient MORE likely to imp Covariate Name ORME03 ORME02 SRG_WND_OBS_NOHEAL ANO3 SRG_WND_OBS_EPI DYSPI4 UV_ALONE	Probability 77.93% 75.27% 64.09% 59.95% 58.13% 58.11% 57.55%	(making the pati Risk Factor Living Arangement Age Contasion Age Feeding or Eating Cognitive function Age	Covariate Name LV_CONGREGATE AGE_SEPLUS CONFA AGE_90_94 EAT345 COGNM AGE_85_89	Probability 28.63% 28.62% 30.20% 33.04% 33.10% 33.73% 36.89%

Impact Analysis and Insights on the OASIS-D1 Risk Model

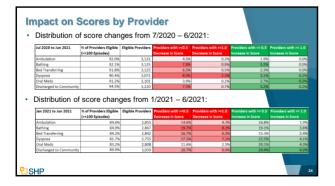
Patient Predicted Analysis

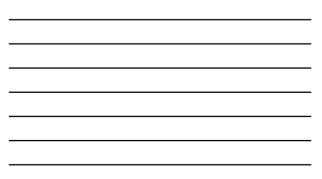
- To demonstrate the effect of the new risk model, the comparison below looks the average patient predicted rates for SOC/ROC assessments from the second half of 2020 vs. SOC/ROC assessments from the first 6 months of 2021.
- As noted in the last column, there was very little change in the average predicted rates with the implementation of the new risk model.

Measure Name	Jul 2020 to	Jan 2021 to	Change (+/-)
	Dec 2020	Jun 2021	
Improvement in Ambulation	78.35%	78.71%	0.35%
Improvement in Bathing	77.71%	78.07%	0.36%
Improvement in Bed Transferring	80.99%	81.34%	0.35%
Improvement in Dyspnea	76.79%	76.71%	-0.08%
Improvement in Management of Oral Medications	71.84%	71.96%	0.12%
Discharged to Community	68.39%	67.79%	-0.60%

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Risk Adjusted Ranking under OASIS-D1

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inder: Risk adjustr ders		calcu	ulate	ed the	e sam					
Outcome: Dyapnea	Improved				Desined			Your's Ranking		
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Repetter Columns 1915 118	857	923	21.25	0.05	745	н	1.9%	72%	125	
Superior Culcomer 1844 951	361	341	94.5%	97.6%	439	6	5.2%	64%	90%	
Superior Culcomes HINA 155	619	732	0.05	09.2%	817	17	1.9%	61%	475	
Division (AR)	1,827	1,675	91.2%	92.4%	2,890	26	1.7%	076	75%	
SHP Calabase (AR)			8125				1.9%			
Buperior Cultomer Hevh 148	1,852	1,801	86.0%	83.4%	2,000	45	2.2%	43%	34%	
Oversion EAU	1452	1.601	8.45	0.45	2,809		225	40%	20%	
3HT DADGAGE (M)			32.9%				1.0%			
Summing Codesamon 1993, 555	891	769	05.7%	62.6%	1.804	12	194	47%	32%	
		228	81.1%	87.3%	501	14	2.8%	28%	64%	
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Superior Culcomes HexA 107			8175	01.0% 03.4%	2,904	2 20	155	176	295	

Questions?

Thank You for Attending!

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Zeb Clayton VP of Client Services zclayton@shpdata.com Demystifying Home Health Risk Adjustment: OASIS-D1 Update