

Risk Adjustment

Three of the CMS chronic care QI/QMs are risk adjusted using a new, regression-based adjustment process. The adjustment mechanism attempts to remove the QI/QM impact of facility differences in the mix of certain MDS characteristics from the national average. The risk-adjusted facility value is an estimate of what the QI/QM would be if the mix of resident characteristics could somehow be changed to the national average.

The resident characteristics (“covariates”) used in the CMS risk adjustment process vary with the QI/QM. For example, the new pain QI/QM adjusts for the percentage of residents with cognitive impairment. Residents with cognitive impairment are expected to report pain less frequently than other residents, all else being equal. If a facility has an above-average percentage of residents with cognitive impairment, the risk adjustment mechanism assumes that the observed pain QI/QM is lower than it would have been with an average mix of cognitive impairment. Consequently, the facility’s observed QI is increased by an estimate of this cognitive impairment impact, so that it can be compared more consistently to the national average QI/QM or to the pain QI/QM of another facility.

In each of the three regression-based risk adjustment schemes, facilities with an above-average percentage of “high-risk” residents will have their observed QI/QM ratios adjusted downward, while those with a lower-than-average mix of high-risk residents will have their QI/QM values increased. This approach differs from the high/low risk stratification approach used with other QI/QMs. With stratification, the QI/QMs are reported separately for the high-risk and low-risk resident populations without further modification.

To provide additional insight into the regression-based risk adjustment, the new CHSRA QI/QM reports display values for high-risk and low-risk residents, as well as the total resident population. A resident is put into CHSRA’s high-risk group if they trigger any of the CMS covariates for the QI/QM. If no covariates are triggered, they are classified as low-risk. This allows you to see exactly how many residents are at risk and to see how much the regression adjustment affects your facility average.