

CMS ResDAC: Understanding Trends in PDPM Data

NARA Presentation July 21st 2021

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CMS Quality Strategy



Better Care: Improve the overall quality of care by making health care more person-centered, reliable, accessible, and safe.

Smarter Spending: Reduce the cost of quality health care for individuals, families, employers, government, and communities.

Healthier People, Healthier Communities: Improve the health of Americans by supporting proven interventions to address behavioral, social, and environmental determinants of health, and deliver higher-quality care.

2

CMS Quadruple Aim



3

CMS and Program Integrity: What we should prepare for?

- Changes in payment that result from changes in the coding or classification of SNF patients vs. actual changes in case mix.
- Changes in the volume and intensity of therapy services provided to SNF residents under PDPM compared to RUG-IV.
- Compliance with the group and concurrent therapy limit.
- Any increases in the use of mechanically altered diet among the SNF population that may suggest that beneficiaries are being prescribed such a diet based on facility financial considerations, rather than for clinical need.
- Any potential consequences (e.g., overutilization) of using cognitive impairment as a payment classifier in the SLP component.
- Facilities whose beneficiaries experience inappropriate early discharge or provision of fewer services (e.g., due to the variable per-diem adjustment).
- Stroke and trauma patients, as well as those with chronic conditions, to identify any adverse trends from application of the variable per-diem adjustment.
- Use of the interrupted-stay policy to identify SNFs whose residents experience frequent readmission, particularly facilities where the readmissions occur just outside the 3-day window used as part of the interrupted-stay policy.

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Your source for CMS data support

- ResDAC assists researchers with requesting data for two large insurance programs administered by the Centers for Medicare and Medicaid Services (CMS).
- **Medicare** is a federal health insurance program for those aged 65 and older, certain people under 65 with disabilities, and people of any age with End Stage Renal Disease. Medicare covers about 96% of all US citizens aged 65 and older.
- **Medicaid** is a joint federal/state health insurance program, providing coverage to low-income children, pregnant women, people with disabilities, some elderly and non-elderly adults. While the federal government defines broad national guidelines of eligibility and services, each state's program establishes its own eligibility standards and determines the scope of services.
- **Dual Eligibles** are individuals who are enrolled in both Medicare and Medicaid.



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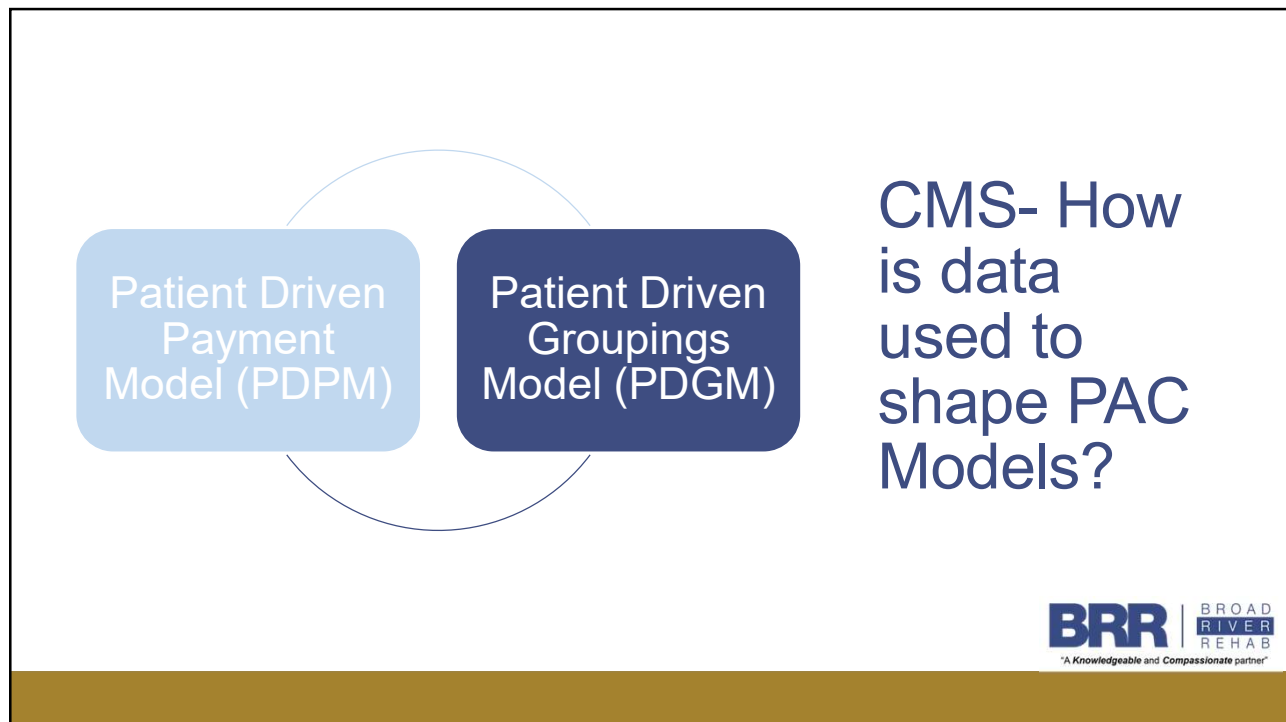
Research Data Assistance Center (ResDAC)

The Research Data Assistance Center (ResDAC) provides free assistance to academic and non-profit researchers interested in using Medicare, Medicaid, SCHIP, and Medicare Current Beneficiary Survey (MCBS) data for research. Primary funding for ResDAC comes from a CMS research contract. ResDAC is a consortium of faculty and staff from the University of Minnesota, Boston University, Dartmouth Medical School, and the Morehouse School of Medicine.

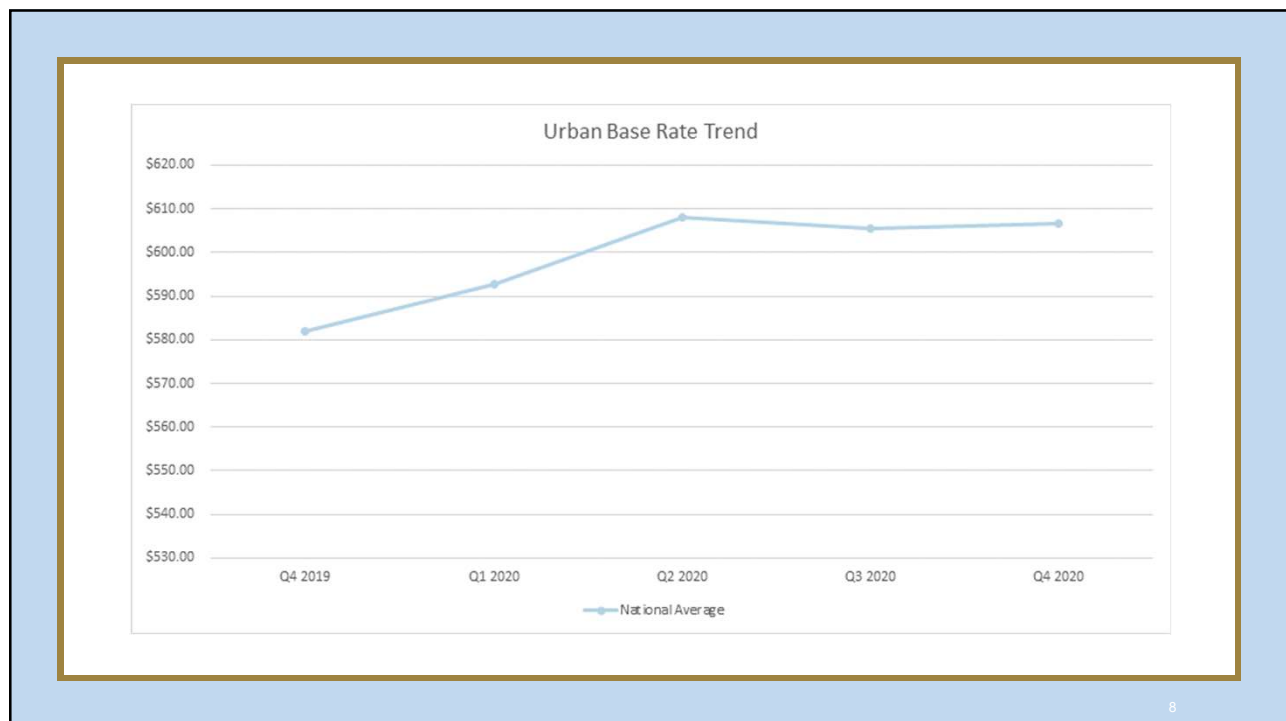
ResDAC offers a number of services for researchers with all levels of experience using or planning to use CMS data. Services include technical data assistance, information on available data resources, and training



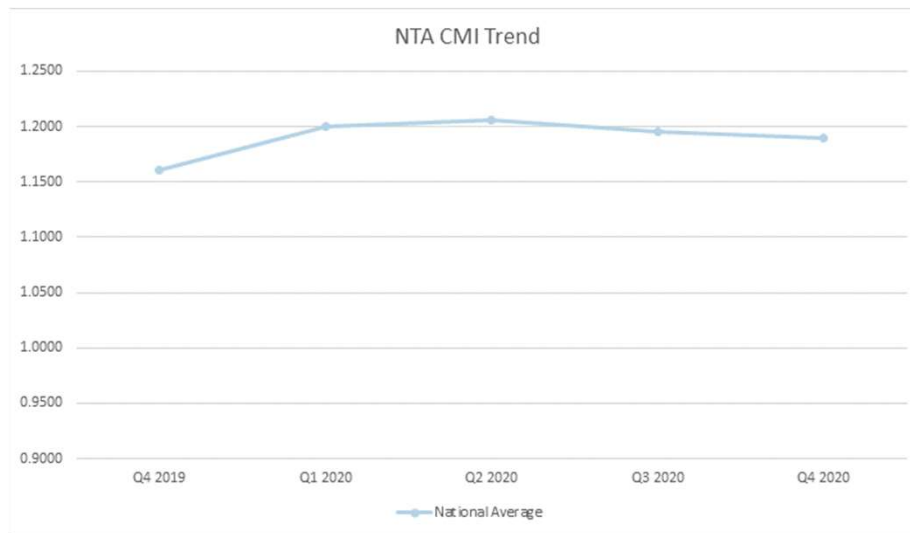
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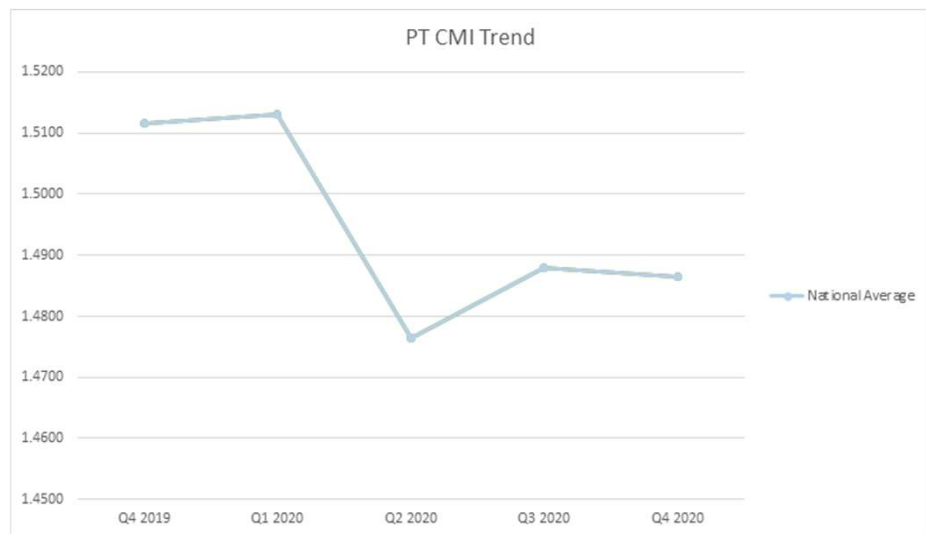


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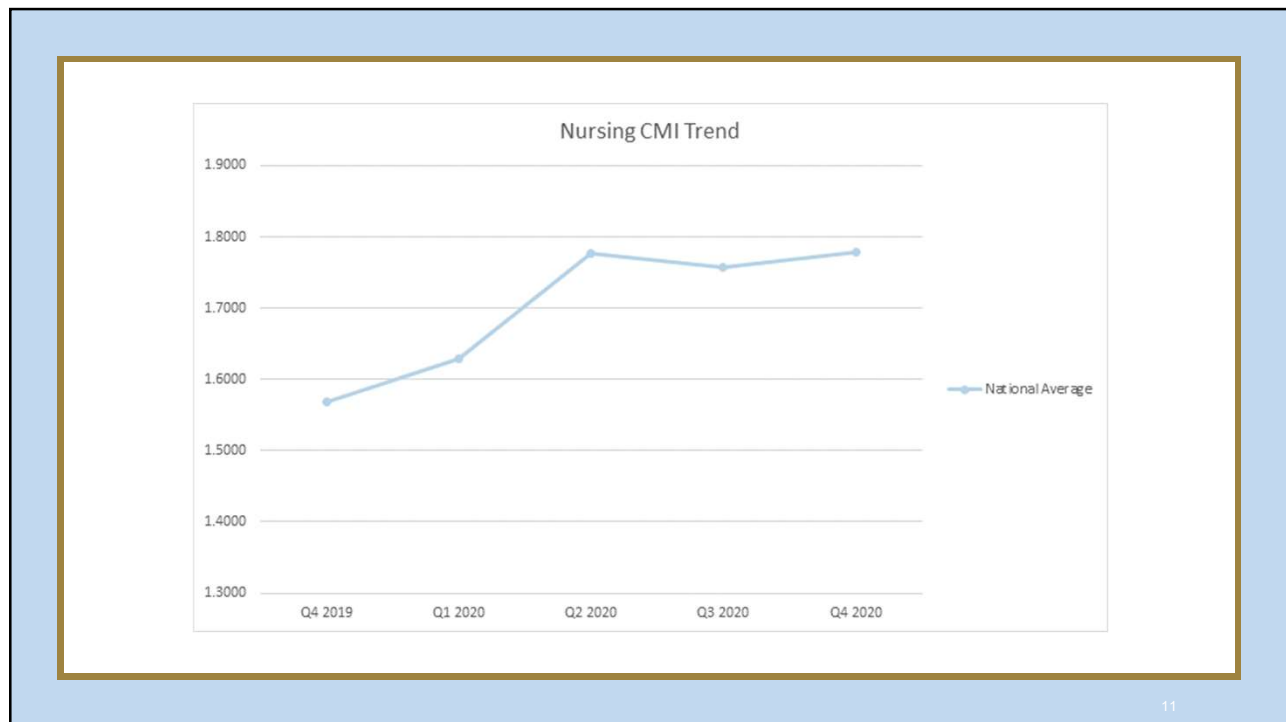
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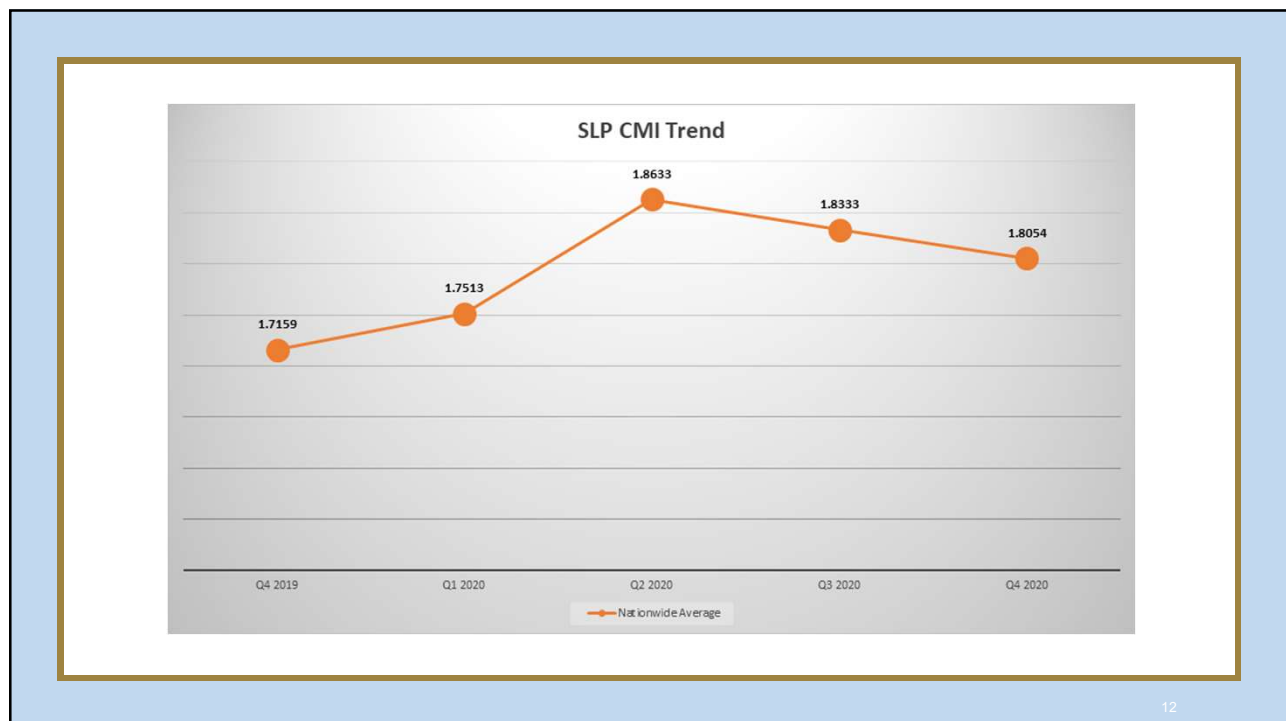


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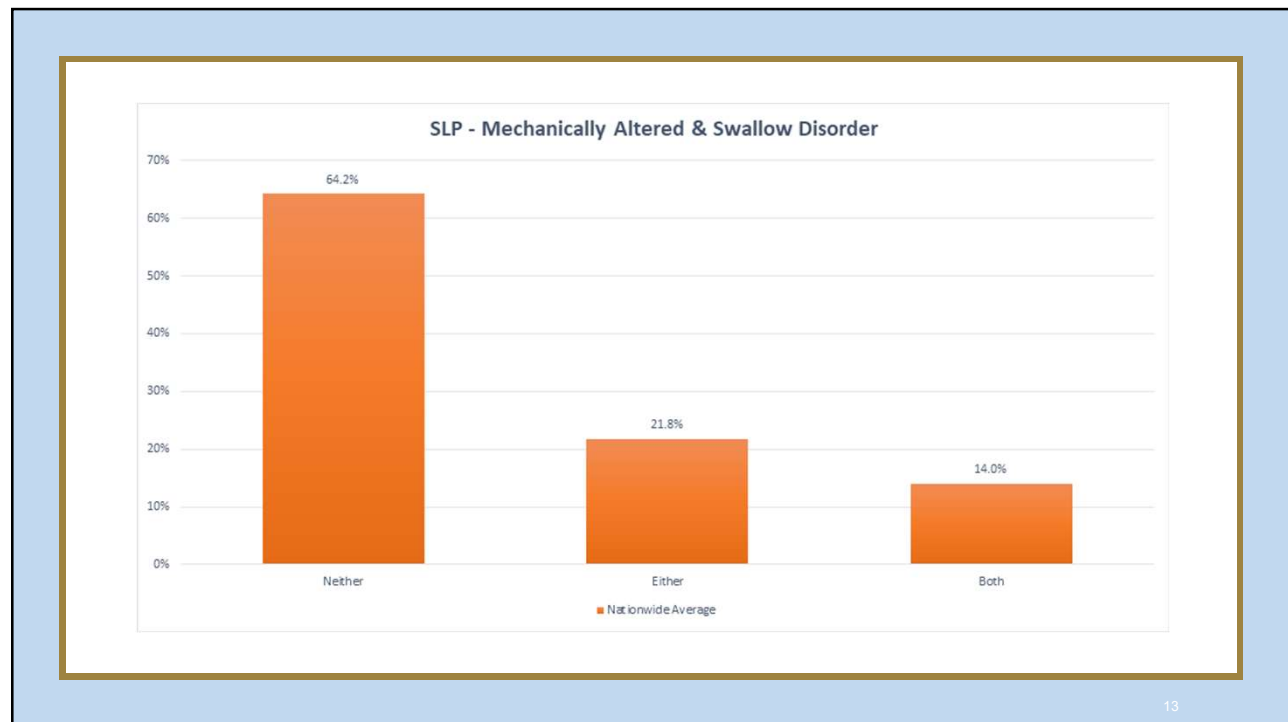
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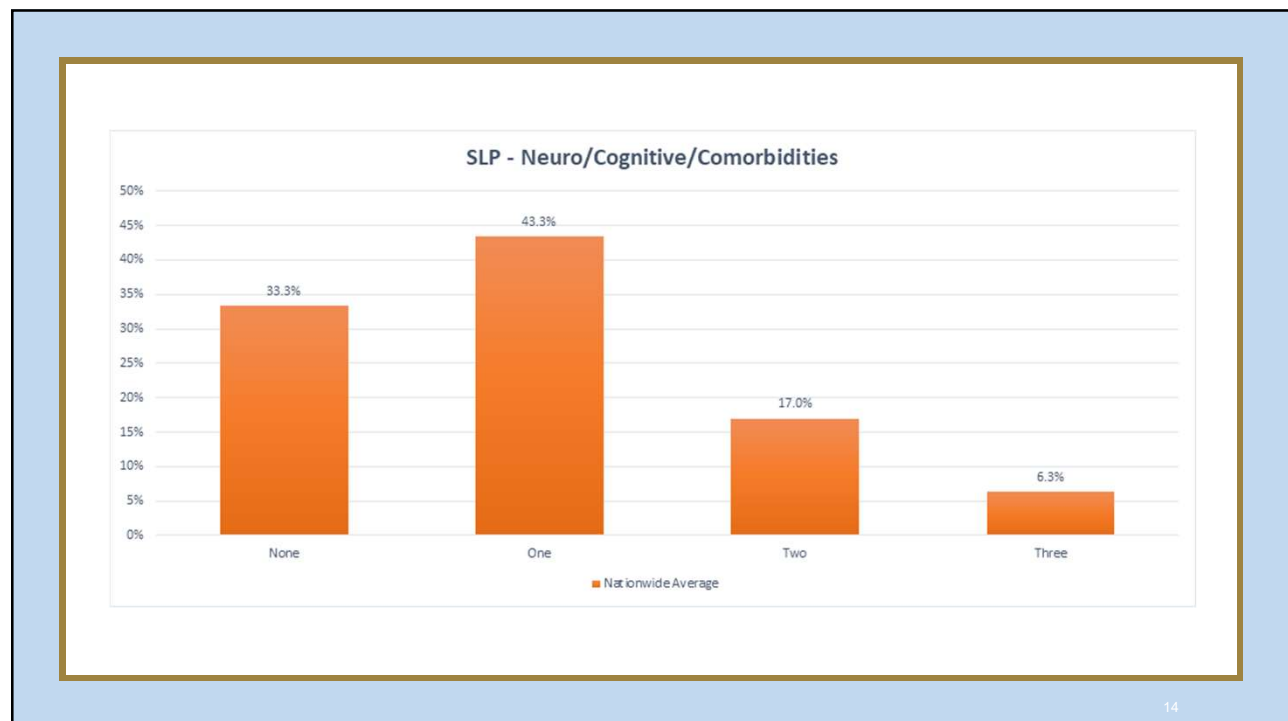
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NAVIGATING THE PDPM SLP COMPONENT



**Independence
Rehab**

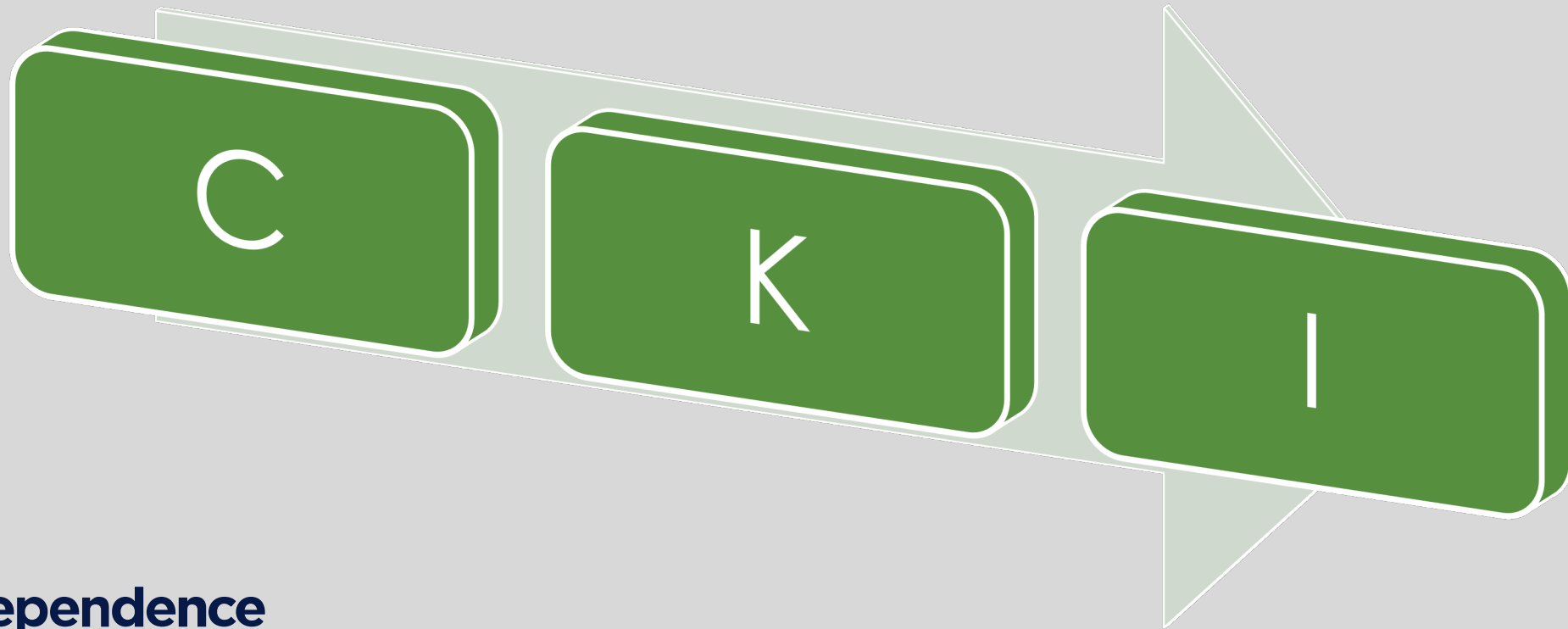
It's a big job! Make it a little easier.



SLP downcoding

- SLP component related denials
- How Rehab can contribute to the BIMS Section I and Section K accuracy
- Missed Section K opportunities
- Resources and processes for coding success

Rehab Contributions to the PDPM SLP Component



SLP CASE-MIX CLASSIFICATION GROUPS

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	SLP Case-Mix Index	Reimbursement
None	Neither	SA	0.68	
None	Either	SB	1.82	
None	Both	SC	2.66	
Any one	Neither	SD	1.46	
Any one	Either	SE	2.33	
Any one	Both	SF	2.97	
Any two	Neither	SG	2.04	
Any two	Either	SH	2.85	
Any two	Both	SI	3.51	
All three	Neither	SJ	2.98	
All three	Either	SK	3.69	
All three	Both	SL	4.19	

SLP CO-MORBIDITIES

Aphasia	Dysphagia	Speech Language Deficits
ALS	Hemiplegia or Hemiparesis	Traumatic Brain Injury
Apraxia	Laryngeal Cancer	Tracheostomy Care (While a Resident)
CVA, TIA, or Stroke	Oral Cancers	Ventilation or Respirator (While a Resident)

Skilled Nursing Medicare Part A FY 2021 SNF PPS PDPM RATES



Selected County: Salt Lake, UT
CBSA Code: 41620
CBSA Designation: Salt Lake City, UT
Urban/Rural Status: Urban

Select your state and county below:

State

OR	PA	PR
RI	SC	SD
TN	TX	UT

County

Rich
Salt Lake
San Juan

*Rates are effective for
services beginning
10/1/2020*

Wage Index: .9728

PT/OT	PT	OT	PT + OT
TA	\$ 93.08	\$ 84.38	\$ 177.46
TB	\$ 103.42	\$ 92.31	\$ 195.73
TC	\$ 114.37	\$ 95.70	\$ 210.08
TD	\$ 116.81	\$ 86.64	\$ 203.45
TE	\$ 86.39	\$ 79.85	\$ 166.24
TF	\$ 97.95	\$ 90.61	\$ 188.56
TG	\$ 101.60	\$ 92.87	\$ 194.47
TH	\$ 70.57	\$ 65.12	\$ 135.70
TI	\$ 68.75	\$ 66.82	\$ 135.57
TJ	\$ 86.39	\$ 82.11	\$ 168.50
TK	\$ 92.47	\$ 87.21	\$ 179.68
TL	\$ 66.31	\$ 62.86	\$ 129.17
TM	\$ 77.26	\$ 73.62	\$ 150.88
TN	\$ 90.04	\$ 84.95	\$ 174.98
TO	\$ 94.30	\$ 87.78	\$ 182.07
TP	\$ 65.70	\$ 61.73	\$ 127.43

SLP	
SA	\$ 15.44
SB	\$ 41.33
SC	\$ 60.64
SD	\$ 33.16
SE	\$ 53.14
SF	\$ 67.68
SG	\$ 46.33
SH	\$ 64.95
SI	\$ 80.17
SJ	\$ 67.91
SK	\$ 84.03
SL	\$ 95.61

Nursing	
ES3	\$ 430.61
ES2	\$ 325.61
ES1	\$ 310.76
HDE2	\$ 254.55
HDE1	\$ 211.06
HBC2	\$ 237.58
HBC1	\$ 197.28
LDE2	\$ 220.61
LDE1	\$ 183.49
LBC2	\$ 182.43
LBC1	\$ 151.67
CDE2	\$ 198.34
CDE1	\$ 171.82
CBC2	\$ 164.40
CA2	\$ 115.61
CBC1	\$ 142.12
CA1	\$ 99.70
BAB2	\$ 110.30
BAB1	\$ 105.00
PDE2	\$ 166.52
PDE1	\$ 155.91
PBC2	\$ 129.40
PA2	\$ 75.30
PBC1	\$ 119.85
PA1	\$ 70.00

NTA	
NA	\$ 259.26
NB	\$ 202.44
NC	\$ 147.23
ND	\$ 106.42
NE	\$ 76.82
NF	\$ 57.61

VPDA Example	
Period	Adjustment
Days 1 - 3	300%
Days 4 +	100%

Non-Case-Mix	
\$	94.97

Facility Specific Factors	
Value-Based Purchasing	100%
(VBP factor ranges between 98% and 104%)	
Quality Reporting Progs	100%
(QRP factor is either 98% or 100%)	

Variable Per Diem Adjustment (VPDA) Example			
Period	Begin	End	Adjustment
1	0	20	100%
2	21	27	98%
3	28	34	96%
4	35	41	94%
5	42	48	92%
6	49	55	90%

Source: CMS-1757-F, Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Value-Based Purchasing Program for Federal Fiscal Year 2021

CLA's rate listing and calculator are based on the final rule published July 31, 2020. CLA will monitor and update rates as necessary in the event of any technical corrections that result in rate changes. This calculator is intended to be informational in nature. You should consult with a professional advisor familiar with your particular factual situation for advice or service concerning any specific matters or to address your organization's specific reimbursement rate needs.

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K0100: Swallowing Disorder

K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above


- **K0100A, loss of liquids/solids from mouth when eating or drinking.** When the resident has food or liquid in his or her mouth, the food or liquid dribbles down chin or falls out of the mouth.
- **K0100B, holding food in mouth/cheeks or residual food in mouth after meals.** Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely.
- **K0100C, coughing or choking during meals or when swallowing medications.** The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications “going down the wrong way.”
- **K0100D, complaints of difficulty or pain with swallowing.** Resident may refuse food because it is painful or difficult to swallow.
- **K0100Z, none of the above:** if none of the K0100A through K0100D signs or symptoms were present during the look-back.






“THE MEDICAL RECORD SUPPORTED CODING OF COUGHING OR CHOKING DURING MEALS AND COMPLAINTS OF DIFFICULTY OR PAIN WITH SWALLOWING IN MDS SECTION K. THE REGISTERED DIETICIAN ASSESSMENT INDICATED SWALLOWING DIFFICULTY AND “RES ENDORSES SOME “CHOKING”. THIS AFFECTS THE SLP CASE MIX.”

- **WOULD HAVE CHANGED THE SLP CODING FROM SA TO SB FOR A DIFFERENCE IN REIMBURSEMENT OF \$25.89 PER DAY.**



“THE MEDICAL RECORD SUPPORTS CODING OF LOSS OF LIQUIDS/SOLIDS FROM THE MOUTH AND HOLDING FOOD IN MOUTH/CHEEKS IN MDS SECTION K. THE SLP EVALUATION INDICATED ANTERIOR SPILLAGE WITH THIN LIQUIDS AND PUREE, AND NOTED ORAL RESIDUE WITH CHOPPED, GROUND AND PUREE. THIS AFFECTS THE SLP CASE MIX.”

- **SLP FROM SA TO SB**



“THE MEDICAL RECORD SUPPORTS CODING OF HOLDING
FOOD IN MOUTH/CHEEKS MDS SECTION K. THIS AFFECTS
THE SLP CASE MIX. THE SLP EVALUATION INDICATED
ORAL RESIDUE WITH REGULAR SOLIDS AND REGULAR
GROUND.”

- SLP FROM SA TO SB

**Section K
Coding Worksheet**

SECTION	Nursing	Therapy
K0100A	Loss of Liquids/ solids from mouth when eating or drinking	<input type="checkbox"/> Anterior Spillage <input type="checkbox"/> Decreased oral containment on right or left side <input type="checkbox"/> Drooling <input type="checkbox"/> Labial/ bolus loss <input type="checkbox"/> Residue on lips or chin <input type="checkbox"/> Decreased ability to clear food from spoon <input type="checkbox"/> Poor saliva management <input type="checkbox"/> Perservative mastication with food expulsion/ loss
K0100B	Holding Food in mouth/cheeks or residual food in mouth after meals	<input type="checkbox"/> Reduced oral clearance with residue <input type="checkbox"/> Reduced bolus formation <input type="checkbox"/> Limited anterior-posterior propulsion of bolus or tongue movement <input type="checkbox"/> Tongue pumping <input type="checkbox"/> Reduced mastication <input type="checkbox"/> Increased time for meal consumption <input type="checkbox"/> Reduced tolerance to varied textures <input type="checkbox"/> Reduced tolerance to hot/ cold temperatures <input type="checkbox"/> Munched chewing
K0100C	Coughing or choking during meals or when swallowing medications	Signs of choking or coughing such as: <input type="checkbox"/> Watery eyes <input type="checkbox"/> Runny nose <input type="checkbox"/> Effortful swallow <input type="checkbox"/> Poor airway protection <input type="checkbox"/> Poor reflexive and volitional swallow <input type="checkbox"/> Wet vocal cords or change in vocal quality or breath sounds <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Throat clearing <input type="checkbox"/> Recurring pneumonia
K0100D	Complaints of difficulty or pain with swallowing	<input type="checkbox"/> Odynophagia = pain with swallowing <input type="checkbox"/> Globus sensation = feeling of food stuck in throat at level of sternal notch <input type="checkbox"/> Premature feeling of fullness <input type="checkbox"/> Oral or nasal emesis during/ after intake <input type="checkbox"/> Heartburn sensation

Patient Name: _____ MRN: _____

Therapist
Signature: _____ Date: _____

SECTION	Nursing	Therapy
K0100A	Loss of Liquids/ solids from mouth when eating or drinking	<ul style="list-style-type: none"> <input type="checkbox"/> Anterior Spillage <input type="checkbox"/> Decreased oral containment on right or left side <input type="checkbox"/> Drooling <input type="checkbox"/> Labial/ bolus loss <input type="checkbox"/> Residue on lips or chin <input type="checkbox"/> Decreased ability to clear food from spoon <input type="checkbox"/> Poor saliva management <input type="checkbox"/> Perservative mastication with food expulsion/ loss



K0100B

Holding Food in
mouth/cheeks or
residual food in mouth
after meals

- ☐ Reduced oral clearance with residue
- ☐ Reduced bolus formation
- ☐ Limited anterior-posterior propulsion of bolus or tongue movement
- ☐ Tongue pumping
- ☐ Reduced mastication
- ☐ Increased time for meal consumption
- ☐ Reduced tolerance to varied textures
- ☐ Reduced tolerance to hot/ cold temperatures
- ☐ Munched chewing



K0100C	Coughing or choking during meals or when swallowing medications	<p>Signs of choking or coughing such as:</p> <ul style="list-style-type: none"><input type="checkbox"/> Watery eyes<input type="checkbox"/> Runny nose<input type="checkbox"/> Effortful swallow<input type="checkbox"/> Poor airway protection<input type="checkbox"/> Poor reflexive and volitional swallow<input type="checkbox"/> Wet vocal cords or change in vocal quality or breath sounds<input type="checkbox"/> Shortness of breath<input type="checkbox"/> Throat clearing<input type="checkbox"/> Recurring pneumonia





K0100D	Complaints of difficulty or pain with swallowing	<ul style="list-style-type: none"><input type="checkbox"/> Odynophagia = pain with swallowing<input type="checkbox"/> Globus sensation = feeling of food stuck in throat at level of sternal notch<input type="checkbox"/> Premature feeling of fullness<input type="checkbox"/> Oral or nasal emesis during/ after intake<input type="checkbox"/> Heartburn sensation
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DOCUMENT IT!!



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SECTION C: THE BIMS

Major Complaints:

Not sensitive enough

Too much familiarity

Procedure

Given by as many disciplines as possible

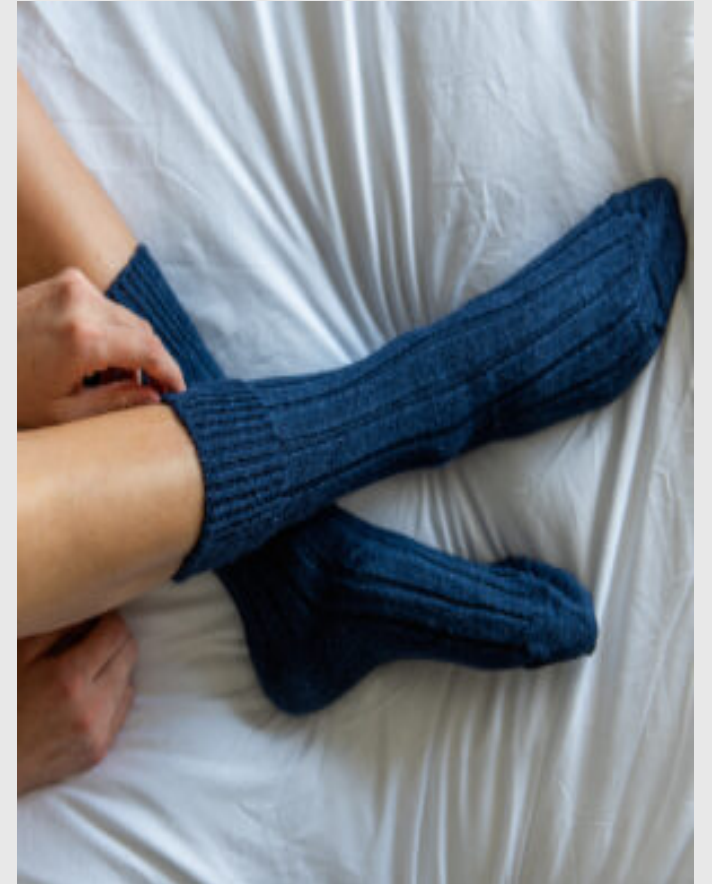
Given at different times of the day

SECTION C: BIMS DENIAL

“The resident interview for assessment of cognition in Section C was completed after the ARD, based on the signature in Section Z. The BIMS is scored 15 as normal cognition and impacts the SLP case mix group.”



“Please see attached documentation to support the interview for Section C in MDS. The attached worksheet was completed and dated on the ARD.”



BIMS DENIAL EXAMPLE:



- “The OTR completed the BIMS, within the ARD window, with a score of 15. The change in the BIMS score impacts the SLP case mix group.”



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SECTION I

Therapy can contribute to Section I by supporting the diagnosis code:

- Document deficits related to the selected medical diagnosis
- Address the deficits related to the selected medical diagnosis code in the plan of care.

Physician-documented diagnosis in the last 60 days that has a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.



SECTION I DENIAL

“MDS Section I was coded for CVA. The medical record does not support that this is an active diagnosis in the lookback period. Documentation supports history of CVA. The revised coding in Section I affects the SLP case mix group.”

There are two look-back periods for this section:

- Diagnosis identification (Step 1) is a 60-day look-back period.
- Diagnosis status: Active or Inactive (Step 2) is a 7-day look-back period (except for Item I2300 UTI, which does not use the active 7-day look-back period).

NON-SUPPORTIVE DOCUMENTATION

“The medical record does not support the coding of complaints of difficulty or pain with swallowing on the MDS in Section K. The swallowing problem was noted in the Registered Dietician assessment on 1/24/2021, which is **after** the ARD on 1/21/2021. The SLP evaluation dated 1/20/2021 indicated swallow skills are within functional limits (WFL). This coding change affects the SLP case mix group.”

“The PT, OT and SLP evaluations and plans of care do not include the diagnosis of stroke, or support any deficits related to a prior stroke.”

“PT and OT evaluations show no strength differentiation left to right.”



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Where we started:

80% or
more
coded
as SA

- Leaving money on the table



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How it's going:

- SLP Case Mix Group – **SE**
- Acute Neuro Not captured d/t DX missed on admission and not set as primary
- 4/16 – Difficulty swallowing, Oral Residue, Cough not captured in the MDS
- Recommendations:
 - Change Primary DX to Acute Encephalopathy
 - Modify MDS to capture K0100B, K0100C, K0100D
 - Changes SLP CMG to **SI**
- **Revenue loss \$27.03/day**



- Rachel Lux
- Director of Compliance



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