

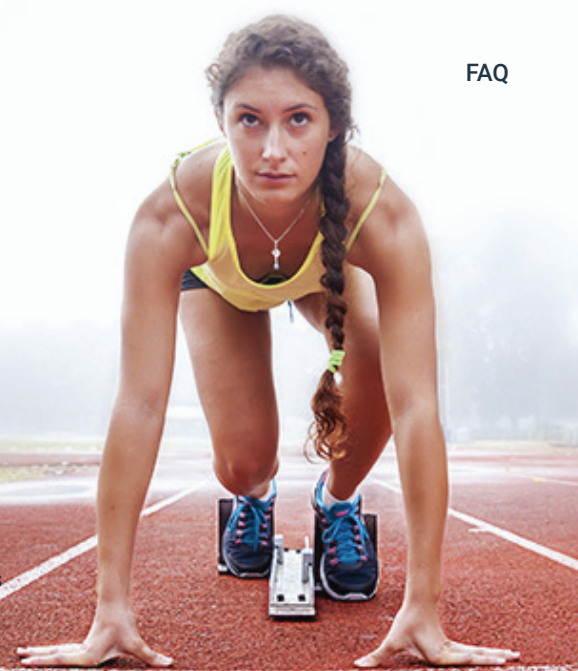
Frequently asked questions from the webinar

# Getting a headstart on PDGM:

an overview for all home health leaders and staff



by **Gina Mazza, BSN, RN, CPHQ**  
Senior Vice President Regulations and Compliance, Fazzi Associates



## In the 2019 Home Health Final Rule, the Centers for Medicare and Medicaid Services (CMS) laid out its timeline for home health's next payment model: the Patient Driven Groupings Model (PDGM).

PDGM will dramatically change the way your certified home health agency is reimbursed starting in January 2020. Preparation for a change this massive cannot happen overnight. Every home health agency will need time to adjust. The learning curve is steep, so wise agency leaders and staff members are beginning now.

PDGM was the subject of a recent 60-minute webinar presented by renowned consultant **by Gina Mazza, BSN, RN, CPHQ**, Senior Vice President Regulations and Compliance, Fazzi Associates. This important webinar is now available for on-demand viewing at [wellsky.com/pdgm](https://www.wellsky.com/pdgm). In this document, Gina answers some of the most popular questions asked during the webinar.

## Questions about PDGM

**Q: What exactly is PDGM and when will it go into effect?**

**A:** The Patient Driven Groupings Model (PDGM) is a new payment model for all Medicare certified home health agencies. The effective date is January 1, 2020. PDGM is an alternative approach to the current payment model: Home Health Prospective Payment System (HHPPS).

PDGM will shift 60 day episodes to 30 day units of payment plus, a new case mix methodology will be utilized. For example, the therapy thresholds are eliminated while patient characteristics will contribute to the case mix for each patient.

**Q: Will the plan of care and supplementary orders need to be signed before submitting a 30-day bill?**

**A:** Under PDGM, the OASIS assessment must be completed, the certification is signed, and the plan of care and all other orders must be signed and dated before submitting the final claim. This is the same guideline as under Home Health Prospective Payment System (HHPPS).

**Q: What are the admission timing categories "early" and "late?"**

**A:** Under the admission category in PDGM, each 30-day period of payment will be classified as an "early" or as a "late" period. The first 30-day period is classified as an early 30-day period and then, all subsequent 30-day periods are classified as late.

**Q: If the first 30-day period is early and then, all other subsequent 30-day periods are late, how is this determined for payment since the OASIS assessment timeframes are not changing?**

**A:** The timing category assigned to each 30-day period will be based on claims information in the Medicare systems. The system is expected to automatically assign the early or late timing category during claims processing.

**Q: Will Medicare Advantage Plans implement PDGM?**

**A: The** Patient Driven Groupings Model (PDGM) is a payment model developed for the Medicare Home Health benefit provided by certified home health agencies. Private payers, such as Medicare Advantage plans, are not required to follow this payment methodology. While some private payers may follow PDGM guidance, it is not required. The requirements from various private payers will vary widely.

**Q: How can we find out which diagnoses are currently included in the comorbidity groups?**

**A:** The current diagnoses included in the comorbidity adjustment of PDGM are listed on tabs labeled "comorbidity low/high" within the Updated PDGM Grouper Tool. The grouper tool is one of many PDGM resources located on the CMS Home Health Agency (HHA) Center site's home page [<https://www.cms.gov/center/provider-type/home-health-agency-hha-center.html>]

**Q: Are LUPA thresholds based on 30-day payment periods or 60-day certification periods?**

**A:** LUPAs will continue under PDGM. The LUPA thresholds will vary for each 30 day period depending on the payment group to which it is assigned. The LUPA thresholds range from 2-6 visits.

**Q: How can an agency identify which Nursing/Therapy Ratio quartile they have been assigned by CMS?**

**A:** Fazzi Associates has an easy to use tool that requires your CCN to receive information about your agency's quartile placement and an overall reimbursement projection. [<https://www.fazzi.com/patient-driven-groupings-model-pdgm/>]

Additionally, every agency is listed with their quartile placement in a spreadsheet labeled as PDGM Agency Level Impacts on the CMS Home Health Agency (HHA) Center site's home page. [<https://www.cms.gov/center/provider-type/home-health-agency-hha-center.html>]

The agency listing is one of many PDGM resources located on the CMS Home Health Agency (HHA) Center site's home page.

**Q: Will home health agencies continue to employ and salaried Therapists under PDGM?**

**A:** Therapy services are an important service provided by home health agencies. The PDGM model does not eliminate the need for or, dismiss the payment of therapy services. The PDGM accounts for the provision of multidisciplinary care through the case mix model based on patient characteristics. Case mix items such as the primary diagnosis, functional impairment level and, comorbidity adjustment will account for the multidisciplinary patient needs.

Home health agency leadership will continue to determine the best model for obtaining therapy services.

**Q: What are some best practices that will align therapy service delivery with the individual clinical groups?**

**A:** The Home Health Conditions of Participation (CoPs) continue to require that each patient accepted for home health care receive an individualized and coordinated plan of care. The best approach to ensure ensuring safe, effective and efficient care planning is through interdisciplinary care management. Consider using the SBAR approach (Situation, Background, Assessment and Recommendations) in communicating care management discussions.

**Q: What are some the key actions agency leaders should do now to prepare for PDGM?**

**A:** PDGM initially requires education throughout the organization and then, a review of all current workflows.

As you begin the journey to PDGM, consider these initial, top actions:

1. Generate buy-in. Educate leaders and all staff.
2. Create an agency-wide committee to champion PDGM. The team should be comprised of change agents.

3. Analyze your organization's 2018 performance on key case mix items to identify gaps and successes.
4. Set your goals and share them. Then, measure your success throughout this year.

## About the author



**Gina Mazza, BSN, RN, CPHQ**

is Senior Vice President Regulations and Compliance for Fazzi Associates. In her role at Fazzi, she manages one of the largest OASIS and

compliance groups in the country. She serves as the Director of Fazzi's Home Health and Hospice CAHPS programs as well as Fazzi's OASIS and compliance auditing. Gina has spearheaded a number of Fazzi's national best practice initiatives and served as the clinical expert on Fazzi's National State of the Industry Study. She has published numerous white papers on the realities and implications of regulations on service delivery. Gina is also a nationally recognized speaker with strong clinical and regulatory expertise.



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