

PDGM SUMMARY

Publication Date: November 13, 2018

The Patient Driven Groupings Model (PDGM) defines the components to assimilate patient characteristics into various groupings to generate the HHRG for payment.

Change to Billing Cycle

CMS created a 30-day billing period inside of each 60-day episode of care.

Admission Source Grouping

An institutional admission source grouping would be applied if a patient had an acute or post-acute care stay in the 14 days preceding each 30-day billing period. A community admission source grouping would be applied if a patient had no acute or post-acute care stay in the 14 days preceding days.

Episode Timing Grouping

Thirty-day periods will be classified as early or late depending on when they occur within a sequence of 30-day periods. The first 30-day period during care is classified as early. All subsequent 30-day periods in the sequence (second or later) are classified as late.

Clinical Grouping

A variety of patient clinical characteristics create the 12 clinical groups of PDGM. Musculoskeletal Rehabilitation, Neuro/Stroke Rehabilitation, Wound-Post-Op Wound Aftercare and Skin/Non-Surgical Wound Care, Complex Nursing Interventions, Behavioral Health Care, Medication Management, Teaching and Assessment (MMTA) for Surgical Aftercare, Cardiac/Circulatory, Endocrine, GI/GU, Infectious Disease, Respiratory, Other.

Functional Impairment Grouping

Functional levels are assigned based on responses to certain OASIS items. Criteria for assignment into the three functional impairment levels may differ across each clinical group. The functional impairment level groups are Low, Medium and High.

Comorbidity Adjustment Grouping

This grouping takes into consideration the presence of secondary diagnosis codes. The three comorbidity adjustment levels are None, Low and High. Each patient can qualify for only one comorbidity adjustment per 30-day period of care.

LUPA

To create LUPA thresholds in each 30-day period of care, CMS proposed to set the LUPA threshold at the tenth percentile value of visits or two, whichever is higher for each payment group. This creates a variable LUPA threshold for each of the 432 case mix groups, ranging from 2-6 visits per case group.

Behavioral Assumptions

CMS is employing three behavioral assumptions for the implementation of PDGM. Clinical grouping codes are expected to change as agency's documentation and coding practices will change to have 30-day periods placed in higher paying clinical groups. CMS expects agencies to add additional ICD-10 codes to capture comorbidity adjustments. And CMS assumes agencies will provide 1-2 extra visits to receive full 30-day payment and avoid a LUPA.

At Home With Aegis believes that all care should be patient-centered to meet the unique needs of each patient and will continue to work with our agency partners to optimize and deliver excellent patient outcomes, regardless of the payment methodology.