Patient Driven Groupings Model (PDGM)
What is Changing?

Payment episodes

Current standard 60-day episode of care will now be two 30-day periods

Each 30-day period to be grouped into one of 12 clinical categories based on patient's main diagnosis

- Neuro Rehab
- MS Rehab
- MMTA – Surgical Aftercare
- MMTA – Endocrine
- MMTA – Respiratory
- Wounds
- Behavioral Health
- MMTA – Cardiac and Circulatory
- MMTA – GI/GU
- Complex Nsg Interventions
- MMTA – Other
- MMTA – Infectious Disease

Payment Groupings

Determining case mix requires accurate functional status assessment

Number of payment/clinical groupings and unique case-mix potential rises from 153 to 432

Therapy Thresholds

Therapy thresholds will be eliminated as primary determinant of reimbursement

Therapy threshold will no longer affect case-mix weight

Service Plans and Visit Frequencies

Low Utilization Payment Adjustments (LUPAs) – Penalties for not providing adequate visits to address needs and prevent Acute Care Hospitalization

LUPA count will reset every 30 days

Each Home Health Resource Group (HHRG) will now have its own LUPA visit threshold (2-6 visits)

Diagnoses

Coverage for care provided will be denied if diagnosis codes are incorrect

Approximately 40% of diagnoses allowed under current PPS will not be accepted as primary diagnosis under PDGM

Accuracy in assessment and documentation is crucial