DecisionHealth

PDGM BY THE NUMBERS

The Patient-Driven Groupings Model

A dramatically revised home health payment model launches Jan. 1, 2020. The Patient-Driven Groupings Model (PDGM) will shorten the length of home health payment periods, eliminate therapy bonus payments and more. Stay informed and prepare for success. In this exclusive infographic, learn key numbers and details about the new payment model.

30 The number of days in a payment period under PDGM. Under the PPS, there were 60 days in a payment period.

432 The number of unique case-mix payment groups known as Home Health Resource Groups (HHRGs) that will be part of PDGM. That number is significantly higher than the 153 HHRGs used to adjust payment under the prospective payment system (PPS).

12 The number of clinical groups finalized under PDGM. An episode falls into one of these groups based on the primary diagnosis on the home health claim.

43,287 The number of acceptable primary diagnosis codes that drive clinical groups under PDGM. If agencies enter a primary diagnosis that isn't on this list, the claim will be returned to provider.

8 The number of OASIS items used to determine a patient's functional impairment level of low, medium or high. Those items are M1800 (Grooming), M1810 (Current ability to dress upper body), M1820 (Current ability to dress lower body), M1830 (Bathing), M1840 (Toilet transferring), M1850 (Transferring), M1860 (Ambulation) and M1033 (Risk for hospitalization).

3 Levels of impairment. A patient can have a low, medium or high level of impairment.

2 The number of admission sources. Under PDGM, patient admission source can be either from the community or institutional setting. There are also two timing options under PDGM: Early or late.

13 The number of comorbidity subgroups that qualify for a low comorbidity adjustment. To qualify for this adjustment, the patient must have a diagnosis in one of these subgroup categories. An episode can only qualify for a single comorbidity adjustment.

34 The number of comorbidity subgroup interactions that qualify for a high comorbidity adjustment. To qualify for this adjustment, the patient must have diagnoses in interacting subgroup categories. An episode can only qualify for a single comorbidity adjustment.