What You Should Know About the Patient-Driven Groupings Model for Home Health Services

The Patient-Driven Groupings Model adopted by the U.S. Centers for Medicare and Medicaid Services shifted home health payment toward a system that focuses on clinical characteristics and other patient information, and away from therapy service visit thresholds. It is not intended to be used to make treatment or staffing decisions that reduce or compromise patient care.

The PDGM is a patient-centered payment system that places home health periods of care into more meaningful payment categories while eliminating the use of therapy service thresholds for adjusting payment for home health episodes. The system also moves payment from a single 60-day episode to 30-day periods of care, still retaining the 60-day certification and plan of care requirements.

There are several myths about the PDGM. Claims that the need for therapy will be diminished, that only patients discharged from an institutional setting will receive therapy, that the PDGM doesn’t support maintenance therapy, and that services cannot be delivered after the first 30 days are false. Similarly, rumors that therapy will be covered only when a patient is assigned a clinical grouping of musculoskeletal rehabilitation or neurological/stroke rehabilitation, that Medicare will dictate which providers are qualified to provide certain types of therapy, and that home health visits will be dictated by the Low Utilization Payment Adjustment (LUPA) claims system are all untrue.

PDGM: What's Different, What Isn't

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<tr>
<th>What Changed</th>
<th>What Didn’t Change</th>
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<td>• Payment driven by the patient’s clinical characteristics</td>
<td>• Patient needs</td>
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<td>• Switch from a 60-day episode to 30-day periods of care</td>
<td>• Medically necessary care as a baseline standard</td>
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<td>• Elimination of therapy thresholds as a determinant of payment</td>
<td>• Criteria for skilled therapy coverage</td>
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<td>• 432 case-mix groups</td>
<td>• Use of clinical judgment in determining appropriate frequency, duration, and modality of services</td>
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<td>• Ability of PTAs to furnish maintenance therapy under the home health benefit within their scope of practice</td>
<td>• Home health as a multidisciplinary benefit, with payment bundled to cover all necessary services identified in the plan of care</td>
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<td>• Annual recalibration of the case-mix weights assigned to each period</td>
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APTA advocated to CMS on behalf of the physical therapy profession and our patients when the plan for a payment system change was first presented in 2017. Since that time, we’ve submitted comments and met in person with CMS representatives and federal legislators, both as an individual organization and as part of therapy organization coalitions. At the same time, we’ve kept the profession up to date with the evolution of the PDGM through our news and social media outlets, webinars, phone-in sessions, and resources on the APTA website. We are committed to helping the physical therapy profession better understand the PDGM and educating employers and other stakeholders in developing responsible approaches to the system. We’ll continue to carefully monitor implementation of the PDGM and advocate for appropriate changes as CMS evaluates the system now that it is being implemented.

*APTA wants to answer your questions and hear about your experiences with the PDGM. Please contact advocacy@apta.org.*
PDGM: If You Need To Take Action

Steps for You To Take

If you believe your clinical judgment is being overridden, care is being dictated, or you’re being asked to engage in what you believe to be a compliance violation:

- Immediately stop engaging in any activity that you believe to be a compliance violation.
- Discuss concerns and questions with your immediate supervisor. Keep in mind that while concerns are best addressed directly, only compliance officers are legally bound to ensure confidentiality and whistleblower protections.

  Share what is stated in the APTA, AOTA, ASHA consensus statement on clinical judgment:
  "Decisions regarding patient care should be made by clinicians in accordance with their clinical judgment, and that clinicians are ethically obligated to deliver services that they believe are medically necessary and in the patient's/client's best interest, based upon their independent clinical reasoning and judgment as well as objective data. Additionally, overriding or ignoring clinical judgment through administrative mandates, employer pressure to meet quotas, or inappropriate productivity standards may be a violation of payer rules, may be in conflict with state licensure laws, and may even constitute fraud."

- Contact the appropriate compliance officer or hotline for the agency where you work, or for your direct employer if you are not employed by the agency where you work — or both if one does not respond satisfactorily.

If you still can’t resolve the issue through the available internal channels, consider conducting the following outreach:

- Contact the state survey agency or the Medicare Administrative Contractor.
- For Medicare and Medicaid compliance issues, report your concerns to the Department of Health and Human Services Office of Inspector General or 800-HHS-TIPS (800/447-8477), or applicable CMS Regional Office.
- If the issue is related to state regulations, consider reporting to the state ombudsman programs and/or the state's Office of the Attorney General.
- If the issue concerns liability or protections, seek professional legal counsel.
- If you have questions or need guidance, contact APTA at advocacy@apta.org (or the American Occupational Therapy Association or American Speech-Language-Hearing Association as appropriate).

Steps for Patients To Take

- Patients can contact CMS and HHS OIG, as well as 1-800-Medicare.
- Patients also can reach out to these consumer advocacy groups:
  - Center for Medicare Advocacy
  - Center for Medicare Rights
  - Senior Medicare Patrol
  - Local Agency on Aging
- If a patient receives an ABN from the HHA indicating a denial or stop of service, CMS has information regarding their appeal rights.

Share PDGM Resources With Your Colleagues

- APTA’s PDGM resources are open access.
- Research shows the value of physical therapy (listed under "Advocacy" on the webpage).