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The Role of Therapy under the Home Health Patient-Driven Groupings Model (PDGM)

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PROVIDER TYPES AFFECTED

This special edition MLN Matters article is for home health agencies (HHAs) that furnish therapy services (physical therapy, occupational therapy, and speech-language pathology therapy) under a physician-established Medicare home health plan of care.

WHAT YOU NEED TO KNOW

This article provides information on the continuing role of therapy under the newly implemented home health prospective payment system (HH PPS) case-mix adjustment methodology, named the Patient-Driven Groupings Model (PDGM), for home health periods of care starting on and after January 1, 2020.

BACKGROUND

The Bipartisan Budget Act of 2018 (BBA of 2018) included several requirements for home health payment reform, effective January 1, 2020. These requirements include the elimination of the use of therapy thresholds for case-mix adjustment and a change from a 60-day unit of payment to a 30-day unit of payment. The mandated home health payment reform resulted in the Patient-Driven Groupings Model, or PDGM. The PDGM is designed to emphasize clinical characteristics and other patient information to better align Medicare payments with patients' care needs.

HAS HOME HEALTH ELIGIBILITY AND COVERAGE CHANGED UNDER THE PDGM?

No. While there has been a change to the case-mix adjustment methodology and the unit of payment beginning in CY 2020, eligibility criteria and coverage for Medicare home health services remain unchanged. That is, as long as the individual meets the criteria for home health services as described in the regulations at 42 CFR 409.42, the individual can receive Medicare home health services, including therapy services.

Payment under the HH PPS continues to be a bundled payment meant to cover all home health

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services as described at 42 CFR 409.44; including nursing, medical supplies, home health aides, and therapy services. Under the PDGM, the national, standardized 30-day payment amount is adjusted to account for patient characteristics and other information; including the principal diagnosis, secondary diagnoses, and functional impairment level, as described in the "Overview of the Patient-Driven Groupings Model" MLN Matters Article (SE19027, https://www.cms.gov/files/document/se19027.pdf).

THE CONTINUED ROLE OF THERAPY UNDER THE PDGM

The need for therapy services under PDGM remains unchanged. Therapy provision should be determined by the individual needs of the patient without restriction or limitation on the types of disciplines provided or the frequency or duration of visits. The number of needed visits to achieve the goals outlined on the plan of care is determined through the therapist's assessment of the patient in collaboration with the physician responsible for the home health plan of care. The home health Conditions of Participation (CoPs) (42 CFR 484.60) require that each patient must receive an individualized written plan of care. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s); the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care, and; the patient and caregiver education and training. All services must be furnished in accordance with physician orders and accepted standards of practice. Therefore, the visit patterns of therapists should not be altered without consultation and agreement from the physician responsible for the home health plan of care. Any changes to the frequency or duration of therapy visits must be in accordance with the home health CoPs at 42 CFR 484.60.

Additionally, beneficiaries must receive proper written notice in advance of the HHA reducing or terminating on-going care in accordance with the home health CoPs regarding patient rights at 42 CFR 484.50. These rights also include that the patient must be advised of the name, address, and telephone number of the Quality Improvement Organization (QIO) in the beneficiary's service area if the beneficiary has a complaint about the quality of care he/she has received, or if the beneficiary needs to appeal a health care provider's decision to discontinue services.

Even though therapy thresholds are no longer a factor in adjusting home health payment, there are two clinical groups under the PDGM where the primary reason for home health services is for therapy (musculoskeletal rehabilitation and neuro/stroke rehabilitation). Furthermore, therapy should be provided regardless of the clinical group when included under the plan of care. While the principal diagnosis helps define the primary reason for home health services, it does not in any way direct what services should be included in the plan of care. Additionally, there is no improvement standard under the Medicare home health benefit and therapy services can be provided for restorative or maintenance purposes. The physician who establishes and periodically reviews the home health plan of care must determine the therapy the patient needs regardless of the patient's diagnoses or PDGM clinical group.

Therapists play an instrumental role in assessing and documenting patients' functional impairments. This information is captured through responses to OASIS items measuring

functional ability, including walking, dressing and bathing and assists therapists in developing an individualized home health therapy plan of care in collaboration with the certifying physician. A comprehensive assessment conducted by a skilled therapist can help to ensure that patient needs are identified, an individualized therapy plan of care is established, therapy services are provided, and goals of care are met.

Finally, the quality scores on Home Health Compare incorporate the use of therapy services in patient outcomes. Home Health Compare is a website for patients and their families where they can compare HHAs to help them choose a quality HHA that has the skilled home health services they need. In addition to general information about HHAs, Home Health Compare includes information on:

- Services offered (like nursing care, physical therapy, occupational therapy, speech therapy, medical/social services, and home health aide services)
- A Quality of Patient Care star rating that summarizes selected information about the performance of each home health agency compared to other agencies
- Information about each home health agency's quality of care (quality measures) and information from patients about experiences with the home health agency (patient survey results)

Therefore, high quality therapy services with a focus on patient outcomes can help HHAs achieve higher patient satisfaction and higher quality scores.

Utilizing educational resources such as MLN Matters ® Articles, Home Health Open Door Forums, the Medicare Benefit Policy Manual (chapter 7), the home health Conditions of Participation found at 42 CFR Part 484, and the accompanying interpretative guidelines in the State Operations Manual, can help HHAs fully understand the requirements under the Medicare home health benefit and provide opportunities to ask questions. Therapists can also contact their respective state licensing boards for information on scope of practice, and their industry associations for information and guidance on accepted standards of care.

Listed in the "Resources" section below are CMS and association resources and links HHAs and therapists can access to help them stay informed and engaged to ensure that Medicare beneficiaries receive all reasonable and necessary home health therapy services.

Resources:

Electronic Code of Federal Regulations, Title 42: https://www.ecfr.gov/

Home Health, Hospice and DME Open Door Forums: https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_HHHDME

Home Health State Operations Manual: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-25-HHA.pdf

MLN Matters Articles: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index

"Overview of the Patient-Driven Groupings Model" MLN Matters Article (SE19027): https://www.cms.gov/files/document/se19027.pdf).

HHA Center Webpage: https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html

PDGM Webpage: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM.html

JIMMO Settlement Page: https://www.cms.gov/Center/Special-Topic/Jimmo-Center

Medicare Benefit Policy Manual, Chapter 7, Home Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

MLN Matters® article SE1436, "Certifying Patients for the Medicare Home Health Benefit": https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1436.pdf

Quality Improvement Organizations (QIOs): https://qioprogram.org/qionews/topics/home-health

American Physical Therapy Association (APTA): https://www.apta.org/

American Occupational Therapy Association (AOTA): https://www.aota.org/

American Speech-Language-Hearing Association (ASHA): https://www.asha.org/

ADDITIONAL INFORMATION

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

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February 10, 2020	Initial article released.

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