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Patient-Driven Groups Model - Effective 1/1/2020

Date: 12/31/19

Effective January 1, 2020, Buckeye will implement the CMS Patient-Driven Groupings Model (PDGM) for billing and reimbursement of Home Health claims.

The Patient-Driven Groupings Model (PDGM) relies more heavily on clinical characteristics and other patient information to place home health periods of care into meaningful payment categories and eliminates the use of therapy service thresholds. In conjunction with the implementation of the PDGM, there will be a change in the unit of home health payment from a 60-day episode to a 30-day period.

You may access detailed information about this change by visiting the CMS website at https://www.cms.gov/Medicare/Medicare-Feefor-Service-Payment/HomeHealthPPS/HH-PDGM.html (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM).

Please note a few key points to assist you in this transition with Buckeye:

- Buckeye will follow the guidelines outlined in the CMS model. Access these details using the CMS site:
  www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealhtPPS/HH-PDGM.html (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM).
- Home Health Agencies will be required to split claims for services that span the January 1, 2020 effective date.
- HH PPS and ICD-10 coding guidance is provided in the referenced CMS site.
- Current Buckeye prior authorization guidelines will apply.

- For information about Buckeye prior authorization requirements, key contacts, PDGM FAQs and links to the CMS site, please access our website at www.buckeyehealthplan.com/providers.html (http://www.buckeyehealthplan.com/providers.html).

e contact Buckeye Provider Services at **1-866-296-8731** with any questions. Thank you for your partnership.

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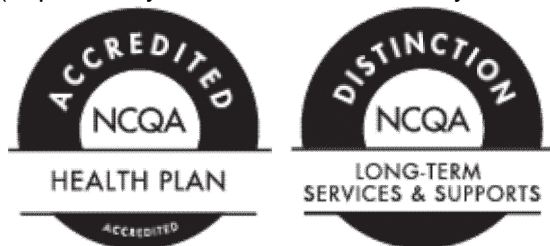
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