

Molina Healthcare of South Carolina

Important Information. Please Read.

February 2020

Home Health Prospective Payment System (PPS) Patient Driven Groupings Model (PDGM)

On Jan. 1, 2020 the new Patient Driven Groupings Model (PDGM) was implemented by the Center for Medicare and Medicaid Services (CMS). CMS is modernizing the Home Health Prospective Payment System (PPS) case-mix classification system and promoting patient-driven care.

Molina will reimburse home health services according to the CMS Medicare methodology for the PDGM implementation, with an exception for Request for Anticipated Payment (RAP) processing. With Medicare implementing a change in the unit of payment from 60 days to 30 days as required by the BBA of 2018, Molina will no longer be paying on RAP claims. Payment will be made for each 30-day period of care on the final claim. The submission of a RAP claim will be processed as a “no pay” RAP. A Frequently Asked Questions (FAQ) resource document will be on our website which will address Molina’s transition plan and the RAP exception process.

Molina providers reimbursed under the Medicare Home Health Prospective Payment System (PPS) will be subject to the PDGM payment transition. Claims with a “from” date of service on and after Jan. 1, 2020 will be billed and paid under the PDGM rules, whereas those episodes of care that span the 2019-2020 calendar year (CY) will be billed and paid under the current Home Health PPS rules and adjusted for CY 2020 national rates.

CMS has released resources on the PDGM website to help you prepare. Please visit the CMS website at: [CMS.gov](https://www.cms.gov) and under the “Medicare” tab find the “Medicare-Fee-For-Service-Payment” section, and then select “Home Health PPS.”

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