

Medicare Reimbursement – Home Health Patient Driven Grouping Model (PDGM)

Information for home health providers in the MMP, Medicare D-SNP, and Marketplace networks

Get Ready for Implementation on Jan. 1!

On Jan. 1, the new Patient Driven Groupings Model (PDGM) will be implemented by the Centers 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. This update by CMS will shift the unit of payment from 60 days to 30 days as required by the Bipartisan Budget Act of 2018.

Molina Healthcare will follow CMS Medicare methodology for the PDGM implementation and will soon be posting a Frequently Asked Questions (FAQ) resource document on our MyCare Ohio website, under the “Manual” tab, under the “Quick Reference Guides & FAQs” header.

Molina providers reimbursed under the Medicare Home Health 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. Those episodes of care that span the 2019-2020 calendar years (CY) will be billed and paid under the current Home Health PPS rules and adjusted for CY 2020 national rates.

Molina Recommendations for Billing/Claim Simplification:

With CMS’s update of the Home Health unit of payment from 60 days to 30 days period and the phase-out of Request for Anticipated Payment (RAP), Molina has already implemented the necessary modifications to our claims payment system to prepare for these changes.

In order to simplify the billing of claims and subsequent payments, Molina **strongly** recommends providers no longer bill RAP claims. Instead, Molina recommends billing for each 30 day period of care on the final claim. Providers will save administrative time by not billing for the RAP and this billing recommendation will allow providers to reconcile payments from Molina more easily.

We hope your organization will take advantage of this simplification!

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

For the Medicare Claims Processing Manual visit www.cms.gov and select “Regulations & Guidance,” then under “Guidance” select “Manuals” followed by “Internet-Only Manuals (IOMs) and “100-04 Medicare Claims Processing Manual” and “[Chapter 10 – Home Health Agency Billing \(PDF\)](#).”

Home Health Billing and Payment for Molina Marketplace Members

Information for home health providers in the Marketplace network

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Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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MolinaHealthcare.com/OhioProviders

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www.MolinaHealthcare.com/ProviderEmail.

To ensure Molina's home health providers are paid appropriately for services authorized and rendered to Molina Marketplace members, the below guidance offers clarification on the payments that will be made for claims received. Please consult the contractual provisions of your agreement with Molina.

Home Health Claims Billed via UB-04: Claims billed on the UB-04 claim form should follow Medicare billing requirements to include the coding of Health Insurance Prospective Payment System (HIPPS). Molina will pay these claims subject to Medicare payment methodology.

Home Health Claims Billed via CMS-1500: Claims billed on the CMS-1500 claim form should follow Medicaid billing requirements. Molina will pay these claims subject to Medicaid payment methodology.

If you identify claims that need to be resubmitted to Molina based on the above guidance, please visit Molina's Corrected Claims Billing Requirements located on the Molina Website at www.MolinaHealthcare.com/OhioProviders, under "Providers" select "Forms" and view the "Corrected Claim Billing Guide."