PROVIDER BULLETIN PROVIDER INFORMATION



November 1, 2019

CMS Changing Payment Classification System for Home Health Effective January 1, 2020

Effective January 1, 2020, the Centers for Medicare & Medicaid Services (CMS) is transitioning to the Patient Driven Groupings Model (PDGM). PDGM is a new payment model for Home Health Prospective Payment System (HH PPS) that 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 accordance with Article XIII, B. of the Amendment to the Agreement - Medicare Programs, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), effective January 1, 2020 will also begin utilizing the PDGM payment rate classification system to determine reimbursement for Medicare Health Services (for SecureBlue (MSHO) and Medicare Advantage products) provided and billed by a Home Health Agency for those services that qualify.

Transition Scenarios

- For 60-day episodes that begin on or before December 31, 2019 and end on or after January 1, 2020 (i.e., episodes that span the January 1, 2020 PDGM implementation date), payment will be the calendar year (CY) 2020 national, standardized 60-day episode payment amount
- For HH periods of care that begin on or after January 1, 2020, the unit of payment will be the calendar year (CY) 2020 national, standardized 30-day payment amount
- Under the PDGM, recertification for home health services, updates to the comprehensive assessment and updates to the HH plan of care will continue on a 60-day basis

Providers should submit the PDGM for Health Services using the Health Insurance Prospective Payment System (HIPPS) code that is generated from assessments with an Assessment Reference Date (ARD) on or after January 1, 2020. Blue Cross will publish additional information to assist providers as more details become available.

Products Impacted

This change only applies to:

- SecureBlue (MSHO)
- Medicare Advantage
- Platinum Blue

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at 1-866-518-8448. Please contact provider services at (651) 662-5200 or 1-800-262-0820 for all other questions.