



## **Molina Healthcare Home Health Patient-Driven Groupings Model (PDGM) Frequently Asked Questions (FAQ)**

### **What's New for 2022**

**Effective January 1, 2022, the Request for Anticipated Payment (RAP) will be eliminated and replaced by submission of a one-time Notice of Admission (NOA).**

**Will Molina be requiring the NOA?**

No. As with the RAP, Molina will not be requiring the NOA, nor will the penalty of submission within five calendar days be applied.

### **General FAQs**

**How will Molina be implementing the Patient-Driven Groupings Model (PDGM)?**

Generally, Molina will follow the Centers for Medicare & Medicaid Services (CMS) implementation of PDGM. Information on the CMS Home Health PDGM can be found at: [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM.html). Molina will have a modified implementation for Request for Adjusted Payment (RAP) processing. (For more information, see additional FAQ items below.)

**Does Molina have plans to adopt PDGM per Medicare Part A episodic billing requirements?**

Molina providers reimbursed under the Medicare Home Health Prospective Payment System (HH PPS) will be subject to the PDGM payment transition.

**When will Molina switch to a 30-day PDGM? Will this have a hard cut-over date? If not, what reimbursement methodology will be used?**

Molina's transition from the current Home Health Prospective Payment System (HH PPS) to the PDGM model will be considered a "soft-cutover."

For claims that span the January 1, 2020 implementation date (the "from" date of service is 2019, but the "through" date of service is 2020), payment will be under the current billing and payment rules, adjusted for calendar year (CY) 2020 national rates.

For home health periods of care that begin on or after January 1, 2020 (the "from" and "through" dates are both in CY 2020), payment will be under the PDGM billing and payment rules, adjusted for CY 2020 national rates.

**Do you anticipate payment delays due to PDGM?**

No. Molina does not anticipate any payment delays.

**What lines of business does this apply to in Illinois?**

This applies to the **MMP/Duals** line of business.



**Does Molina plan to change existing claim billing requirements to accommodate the new PDGM components, such as the submission of a PDGM Health Insurance Prospective Payment (HIPPS) Code and/or other information on Medicare claims?**

Yes. Molina will be processing claims with a “from” date of service on and after January 1, 2020, according to the PDGM billing guidelines. However, 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.

**Will Molina be imposing a penalty for timely submission on the RAP claim starting January 1, 2021?**

No. Because Molina does not require the RAP claim, the late RAP penalty will not be applicable.

**Will Molina be following Medicare guidelines 1:1 in regard to PDGM?**

Molina will reimburse home health services according to the PDGM methodology. Molina will require Home Health Agencies (HHAs) to bill home health services according to the new PDGM billing requirements.

**Will Molina allow the old PPS HIPPS code after January 1, 2020?**

Yes, but only for cases where the “from” date of service is prior to January 1, 2020.

**Will the PDGM changes address the four points noted below? What nuances should the agencies should be aware of?**

1. Episodic Care Going from 60-day to 30-day.  
The Bipartisan Budget Act of 2018 requires that CMS move to a 30-day payment period from a 60-day payment period, effective January 1, 2020. Molina will be following this as well.
2. New Scoring (HH PPS).  
CMS is implementing a revised case-mix adjustment methodology. The intent is to shift the focus from volume of services to a more patient-driven model that relies on patient characteristics and other patient information to place home health periods of care into more meaningful payment categories. Molina will be following this model as well.
3. Adjusting of Low-Utilization Payment Adjustments (LUPA).  
Payments for 30-day periods of care with a low number of visits will not be case-mix adjusted, but instead on a per-visit basis using the national per-visit rates. Each of the 432 different PDGM payment groups has a threshold that determines the minimum visit limit.
4. Request for Anticipated Payment (RAP).  
Molina will be removing the RAP payments in CY 2020 instead. The submission of a RAP claim will be processed as a “no pay” RAP. The benefit of eliminating the split-percentage payment is that it will result in automation of claim processing, leading to increased claim payment accuracy and faster turnaround times.