

As you prepare for the payment changes PDGM will bring, it's important to know how to operate in 2020 and beyond. The list of 432 payment categories makes it hard to see what makes the most difference. This makes it difficult to establish new priorities. In terms of dollars, an improvement in a functional score will contribute about the same amount regardless of clinical grouping. The same is true for comorbidity score, admission source and timing. The four steps below show what each change does to the final payment.

1. The Starting Point: The Minimum Payment for Each Clinical Grouping

- ▶ The minimum payment for each clinical grouping will result when the source of the referral is from the community, the timing of the episode is late, the patient is determined to be at a low functional level, and there is no comorbidity.
- ▶ The dollars shown below are based on the \$1,883 payment for a 30-day period established by CMS for PDGM, excluding the proposed 6.42% behavioral adjustment.

Clinical Grouping (from Primary Diagnosis on Claims)					
Neuro Rehab	Wounds	Complex Nursing	Musculoskeletal Rehab	Behavioral Health	MMTA Other
\$1,473	\$1,536	\$1,032	\$1,264	\$944	\$1,111
MMTA Surgical Aftercare	MMTA Cardiac and Circulatory	MMTA Endocrine	MMTA GI/GU	MMTA Infectious	MMTA Respiratory
\$901	\$1,070	\$1,249	\$994	\$1,055	\$1,026
Average Payment for 30-day Period: \$1,142					

The following sections show the amount that will be added to the above base amounts, if particular changes occur in case-mix variables.

2. Impact of Admission Source and Timing: It matters whether the referral source is institutional or community, and whether the timing is early or late.

Admission Source and Timing (from Claims)					
Late/Community to Late/Institution	Late/Community to Early/Community	Late/Community to Early/Institution	Early/Community to Early/Institution	Early/Community to Late/Institution	Late/Institution to Early/Institution
\$842	\$761	\$1,104	\$343	\$81	\$262

3. Impact on Functional Score: How payment changes from low to medium, and from low to high.

- ▶ Within a clinical grouping, the payment adjustment is the same for a shift from low to medium, but the degree of add-on varies by clinical grouping. The same holds true for a shift from low to high.

Functional Impairment Level (from OASIS Items)											
Neuro Rehab		Wounds		Complex Nursing		Musculoskeletal Rehab		Behavioral Health		MMTA Other	
LOW-MED	\$322	LOW-MED	\$287	LOW-MED	\$389	LOW-MED	\$240	LOW-MED	\$334	LOW-MED	\$264
LOW-HIGH	\$508	LOW-HIGH	\$512	LOW-HIGH	\$461	LOW-HIGH	\$509	LOW-HIGH	\$501	LOW-HIGH	\$500
MMTA Surgical Aftercare		MMTA Cardiac and Circulatory		MMTA Endocrine		MMTA GI/GU		MMTA Infectious		MMTA Respiratory	
LOW-MED	\$310	LOW-MED	\$389	LOW-MED	\$311	LOW-MED	\$308	LOW-MED	\$308	LOW-MED	\$271
LOW-HIGH	\$603	LOW-HIGH	\$505	LOW-HIGH	\$541	LOW-HIGH	\$485	LOW-HIGH	\$485	LOW-HIGH	\$476
Average Shift in Payment for 30-day Period: LOW to MEDIUM is \$303 LOW to HIGH is \$507											

4. Impact of a shift in **Comorbidity Score**: Moving from none to low, and from none to high.

- ▶ Within a clinical grouping, the dollar amount adjusted is the same for a shift from none to low, and from none to high, regardless of the clinical grouping.

Comorbidity Adjustment (from Secondary Diagnoses Reported on Claims)	
NONE to LOW	Payments will increase by about \$113* (Accounting for small variations in clinical groupings)
NONE to HIGH	Payments will increase by about \$339* (Accounting for small variations in clinical groupings)

Here is an example of how these factors come together.

Determinant	Score	30-day \$\$
Clinical Grouping	Wound	\$1,536
Timing	Early/Institutional	\$1,104
Functional Score	Medium	\$287
Comorbidity	High	\$339
TOTAL		\$3,266

(Cross-check: Case-mix for 2CB31 from CMS table = 1.7391 "1.7391 x \$1,883.34 = \$3,275")

Important Note About Numbers Used in This Document

- ▶ Calculations are based on a labor rate of 1.0.
- ▶ Revenue determinants increase and decrease at the same rate.
- ▶ Numbers involve some rounding and may differ by a few dollars from the final CMS value.