

Home Health Groupings Model (HHGM) Grouping Tool Help Document

Disclaimer: This file was prepared as a service to the public and is not intended to grant rights or impose obligations. The information provided is only intended for use as a learning tool for calculating payments for 30-day periods of care under the proposed HHGM. It is not intended to be used to calculate payments for LUPAs, partial payments, or outliers. It is not intended to take the place of the official CMS grouper software designed by 3M. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

The purpose of the grouping tool Excel file is to help users understand how the proposed payment grouping parameters, which are part of the proposed HHGM, would be used to determine case-mix assignments that are part of the payment calculation under the Home Health Prospective Payment System (HH PPS). After the rulemaking process is complete, if CMS finalizes the implementation of the HHGM for CY 2019, CMS would provide official grouper software, developed under contract with 3M.

For more information regarding the HHGM, please refer to the “CY 2018 Home Health Prospective Payment System Rate Update and Proposed CY 2019 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements” proposed rule (CMS-1672-P) located at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices.html>. The following steps explain how to navigate the HHGM grouping tool:

1. **Admission Source and Timing of the 30-Day Period.** From the drop down list, the user can choose from four options: Community Early, Institutional Early, Community Late, or Institutional Late.

2. Clinical Grouping (based on the principal diagnosis reported on the claim). The user enters the principal diagnosis code reported on the home health claim. Entry of the principal diagnosis code determines the assigned clinical group (Wound, Neuro Rehab, Musculoskeletal Rehab, Complex Nursing Interventions, Behavioral Health, or Medication Management, Teaching, Assessment.) for the 30-day period of care. The clinical group explains the primary reason the individual is receiving home health services. A list of ICD-10-CM codes that correspond to the six clinical groups can be found in the “ICD10 DXs” tab in the Excel file.

3. Comorbidity Adjustment. The user can enter up to twenty-four secondary diagnosis codes that are used to determine if a comorbidity exists relative to the primary diagnosis entered previously. If one of the reported secondary diagnosis codes is identified in the subcategories on the home health specific comorbidity list (column D on “ICD 10 DXs” tab in the Excel file), the period of care would receive a payment adjustment.

4. OASIS Items-Functional Level. Responses to various OASIS items are used to determine the functional level for the 30-day period of care. The user would check the appropriate check boxes for OASIS item M1033 Risk of Hospitalization. The remainder of the user inputs in this section utilize drop down list boxes from which the user selects the appropriate responses to the following OASIS items: M1800 Grooming, M1810 Current Ability to Dress Upper Body, M1820 Current Ability to Dress Lower Body, M1830 Bathing, M1840 Toilet Transferring, M1850 Transferring, and M1860 Ambulation/Locomotion.

The user inputs for these four sections of the grouping tool determine the Home Health Resource Group (HHRG). On Medicare claims, these HHRGs are represented as Health Insurance Prospective Payment System (HIPPS) codes, which correlate to the case-mix weights for the 30-day periods of care. The Excel file displays the HIPPS code (on Row 106) that results

from the user inputs to the admission source and timing, principal diagnosis code, secondary diagnosis codes (comorbidities), and responses to the pertinent OASIS items associated with functional level. The case-mix weight associated with the HIPPS code is displayed (on Row 107 in the Excel file).

Users who have questions or need help using the Excel and .csv files should contact CMS by e-mailing HomeHealthPolicy@cms.hhs.gov. As a reminder, the proposed policies that are the basis for this grouping tool should be reviewed in the “CY 2018 Home Health Prospective Payment System Rate Update and Proposed CY 2019 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements” proposed rule (CMS-1672-P).