

Frequently Asked Questions for SNFs

Patient-Driven Payment Model (PDPM)

1. Will naviHealth be prepared to authorize levels of care for PDPM?

While Highmark is not transitioning to PDPM, naviHealth is prepared to support all Health Plan Clients, including those who adopt PDPM, those who choose to remain on RUG, and those with unique levels.

2. Are all Health Plans contracted with naviHealth changing to PDPM reimbursement?

No, not all Health Plans are converting to the PDPM reimbursement model. Some are choosing to remain with RUGs based methodology and others have their own unique level-based methodology.

3. How will we know if the Health Plan we are contracted with is changing to PDPM?

The decision to move to the PDPM payment methodology is made by the Health Plan, based on a variety of factors. Highmark has chosen to stay with the RUG reimbursement model.

4. Since Highmark is retaining the RUG and Level payment models, what should providers do with the end of therapy assessment?

CMS is keeping the software active so providers should follow the same process as they have prior to the implementation of PDPM. Upon completion of therapy, the minutes/visits and therapy discharge summaries should be submitted to naviHealth via email copying the naviHealth skilled inpatient care coordinator or faxed. If the member meets skilled criteria for a skilled RUG beyond the rehab stay, the provider will identify the medical skilled nursing RUG and complete OBRA required assessments.

5. As a provider we are moving to the MDS schedule under PDPM, since the new regulations require 5D MDS and the Part A PPS Discharge MDS, does Highmark or naviHealth require submission of the 5D MDS.

naviHealth does not require that skilled facilities submit the MDS document, however, naviHealth does require the clinical documentation that informs the MDS.

6. Will naviHealth now require submission of section GG?

No. naviHealth only requires the therapy minute/visits including total, concurrent and group, start/stop dates and number of days treated as well as therapy discharge summaries.

7. What will change about the information providers are required to submit for a continued stay review?

For a SNF continued stay review, naviHealth continues to require documentation that demonstrates an ongoing daily skilled nursing and/or rehabilitation need in the SNF care setting. Under RUG levels we are receiving 80-85% of the information needed for PDPM reimbursement. Although Highmark is not transitioning to PDPM, naviHealth is still requiring a few new pieces of documentation. This documentation includes, but is not limited to:

- Physician notes
- Nursing notes
- Nursing/C.N.A. flow sheets
- Therapy notes
- Respiratory therapy notes
- Appropriate Social Work/Discharge Planning Notes

8. Will anything change relative to what is required for submission when a patient is discharged?

naviHealth continues to require documentation upon a patient's discharge from skilled services. This includes therapy discharge summaries and therapy billing/service logs. Information on individual, concurrent and group therapy is expected to be included. These therapy utilization variables will be tracked and compared to severity-adjusted targets on the **nH Predict | Pulse** report to ensure quality outcomes (functional gains, readmission, discharge to community) are not compromised.

9. How will naviHealth continue to ensure the proper utilization, intensity and mode of rehabilitation therapy?

The **nH Predict | Outcome** report is a severity-adjusted clinical treatment guide, setting skilled therapy utilization and functional outcome targets. The **Outcome** report continues to be the most appropriate tool to set goals and expectations for patient care, regardless of payor source or changes in payment methodology. In addition, it will be important to monitor the extent to which group and concurrent therapy is utilized however the **nH Predict | Outcome** report is not intended to measure expectations around concurrent and group therapy services at this point.

10. The **Outcome** report is based on the functional assessment of the patient. Will the report be different for PDPM?

Even under RUG level reimbursement, the **Outcome** report will have enhanced algorithms and outputs expected to be released in the Fall of 2019. The new algorithms will include additional severity adjustors, including age, social determinants of health (i.e., education, income), and various medical complexities (i.e., presence of pressure ulcers, IV medications, etc.) in addition to the current functional severity adjustors. This will provide more precise output targets and will address the emphasis on the medical needs or characteristics of a patient in the PDPM reimbursement model.

The **Outcome** report is payor agnostic; the patient targets (i.e., LOS, functional gains, therapy utilization) are not specific to a payment model. This ensures expectations of care and recovery are consistent, regardless of the payment methodology.

11. Will naviHealth have established best practice guidelines for nursing care to assist the SNF in caring for patients?

naviHealth has developed, with input from Medical Directors and subject matter experts (SMEs), clinical guidelines for specific medical conditions. These best practice guidelines are available to the naviHealth Care Coordinators for reference in the care management of their patients. In addition, complex clinical conditions such as wound care, dialysis, ventilation, and IV medication will be factored into the **nH Predict | Function** and **Outcome** report to provide more specificity to our predictive model.

12. Will the therapy discipline, minutes, and number of days be determined by naviHealth?

The **Outcome** report has, in the past, provided the SNF clinical teams with target therapy minutes per week, regardless of discipline. In the RUGs system, the allocation of the minutes between therapy disciplines was determined by the SNF rehab team.

Even under RUG reimbursement levels, naviHealth plans an enhancement of the **Outcome** report to determine the target LOS and therapy hours per day for each discipline (OT, PT, and SLP) to ensure optimal functional outcomes are achieved.

As always, the delivery therapy services (frequency, intensity, and duration) is monitored on the **Pulse** report, to ensure acceptable levels of care are delivered to each patient.

13. Will naviHealth require weekly submission of therapy minutes to determine continuation of coverage?

Continuation of coverage is always based upon meeting the skilled care criteria outlined in Chapter 8 of the Medicare Benefit Policy Manual – Coverage of Extended Care (SNF) Services Under Hospital Insurance. Coverage will not continue if a daily skilled need is not warranted.

Reporting of the minutes of OT, PT, and SLP is not required on a weekly basis for the individual patient. This could change if SNF practices demonstrate a significant reduction of therapy service delivery.

As always, the **Pulse** aggregate report ensures appropriate therapy delivery by all disciplines (OT, PT, and SLP) is provided to the patients.

14. Will the frequency and requirements for submitting clinical updates for continued stay reviews be changing?

The frequency of requests for clinical updates is not changing on October 1, 2019

15. How often will you require progress notes?

Therapy and nursing progress notes are required, just as they are today, every 5 -7 days or as instructed by the Care Coordinator.

The documentation must provide the naviHealth reviewer with a concise and complete outlined rationale for the continued need for (1) skilled nursing and (2) rehabilitation.

All nursing and therapy documentation must be thorough and detailed, specifically indicating the daily skilled needs of the patient. Documentation must reflect the criteria as stated in Benefit Policy Manual for SNF (Chapter 8, Section 30.2); full review and understanding of the criteria is strongly encouraged.

16. I currently have an onsite naviHealth Care Coordinator, will that change after October 1, 2019?

naviHealth's staffing model for all Health Plans will not change with PDPM. If you currently have an on-site naviHealth Care Coordinator, this is not likely to change.

17. Will providers still receive a **Pulse** report?

Yes, providers will continue to receive a **Pulse** report according to current practice and cadence.

18. Will naviHealth be able to determine the appropriate amount of concurrent and group therapy for a patient type? If so, how/when will that be communicated to providers?

naviHealth began collecting and recording concurrent and group therapy in April 2019. It is anticipated that these modes will be utilized more frequently after October 1, 2019. Within a year or so, naviHealth feels enough data will have been collected to enable the development of predictive targets for each therapy mode. Under the Highmark RUG methodology, naviHealth will continue to provide targets for therapy hours per day and therapy cycle. The provider determines the mode and discipline within which the therapy is administered.

19. When thinking about caring for the whole patient, what is naviHealth's position on Restorative Nursing Programs, functional maintenance programs, walk to dine, and/or family mobility plans?

Restorative Nursing Programs (RNA) and Functional Maintenance Programs (FMP) were designed to appropriately provide the patient with non-skilled, repetitive task reinforcement and execution. Implemented appropriately, these programs and assistance from family/friends can be extremely complimentary to and enhance the outcomes of skilled rehabilitation and nursing.

Properly designed RNA and FMP programs, which include skilled nursing and therapy guidance and oversight, have proven to be quite effective. naviHealth anticipates—and encourages—the proper use of such programs for non-skilled, repetitive ADL, mobility and eating. The early caregiver training for family and caregivers has always been a keystone of effective discharge preparation.

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