Skilled Nursing Facility (SNF) Episodic Bundled Payment Program

Frequently Asked Questions

May 2024

Episodic Bundled Payment Program Overview

Q1: What is the Skilled Nursing Facility (SNF) Episodic Bundled Payment Program?

A1: The SNF Episodic Bundled Payment Program (SNF Episodic Program) is an enhanced value-based reimbursement program for the Highmark skilled nursing facility network. The SNF Episodic Program rewards participants for managing their Highmark patient population toward high value that results in quality care and efficiency outcomes.

Q2: What is the effective date of the SNF Episodic Program?

A2: The effective date of the SNF Episodic Program can be found in the participation agreement executed between Highmark and the SNF entity.

Q3: Which Highmark members are included in the SNF Episodic Program?

A3: The SNF Episodic Program applies to Highmark Medicare Advantage members only.

Q4: Will we receive a Resource Utilization Group (RUG) assignment upon approved admission?

A4: No, a RUG level will no longer be assigned under the SNF Episodic Program.

Authorizations and Appeals/Denials

Q1: Will an authorization still be obtained prior to admission to an SNF?

A1: Yes, there is no change to the current process of obtaining a prior authorization. SNFs are required to submit all prior authorization requests through ***Access***, Home & Community Care Transitions' easy to use online portal via a link within Availity Essentials®. Home & Community Care Transitions confirms admission to the SNF and the SNF submits clinical documentation required for Home & Community Care Transitions to complete the Predict Outcome report.

If Availity is unavailable, you can submit your authorization request through the ***Access*** portal directly or submit via phone or fax to Home & Community Care Transitions.

Q2: What is the process for denials and appeals?

A2: If you or your patient disagrees and files an appeal, the SNF will manage the appeal process directly with Highmark or the Quality Improvement Organization (QIO) as appropriate. Please reference the DENIALS AND APPEALS section in the Post-Acute Care Management Program for Medicare Advantage Members Administrative Guide for additional information.

Program Guidelines

Q1: Is a Centers for Medicare and Medicaid Services (CMS) 5-day Minimum Data Set (MDS) assessment required?

A1: The SNF Episodic Program does not have any MDS requirements. The SNF should follow the CMS Regulations for MDS completion.

Q2: Does Home & Community Care Transitions still require concurrent clinical updates during the 30-day SNF Episode?

A2: No, under the SNF Episodic Program, SNFs have the autonomy to manage the patient's need for continued daily skilled services and to ensure the patient is meeting CMS Chapter 8 criteria of the Medicare Benefit Policy Manual. Concurrent reviews are no longer required within a 30-day SNF episode.

Q3: What drives determination of member level risk adjusted acuity?

A3: The Highmark Episodic SNF risk adjusted payment is calculated via a proprietary risk model which takes into consideration the following factors:

- Diagnosis codes indicated on SNF authorization request
- Recent authorization history
- Claims history
- Member age and demographic profile
- Other data points

NOTE: This calculation is different than the likelihood of hospital admission from SNF in less than 30 days metric used by Home & Community Care Transitions.

Q4: How is my projected reimbursement under the SNF Episodic Program communicated?

A4: Upon approved admission to the SNF, you will have access to a daily SNF Reimbursement Report within the Helion Portal with the episodic projected reimbursement at the patient level.

Patient Discharge and Readmission

Q1: What is required when a patient is discharged?

A1: When the SNF determines the patient no longer meets CMS Chapter 8 criteria of the Medicare Benefit Policy Manual, SNFs must issue the Notice of Medicare Non-Coverage (NOMNC) and send Home & Community Care Transitions a valid signed copy. You must also send the patient discharge date and submit the patient's summaries and treatment logs. Home & Community Care Transitions reconciles authorized days and will close the authorization prior to sending the authorization details to Highmark.

Q2: What happens if a patient is not ready for discharge and the SNF Episode will extend past 30 days?

A2: If a patient is not ready for discharge on day 28 and continues to meet CMS Chapter 8 criteria of the Medicare Benefit Policy Manual, the SNF must submit an authorization request via Home & Community Care Transitions for the next SNF Episode.

Home & Community Care Transitions will review the clinicals and:

- If the patient appears to meet Chapter 8 criteria, Home & Community Care Transitions will approve additional days in a new authorization for the subsequent 30-day SNF Episode. The new episode will begin on day 31.
- If the patient does not meet Chapter 8 criteria, Home & Community Care Transitions will recommend the issuance of a NOMNC.

If you disagree with the recommendation to issue the NOMNC, Home & Community Care Transitions will issue the NOMNC to the member on behalf of Highmark and no further authorization or payment will be given past day 30.

Q3: What happens if a patient is readmitted within a 30-day SNF Episode?

A3: While in an established 30-day SNF Episode, if the patient is discharged and then subsequently is readmitted to a SNF belonging to the same SNF entity, the episode will be attributed to the first admitting SNF and the subsequent readmission to the SNF would be considered a continuation of the original SNF Episode. A new authorization is required via Home & Community Care Transitions for the readmission.

Reports, Scorecards, and Surveys

Q1: Will I still receive the Predict Outcome report from Home & Community Care Transitions?

A1: Yes, Home & Community Care Transitions will continue to provide the Predict Outcome report to SNFs.

Q2: Will there still be meetings to review my scorecards?

A2: Helion and Home & Community Care Transitions will continue to host quarterly scorecard meetings with SNFs.

Q3: What is the Admission Survey requirement?

A3: SNFs in the Episodic Program will continue to request initial authorization via Home & Community Care Transitions. For approved episodes of care, you are required to complete an Admission Survey via the Helion Provider Portal by day 5 of admission to the SNF. If the patient continues to meet CMS Chapter 8 criteria, you will request an authorization via Home & Community Care Transitions for a subsequent 30-day episode to begin on day 31. If approved, you are then required to complete a Recertification Survey via the Helion Portal by day 3.

Q4: Can I edit Admission/Recertification Surveys submitted within the Helion Portal?

A4: Edits cannot be made to previously submitted surveys. However, you can "Save for later" while a survey is in process as long as you submit the admission survey by day 5 of admission to the SNF.