

HIGHMARK HIGH PERFORMANCE SKILLED NURSING FACILITY NETWORK

Frequently Asked Questions for 2021

Q: Why did Highmark choose to implement the High Performance Skilled Nursing Facility (SNF) Network?

A: Our customers are demanding that we offer products that emphasize high-quality medical care and provide greater value for their health care dollar. To meet this objective, Highmark developed a high-performing network made up of select participating skilled nursing facilities. The High Performance SNF Network will support certain Highmark 2021 product offerings.

Q: What metrics were used to evaluate the participating SNFs?

A: Highmark used the same metrics that have been tracked as part of the Highmark Health Home and Community Services' efforts to manage our SNF network for the previous five years. Scorecards are sent quarterly to participating providers to notify them of their results.

Q: My latest scorecard shows that my facility has improved significantly. Why am I not included in the High Performance SNF Network?

A: Inclusion in the High Performing SNF network is largely based on the facility's performance on scorecard metrics, and consistency across measurement periods is a critical factor. Providers that have demonstrated a consistent record of high performance will be considered, while those that show marked improvement over a short period must maintain that success in order to be considered for future inclusion.

Timing is a factor as well. Given that we are held to the same regulatory deadlines as Highmark's government sponsored plans, network decisions need to be made early in the year. As such, decisions were made based on the most current data available at the time.

On an annual basis, Highmark will reevaluate its network composition and make additions as necessary.

Q: Which products use the High Performance SNF Network?

A: The High Performance SNF Network will apply to **my Direct Blue, Community Blue Medicare, Together Blue, Complete Blue**, as well as the **Regional and National Performance Blue** products. The participating SNFs included in the High Performance SNF Network will be considered in-network providers for High Performance SNF Network products.

For most Commercial tiered products, participating providers selected for the High Performance SNF Network will be placed in the highest benefit tier. Participating providers not selected for the High Performance SNF Network will be placed in a lower benefit tier. It is recommended that you validate the network(s) and each tier of benefits that your facility participates in via NaviNet® beginning January 1, 2021.

Directions on how to verify network status in NaviNet can be found on the Provider Resource Center at the link below:

<https://content.highmarkprc.com/Files/EducationManuals/ProviderTraining/confirming-networks-in-nn.pdf>

Q: How will our change in network participation status for certain products impact our long-term residents who are Highmark members as of Jan. 1?

A: In accordance with 42 CFR § 422.133 (Return to home skilled nursing facility), members enrolled in **Community Blue Medicare or Complete Blue** products will continue to have coverage at the in-network benefit level through a home SNF for post-hospital extended care services as long as they resided in the nursing facility prior to the hospitalization and they elect to continue to receive care through that home SNF. “Part B” type services like physical therapy, however, would NOT be considered at the in-network level of benefits.

Affordable Care Act (ACA) My Direct Blue members who are long-term residents will not have covered benefits for “Part A-Type” skilled nursing services, and Commercial members with tiered benefits will incur higher out-of-pocket costs for “Part A-Type” skilled nursing services at your facility. Additionally, please note that in order to provide physical therapy, outpatient, or other “Part B-Type” services to Commercial members, you must obtain a professional agreement and assignment account.

Highmark **Commercial** Agreements with SNFs are only inpatient agreements and do not contain provisions for outpatient services. SNFs contracted with Highmark for Commercial products could bill for outpatient services only when 1) the therapists have been credentialed; 2) a Highmark Assignment Account has been established for the SNF to bill on behalf of the credentialed/contracted therapists; AND 3) all services are billed utilizing the electronic 837 Professional Claim or the CMS 1500 Claim process.

Q: Are my Highmark patients aware of the implementation of the High Performance SNF Network?

A: Highmark members in affected products who have claims records indicating that they recently received services from participating providers not included in the High Performance SNF Network as of Jan. 1, 2021, will be notified via U.S. postal mail.

Q: What if there are no High Performance SNF Network providers available in my patient’s location?

A: Highmark has carefully evaluated its High Performance SNF Network providers to ensure that members in all counties in Pennsylvania have adequate access at the highest benefit level.

Q: What region does this apply to?

A: The High Performance SNF Network is available in Highmark's service areas within Pennsylvania.

Q: How often are tiering and network selection determinations made?

A: Tiering and network selection determinations are made annually and are based on the most current performance data. Highmark cannot make changes to its provider networks more than once a year due to regulatory constraints.

Q: How do I improve my performance to change my status for the next calendar year?

A: Highmark suggests that all participating providers focus on improving their performance on the quarterly scorecard metrics.

Q: How does Network participation status impact Commercial claim submission?

A: There is no immediate impact to the way in which you currently submit Commercial claims regardless of network status.

Q: How does Network status impact Medicare Advantage claim submission?

A: For providers participating in the High Performance Network, there will be no immediate impact to the way in which you currently submit claims for your Highmark Medicare Advantage members.

However, if you are NOT participating in the High Performance Network, you will be considered out of network for any of the Community Blue Medicare Advantage Products. As such, you will be required to submit claims for those members in the Patient Driven Payment Model (PDPM) format, using the applicable Health Insurance Prospective Payment System (HIPPS) codes. Claims for these members will be processed and paid according to the PDPM processing and pricing rules established by CMS.

For Example:

Scenario 1:

- SNF A does NOT participate in the High Performance network and is considered out of network for the Community Blue Medicare and Complete Blue product, but still participates with the Security Blue and Freedom Blue Products.
- SNF A should submit claims for their patients enrolled in Security Blue and Freedom Blue products using the Resource Utilization Group (RUG) Reimbursement Methodology (i.e., using RUGs HIPPS Codes).
- SNF A should submit claims for their patients enrolled in Community Blue Medicare or Complete Blue Products using the PDPM Reimbursement Methodology (i.e., using PDPM HIPPS Codes).

Scenario 2:

- SNF B participates in the High Performance Network and is considered in network with Security Blue, Freedom Blue, Community Blue Medicare, and Complete Blue Products.
 - SNF B should continue to submit ALL Medicare Advantage claims for their patients using the RUGs Reimbursement Methodology (i.e., using RUGs HIPPS Codes).
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Q: Where can I submit questions?

A: Please send your questions via email to: AncillaryProviderContractAdministration@Highmark.com
