



NEWS FOR FACILITY PROVIDERS ONLY (HIPAA 837I Claim Submitters)

ATTN: SKILLED NURSING FACILITIES REIMBURSED UNDER RESOURCE UTILIZATION GROUP (RUG) RATES METHODOLOGY REPORTING HIPPS ASSESSMENT INDICATORS FOR PENNSYLVANIA MEDICARE ADVANTAGE MEMBERS

A HIPPS codes is a five digit alpha-numeric code comprised of the RUG IV grouper (occupying the first three positions) and the Assessment Indicator (occupying the last two positions). As of July 1, 2014, CMS requires all providers submitting claims to Medicare Advantage Organizations (MAO) include a full HIPPS code on their billing claim.

naviHealth determines the appropriate RUG level of therapy for Pennsylvania Medicare Advantage members receiving rehabilitation services, based on clinical information submitted and the LiveSafe assessment completed on admission to the SNF. As a result, effective August 1, 2014, Highmark no longer requires SNFs to complete the CMS Minimum Data Set (MDS) assessment schedule for members receiving skilled rehabilitation services in a SNF. Please refer to previous Plan Central message dated August 27, 2014 for more information on this change. Since SNFs are no longer following the MDS assessment schedule for these patients, direction is needed on which Assessment Indicator is appropriate to report on claims.

HIPPS ASSESSMENT INDICATOR FOR ADMISSIONS AUTHORIZED BY NAVIHEALTH

For members receiving skilled rehabilitation services, SNFs should report Assessment Indicator **60** (OBRA assessment not related to PPS) following the corresponding RUG IV code that has been assigned by naviHealth. Please note the second digit of the Assessment Indicator is a numeric zero. The approved RUG level combined with this Assessment Indicator creates the five digit HIPPS code to be reported on claims. For example, naviHealth has approved RUG level RHA. The SNF will report the HIPPS code as RHA**60** on the claim.

If there is a change in clinical status, the SNF will collaborate with naviHealth to determine the appropriate level of care and/or RUG level change for the member. When the claim is submitted, the SNF will report the RUG level that corresponds to the days authorized, with the correct covered day units based upon when the RUG level change was determined. The Assessment Indicator 60 will continue to be reported.

MEDICAL BASED RUG LEVELS

Members receiving non-therapy services for medical management only will continue to require an MDS assessment at day 5, 14, 30, 60 and 90. Because SNFs will continue to follow the MDS schedule, there is no change in reporting requirement for these types of admissions. SNFs will assign both the appropriate RUG level and Assessment Indicator to identify the HIPPS code for reporting on the claim.

Additional resources about naviHealth can be located on the newly launched *Post-Acute Care Management for Medicare Advantage Members* page, under *Clinical Reference Materials* on the Provider Resource Center. This information will also be incorporated in the next revision of the Frequently Asked Questions document.