

naviHealth-assigned RUG level for Medicare Advantage Members

Blue Cross Blue Shield of Michigan has contracted with naviHealth for the management of skilled nursing post-acute care services. naviHealth obtains clinical information about the patient, completes a medical necessity review and **nH Predict** Functional Assessment. Once completed, for patients requiring therapy services, naviHealth authorizes a Resource Utilization Group (RUG) level which corresponds to the expected therapy (in minutes per week) required by the patient to achieve the targeted functional outcome predicted. The minutes per week in the **nH Predict | Outcome** Report is what is to be provided to the patient, as such, the corresponding RUG level produced in the admission MDS assessment populates the claim accordingly. Your facility is reimbursed based on the authorized therapy RUG level.



The therapy RUG level billed on the claim is expected to match the naviHealth authorized therapy RUG level. To request a reconsideration of the RUG level authorized, please contact your assigned naviHealth Care Coordinator. These requests must be made while the patient is receiving care in the Skilled Nursing Facility.

For traditional Medicare patients, the provider is required to follow a rigorous MDS scheduled referred to as the PPS Assessment Schedule, in order to determine the payment rate for particular intervals of time. naviHealth authorizes the therapy RUG level before therapy care commences, thus eliminating the need for the retrospective look-back on therapy provision and subsequently, the completion of the PPS assessment schedule. CMS does not require providers to follow the PPS Assessment Schedule for Medicare Advantage Members. If you elect to continue to follow the PPS Assessment schedule, the Assessment Indicator (AI) included on the claim corresponds to the Assessment type completed. Providers electing to eliminate the PPS Assessment Schedule from practice may consider using AI 60 (OBRA required Assessment / Not PPS related) when submitting the claim. As always, providers must follow the OBRA required assessment schedule on all patients as outlined in CMS regulations.

We thank you for your continued support and partnership. If you have further questions or concerns, please contact your naviHealth Network Manager.

