



naviHealth Partnership and Claims Payment

On August 17, 2020, our partnership began with naviHealth to manage post-acute care for our Medicare Advantage members in the following settings:

- Skilled nursing facilities (SNF)
- Inpatient rehab facilities (IRF)
- Long-term acute care (LTACH)

Members in HAP commercial plans and HAP Empowered MI Health Link, HAP Empowered Medicaid and HAP Empowered Duals (HMO-SNP) plans continue to be managed by HAP.

Resources

Submission requirements, frequently asked questions and other valuable resources can be found here <https://navihealth.com/partners/hap/resources/>.

Payment information

Below is information from the frequently asked questions related to payment.

Will the SNF method of payment from HAP change with naviHealth?

No. SNF payment type is determined by your HAP contract. naviHealth can accommodate many different SNF payment strategies, including but not limited to: Levels, RUGs and PDPM.

The PDPM CMG level will be authorized by naviHealth. If the PDPM CMG level submitted on the claim does not match the PDPM CMG level authorized by naviHealth, the claim will be denied.

Does naviHealth authorize the CMG levels and assign the HIPPS code?

Yes. CMG levels are the clinical language spoken between the naviHealth Care Coordinator and the clinicians providing service in the facility. naviHealth assigns the 2-4-character CMG level for PT/OT, speech, nursing and NTA. These CMG levels are finalized by day 8-10 of the patient's stay.

HIPPS code is the fiscal language spoken between the provider's billing office and the payer. A written summary of the CMG levels authorized, converted to a HIPPS code is shared. This summary is usually sent at the time the naviHealth Notice of Medicare Non-Coverage (NOMNC) is provided to the skilled facility.

Does the level of care on my claim have to match the level of care authorized by naviHealth?

Yes. Providers are expected to bill what is authorized.

I am worried that the claim I submit to HAP will not match the level of care authorized by naviHealth. Can naviHealth assist?

Yes. To ensure a clean claim, the naviHealth Care Coordinator can participate in your monthly Triple Check reviews to confirm your billing departments have the dates of service and the PDPM CMGs or Levels for those dates.

If you are a PDPM contracted provider, you will also receive a "naviHealth summary letter" at the time the NOMNC is issued. This letter summarizes:

- Dates of Service
- PDPM CMGs
- The first four (4) characters of the corresponding HIPPS code (Note: The final (fifth) HIPPS character is completed by the provider)