# RAVEN

**R**educe **AV**oidable Hospitalizations using **E**vidence-based interventions for **N**ursing facilities in Pennsylvania

# Frequently Asked Questions

The Centers for Medicare and Medicaid Services (CMS) announced a new four-year funding opportunity of the RAVEN Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. RAVEN – Phase 1 implemented clinical interventions at 18 long-term care facilities with the goal of reducing avoidable hospitalizations among nursing home residents. For RAVEN – Phase 2, the target population of this initiative remains the same: long-stay nursing facility residents. Through a new payment model, RAVEN – Phase 2 seeks to improve the care of skilled nursing residents by:

- improving the quality of care received by residents in nursing facilities
- further reducing avoidable hospitalizations
- lowering Medicare and Medicaid costs

## Who participates in RAVEN Phase 2?

### Group A – New Facilities

The Group A facilities are eligible to participate in the new CMS payment model described below:

### Group B – Continuing RAVEN Facilities

Group B facilities continue to receive the RAVEN clinical interventions from Phase 1 and participate in the new CMS payment model described below:

## Proposed New Payment Models

### Facility Payment

- Payments to facilities under Medicare Part B for the treatment of qualifying conditions (for beneficiaries not covered by Medicare Part A SNF stay)
  - > New payment model focuses only on the medical conditions below*:
    - Chronic Obstructive Pulmonary Disease (COPD)/Asthma
    - Congestive Heart Failure (CHF)
    - Dehydration
    - Pneumonia
    - Skin Ulcers/Cellulitis
    - Urinary Tract Infections (UTI)

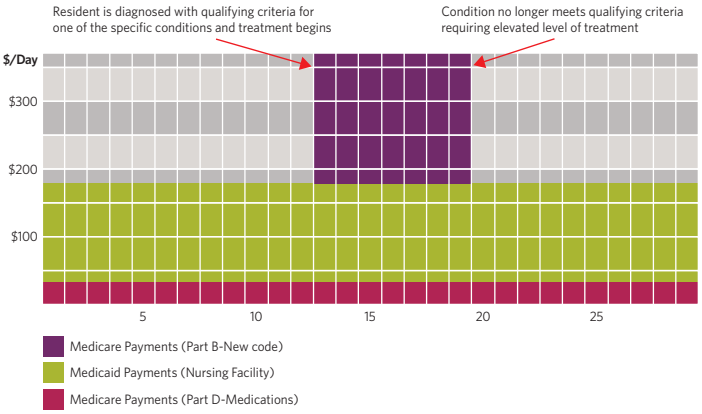
** CMS had identified the Required Facility Services and Maximum Benefit Period for each qualifying condition*

### Practitioner Payments

- Increased practitioner payments under Medicare Part B for the treatment of qualifying conditions onsite at facility
- Practitioner payments under Medicare Part B for care coordination and caregiver engagement for beneficiaries on a SNF or NF stay

## Facility Payment Codes

### Sample Payments to facilities under Medicare Part B for the treatment of qualifying conditions (for beneficiaries not covered by Medicare Part A SNF stay)




| HCPCS | Short Descriptor | Duration | Rate |
|---|---|---|---|
| **G9679** | Acute Care pneumonia | Maximum 7 Day course | $218/day |
| **G9680** | Acute care (CHF) | Maximum 7 Day course | $218/day |
| **G9681** | Acute care (COPD)/asthma | Maximum 7 Day course | $218/day |
| **G9682** | Acute care skin infection (skin ulcers/cellulitis) | Maximum 7 Day course | $218/day |
| **G9683** | Acute care fluid or electrolyte disorder/dehydration | Maximum 5 Day course | $218/day |
| **G9684** | Acute care urinary (UTI) | Maximum 7 Day course | $218/day |

## Practitioner Payment Codes

### Sample increased practitioner payments under Medicare Part B for the treatment of qualifying conditions onsite at facilities

Practitioner would be paid for the service at the equivalent of an acute hospital initial visit code when resident in the LTC facility is seen for an acute change in condition

| HCPCS | Short Descriptor | Duration | Rate |
|---|---|---|---|
| **G9685** | Acute Nursing Facility Care | **Maximum Benefit Period:** Code can be billed once per day for a single beneficiary. | $205.82 |

*** This code could only be used for the first visit in an LTC facility in response to a beneficiary who has experienced an acute change in condition (to confirm and treat the diagnosed conditions). Subsequent visits would be billable at current rates using existing codes.***

### Sample Practitioner payments under Medicare Part B for care coordination and caregiver engagement for beneficiaries on a SNF or NF stay

The table represents the payment for physicians under the FY2016 Medicare physician fee schedule in FY 2016 (nurse practitioners and physician assistants are reimbursed at 85% of the physician fee schedule amount).

| HCPCS | Short Descriptor | Duration | Rate |
|---|---|---|---|
| **G9686** | Nursing Facility Conference | **Maximum Benefit Period:** The code can be billed only once per year or within 14 days of a significant change in condition that increases the likelihood of a hospital admission. Subsequent billing of this code after the first time must include a –KX modifier when processed. Failure to meet the significant change in condition threshold and include the –KX modifier will result in denial of subsequent claims. | $77.64 |

## Which Residents at the RAVEN sites are eligible to participate in Phase 2?

Eligibility criteria for residents:

- Has resided in the LTC facility for 101 cumulative days or more starting from the resident's date of admission to that LTC facility
- Enrolled in Medicare (Part A and Part B FFS) and Medicaid, or Medicare (Part A and Part B FFS) only
- Has not opted-out of participating in the RAVEN Initiative
- Resides in a Medicare or Medicaid certified LTC facility bed
- Is NOT enrolled in a Medicare Advantage plan
- Is NOT receiving Medicare through the Railroad Retirement Board
- Has NOT elected Medicare hospice

## What is the time period for this intervention?

This new award covers the time period between October 1, 2016 to September 30, 2020

## Where can I get more information on RAVEN – Phase 2?

- Visit the CMS Innovation Center/Additional Resources Page at: **http://tinyurl.com/CMSPhase2Resources**
- Contact Us
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Please contact your local Medicare Administrative Contractor (MAC) with any questions related to billing, billing statements, or other related questions. Your local MAC can be found by using the following link:

Pennsylvania Jurisdiction L (Novitas):
**http://tinyurl.com/PA-MACadmin**



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