
For more than a decade, naviHealth has served as a trusted partner to health plans and providers. We support the senior population as they navigate the continuum of care with information to empower their post-acute journey. We believe health care should be easier to navigate and our focus is on helping seniors get back home and live more fulfilling lives.

The naviHealth mission is to ensure patients and their families are properly equipped and supported during what can be a confusing time. For those we support, we've been able to dramatically improve the way people navigate their journey from hospital to home. Our model starts and ends with the human touch and personal relationships across health care. Clinical-support staff and care coordinators work closely with patients and caregivers, coordinate with hospitals, skilled nursing facilities and at home resources with the primary focus on the right, high-quality care with the best opportunity for recovery.

In addition to the human touch, naviHealth also utilizes technological support in assisting patients across their care journey.  More specifically, naviHealth pairs experience with tools like nH Predict to develop personalized post-acute care plans based on real world experience, data and analytics. nH Predict is a care-support tool that takes into account the patient's own cognition, mobility and ability to perform daily activities. It is used to generate an outcome report that is shared with providers and caregivers to help guide the individual's path to recovery.

nH Predict is not used to deny care or to make coverage determinations. nH Predict is a tool – and one input among many — that helps inform providers, families and other caregivers about the type of assistance and care the patient may need both in the facility and after returning home. This process involves multiple touchpoints between highly trained licensed clinicians, patients and caregivers.

With regard to discharge and coverage determinations for Medicare beneficiaries, those decisions are based on criteria set by the Medicare program and the terms of the patient's plan. Initial adverse determinations and decisions to no longer cover care are based upon the Medicare criteria, which defines the situations in which patients need daily skilled

inpatient care.

Our care coordination and utilization management program has proven effective in allowing seniors to transition home and stay once it is safe to do so. In keeping with the original vision, naviHealth continues to expand patient navigation tools to improve care transitions and provide a better health care experience for seniors. These innovative technological solutions in conjunction with our clinical expertise aim to optimize care and serve as a guidepost for the future of senior-centered care.