

Medicare Advantage Post-Acute Care Program

Acute Hospitals and Health Systems



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Topics



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Overview



As of June 1, 2019, naviHealth will partner with Blue Cross Blue Shield of Michigan and Blue Care Network to manage inpatient post-acute care services.

- Product lines include:
 - BCN AdvantageSM
 - Medicare Plus BlueSM PPO plans – in- and out-of-state
- Levels of care include:
 - Inpatient rehabilitation
 - Long-term acute care
 - Skilled nursing facility



Blue Cross and BCN will continue to:



- Ensure provider contracts address confidentiality of member information and member record
- Disseminate Utilization Management communications to Blue Cross and BCN-contracted providers
- Communicate to providers that Utilization Management criteria is available upon request and naviHealth will provide access to the criteria at least once during a look-back period
- Maintain contracts with providers for care and services
- All other services will follow current authorization processes as found in **ereferrals.bcbsm.com** and provider manuals

naviHealth will work with Blue Cross and BCN to provide user access to the health care management system once the appropriate compliance documents and systems training have occurred.



What's changing



For these requests:	BCN Advantage in-state and out-of-state members	Medicare Plus Blue in-state members	Medicare Plus Blue out-of-state members
<p>Authorization requests before June 1, 2019</p> <p><i>*Follow your current process</i></p> <p><i>*For continued stay, continue to work with your original authorizing entity</i></p>	<p>Post-Acute Care Facility: Submit to BCN Advantage</p> <ul style="list-style-type: none"> Phone: 1-855-724-4286 Fax: 1-866-534-9994 	<p>Acute Care Facility: Submit to eviCore healthcare:</p> <ul style="list-style-type: none"> eviCore provider portal at www.evicore.com* <ul style="list-style-type: none"> Phone: 1-877-917-2583 Fax: 1-844-407-5293 Submit through Allscripts®. Follow your current process. <p><i>*When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization</i></p>	<p>Acute Care Facility: Submit to Medicare Plus Blue:</p> <ul style="list-style-type: none"> Fax: 1-866-464-8223 <p><i>*When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization</i></p>
<p>Authorization requests on or after June 1, 2019</p>	<ul style="list-style-type: none"> Submit to naviHealth: nH Access™ provider portal reached from the Provider Secured Services home page. <ul style="list-style-type: none"> Visit bcbsm.com/providers and log in to Provider Secured Services. Click the Medicare Advantage Post-Acute Care Authorization link. Enter your NPI. (If you're having trouble accessing the naviHealth portal using this process, contact the Blue Cross Web Support Help Desk at 1-877-258-3932.) Note: Out-of-state providers can access this link by logging into their home plan's website and selecting an ID card prefix from Michigan, which will take the provider to the Blue Cross Blue Shield of Michigan website. nH Access provider portal at access.navihealth.com* <ul style="list-style-type: none"> This option will be available starting June 1, 2019. You must first register with naviHealth for access to their portal. Phone: 1-855-851-0843 Fax: <ul style="list-style-type: none"> For new authorization requests: 1-844-899-3730 For continued stay requests: 1-844-736-2980 For discharges: 1-844-729-2951 Email for discharges: mid-west_discharge_info@navihealth.com Submit through Allscripts. Follow your current process. <p><i>*When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization</i></p>		

*Blue Cross Blue Shield of Michigan and Blue Care Network does not own or control this website.

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Authorization Response Time



- Requests for preservice and continued stay authorizations for inpatient PAC (IRF, LTCH and SNF settings) must include all necessary clinical documentation in order to make a determination.
- Failure to submit the required documentation may delay processing of the request or may result in a denial.
- Providers are required to promptly respond to all offers for peer-to-peer discussion
- Target processing timeframes:
 - If authorization request is received by 4pm with all required information a decision will be rendered same day as receipt.
 - If the authorization request is received after 4pm with all required information a decision will be rendered the following calendar day.
 - If additional information is required the decision timeframe will be extended to 72hours for an expedited request or 96 hours for a standard request.



Who is naviHealth?

naviHealth By The Numbers

A Leader in Post-Acute Care Management and Care Transitions

19

years experience in discharge management

3.5MM

Medicare Advantage and ACO lives under management for PAC

108k

annual bundled payment episodes managed in CMS's BPCI program

875+

acute hospitals using naviHealth software

>25%

US discharges flow through naviHealth software

>12K

PAC facilities touched by naviHealth services

Representative Partners



SecurityHealth PlanSM
Promises kept, plain and simple.[®]



The Post-Acute Opportunity

Post-acute care by the numbers

PAC: 73% - Regional Variation

Acute: 27%

Diagnostic Tests: 14%

Procedures: 14%

Drugs: 9%

If regional variation in PAC spend did not exist, Medicare spending variation would fall by 73%.

43

- The percentage of Medicare patients utilizing PAC services following hospitalization

23

- The percentage of total medical spend that PAC represents

>8

- The rate at which Medicare spending on PAC grew annually from 2001-2012

Market forces driving incentives to manage PAC more efficiently

- Payment reform – Patient Driven Payment Model
- Medicare Advantage funding cuts
- Providers taking on risk through ACOs and capitation from managed care
- Hospital and SNF readmission penalties and efficiency requirements
- Increased utilization of ultra-high RUG level

naviHealth Clinical Model

The Patient Journey

Our Solution: Optimizing Post-Acute Care

naviHealth ensures patients receive the optimal care in the optimal setting, resulting in higher-quality outcomes, faster recoveries, and lower medical expense

Our Solution: “High Tech / High Touch” Model

“High Tech”

nH Predict

Proprietary decision support tools that predict patients' post-acute needs and generate individualized care plans for each patient

“High Touch”

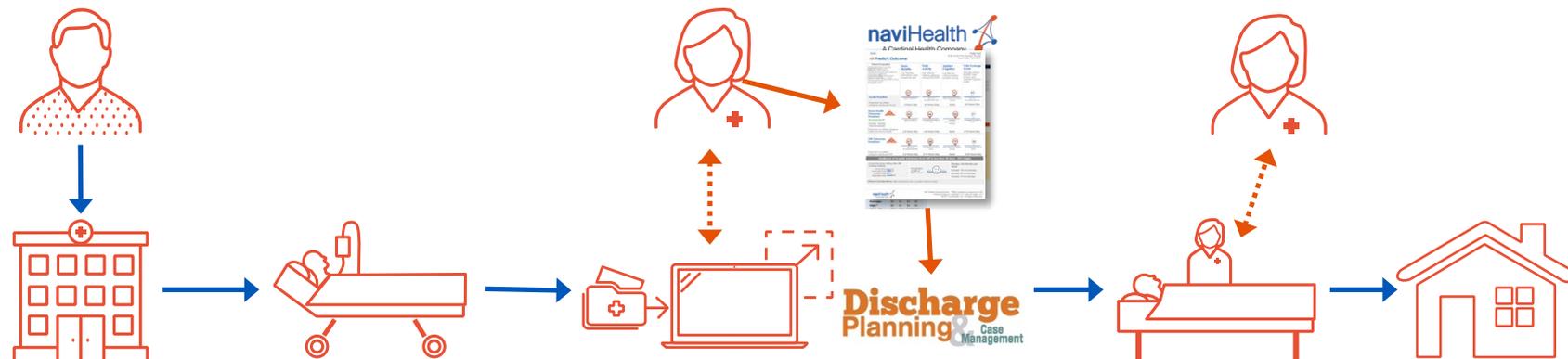


Innovative post-acute care management process fueled by dedicated clinicians who steward patients through their post-acute recovery journey

Our Partnerships with Health Plans

- naviHealth manages *post-acute care* on a *delegated, at-risk* basis for health plans
- **Post-acute care (PAC):** Long-term acute care (LTCH), inpatient rehab (IRF), skilled nursing (SNF), home health, and readmissions
- **Delegated:** naviHealth performs authorization and utilization-management functions for post-acute services on behalf of health plan

Acute Patient Journey



- Patient admitted to hospital
- naviHealth notified of patient admission by health plan
- Hospital identifies potential PAC need
- Appropriate Clinical and Rehabilitation Information is sent to naviHealth centralized team

- naviHealth completes nH Predict Assessment
- naviHealth applies appropriate Medical Necessity Criteria
- naviHealth authorizes best first PAC setting
- Authorization number & number of days authorized provided to the Requestor
- Initial authorizations are typically 3 days and good for 48 hours.

- naviHealth care coordinator available to participate in patient/caregiver discussions about discharge plans with the hospital case management team.
- MD review and peer-to-peer discussions available
- MD Review for all IRF/LTCH admissions

Detailed Provider Overview

- Documentation
- Hours of Operation
- Authorization Appeals/Denials

Documents Required for Successful Member Transitions

The **preferred** method to submit a request for authorization is through the naviHealth Provider Portal - **nH Access**

Fax, Phone and AllScripts are acceptable alternatives



Acute Hospital

Include in pre-service request:

- LOC requested
- Clinical documentation:
 - Hospital face sheet – including attending M.D.
 - History and physical
 - Current M.D. and nurses' notes
 - Physician orders sheet/medication list
 - Nursing Admission Assessment
 - PT, OT, ST evaluations
 - Prior Living Situation
 - Current cognitive status

Collaborating to Promote Creative Problem Solving



Social worker notes involving discussions with patient and family members



Necessary to ensure patients are transitioned to next level of care as soon as it is safe to do so



Patient's prior level of function and living situation



Align goals for function and determine safe and appropriate discharge planning



Caregiver names and availability



Ensure nonskilled caregiver needs post-discharge (as predicted on **Outcome** report) will be met



Needed DME, HH services, etc.



Establish all necessary services are in place to assist patient in their continued recovery

Hours of Operations

- Monday thru Friday: 8am to 10 pm
- Weekends and Holidays: 10 am to 4pm
 - In the requestor's time zone
- Expectations:
 - Pre-service or prior authorization is obtained – unauthorized transitions should be rare and justified
 - Acute Care provider secures the authorization
 - The Post-Acute Care provider will need to verify the authorization. If none exists then it will need to be requested

Authorizations, Appeals, and Denials

- Authorizations
 - Authorization letters
 - Number of days, level of care, auth number
- Denials
 - Only a physician can deny a level of care
 - Peer-to-peer review is available
 - Denial letters
- Member Appeals
 - It is the member's right to appeal a pre-service denial
 - All pre-service and post-service appeals are handled by health plan

Notification of Decisions and Peer to Peer

- Notification of Decision
 - nH Access is the preferred source for all notifications
 - Regardless of authorization request submission method:
 - Real time authorization status is available in nH Access
 - naviHealth provides notification telephonically
- Peer to Peer Request
 - Offered prior to rendering a denial decision
 - Intended to allow physician to physician dialogue regarding compelling cases
 - Providers are required to promptly respond to all offers for peer-to-peer discussion
 - Goal is to connect physicians within half a day
 - Ordering or attending physician who has consulted, treated, or has been delegated in the care of the patient must participate in peer-to-peer
 - Provider to call: 1-855-851-0843, option 5, to speak to a naviHealth Medical Director

Understanding the Process – Anticipating Challenges

- CMS and InterQual® criteria are used to determine appropriateness for SNF, IRF, LTCH
- naviHealth is the reviewer as of 6/1/19
 - If an authorization has been issued, no need to resubmit to nH on 6/1/19
 - Other entities authorizing member admissions for admission on or after 6/1 will be followed by that entity
- Turnaround times: naviHealth makes every effort to meet turnaround times previously experienced with Blue Cross and BCN
- The preferred method of submission is **nH Access**
- Expedited requests should be identified as such, by Physician (MD, DO, NP, PA) for a prioritized response

naviHealth Decision Support Tools

naviHealth Technology Solutions: **nH Predict | Function**

The **nH Predict | Function** assessment:

- Is based on the Activity Measure for Post-Acute Care (AM-PAC)
 - Adjusted to a 0-100 scale for naviHealth by the creator of AM-PAC
 - AM-PAC is recognized as a preferred outcome measure by CMS*
- Evaluates more than 260 functional tasks in 20-25 questions
- Measures functional ability in three (3) domains:

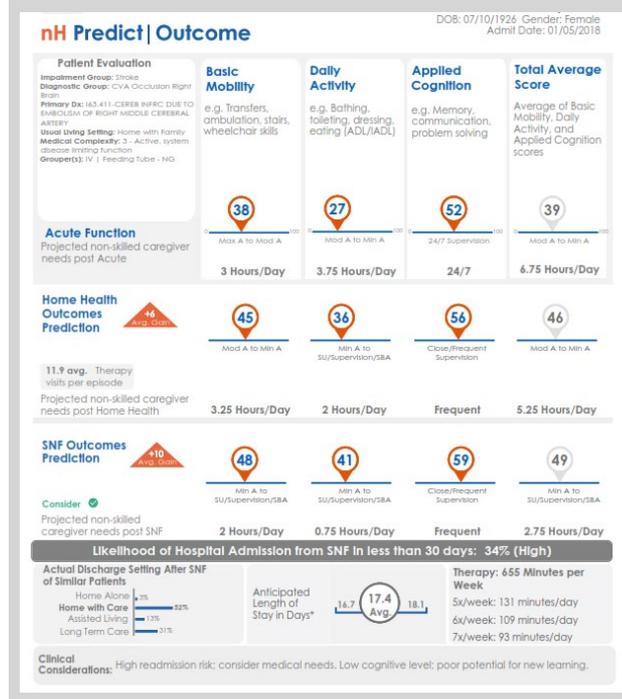


**Medicare Benefit Policy Manual, Chapter 15, §220.3 C*

nH Predict: Clinical Decision Support Technology

Proven results in ensuring maximum function improvement, reducing PAC readmissions, decreasing unnecessary utilization and practice variation

- Care plans based on **>4M patient records** collected over 19 years
- Targets management of patients in value-based care programs to **monitor progress in PAC**
- Provides patients with the most efficient care that **maximizes functional outcomes**
- Enhances clinical decisions, **setting realistic expectations** with patients and families
- Tracks patient **functional status over time**, using common language
- **Predicts:**
 1. Optimal First PAC Setting
 2. Risk for Readmission
 3. Expected Functional Improvement
 5. Burden of Care Following PAC Discharge
 6. PAC Length of Stay
 7. Therapy Intensity



Acute

Patie Test

DOB: 01/29/1934 Gender: Female

Admit Date: 12/21/2017

nH Predict | Outcome

Patient Evaluation

Impairment Group: Pulmonary
Diagnostic Group: COPD
Primary Dx: J44.1-CHRONIC
OBSTRUCTIVE PULMONARY DISEASE W
(ACUTE) EXACERBATION
Usual Living Setting: Home Alone
Medical Complexity: 2 - Active,
relevant system disease (under control)
not limiting function
Group(s): None

Acute Function

Projected non-skilled
caregiver needs post Acute

Basic Mobility

e.g. Transfers,
ambulation, stairs,
wheelchair skills

37

0 100
Max A to Mod A

3 Hours/Day

Daily Activity

e.g. Bathing,
toileting, dressing,
eating (ADL/IADL)

34

0 100
Min A to
SU/Supervision/SBA

2.5 Hours/Day

Applied Cognition

e.g. Memory,
communication,
problem solving

76

0 100
Basic Decision/Problem
Solving

None

Total Average Score

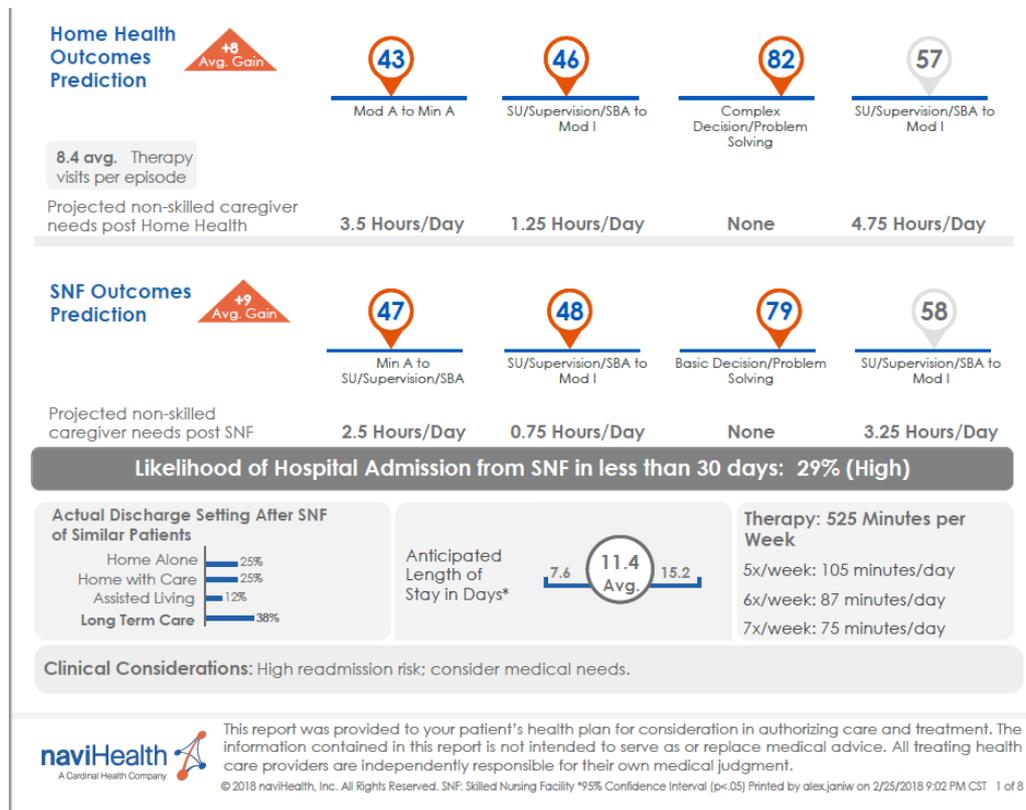
Average of Basic
Mobility, Daily
Activity, and
Applied Cognition
scores

49

0 100
Min A to
SU/Supervision/SBA

5.5 Hours/Day

Supports the First PAC Setting Determination



Patient-Facing Information Engages Patients and Families

nH Predict | Outcome
Patie Test
DOB: 01/29/1934 Gender: Female
Admit Date: 12/24/2017

 **The Report**

Your goal is our goal – to return to the community as quickly and safely as possible. We have gathered your information and compared that against thousands of patients, similar to you, to understand what outcomes you may achieve with therapy. This report will give you an idea of what you may be able to do after therapy and how much assistance you may need.

Your Care Coordinator is: _____

Actual Discharge Setting After Skilled Nursing Facility of Similar Patients

Home Alone	8%
Home with Care	54%
Assisted Living	14%
Long Term Care	23%

 **Your Journey**

Following therapy, patients like you have experienced the following:

Basic Mobility 

You may need a little (less than 25%) physical assistance with such activities as walking, climbing stairs or transferring from a chair inside your home.
Caregiver Assistance Needs after Skilled Nursing Facility: 3.25 Hours/Day

Daily Activity 

You may need a lot (more than 50%) physical assistance with such activities as grooming, dressing or bathing.
Caregiver Assistance after Skilled Nursing Facility: 1.5 Hours/Day

Applied Cognition 

You may be able to complete all complex tasks such as reading, counting money and conversing but you might have slight difficulty with such activities as completing a long insurance form or balancing a checkbook.
Caregiver Assistance Needs after Skilled Nursing Facility: None

nH Predict | Outcome
Patie Test
DOB: 01/29/1934 Gender: Female
Admit Date: 12/24/2017

 **Your Care** Skilled Nursing Facility

Your care will be based on your individual needs. Similar patients have experienced the following:

Target Discharge Date:

1/9/2018

Anticipated length of stay:

16 Days

Therapy:

9.5 Hours/Week

High likelihood of hospital admission from the Skilled Nursing Facility within 30 days

 **Our Expertise**

naviHealth works with your care team to help coordinate care and support clinical decision making. We draw upon the knowledge of experienced licensed clinicians. Using data from a patient database of over 3 million records, we help set realistic goals with you based upon what other patients like you have been able to achieve.

www.navihealth.com

Building a Better Post-Acute Network – nH Predict | Pulse

- nH Predict | Pulse is the only tool that incorporates outcomes into network formation strategy
- A network solution comprised of proprietary performance measures
- Performance measures are severity adjusted and direct outputs of the nH Predict assessment
- Dashboards are used by our health plan and health system partners to refine network and educate PAC providers on areas for needed improvement

Sample Output from Network Performance Dashboard

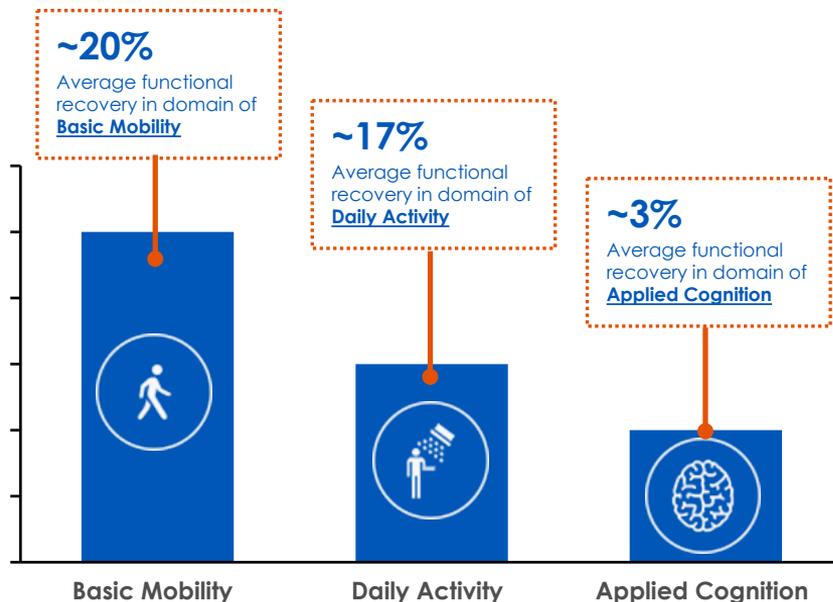
Provider Name	Quality Metrics							Efficiency Metrics									
	Patient Volume ¹	Discharge Function Score	Target Discharge Function Score	Discharge Function Score Variance	% Discharge Comm.	30 Day Readmit Rate	Length of Stay (LOS)	Target LOS	LOS Variance	Therapy Hours Per Day	Target Therapy Hours Per Day	Therapy Hours Per Day Variance	Delay to Initiate Therapy (Days)	Therapy Cycle	Target Therapy Cycle	Therapy Cycle Variance	Delay to Discharge (Days)
Hopedale Health	52	52.2	53.2	-1.9%	85%	14.0%	16.0	15.0	6.7%	1.30	1.32	-1.5%	1.02	14.8	14.6	1.4%	0.09
Windsor Way Rehab	63	51	54	-5.6%	63%	22.2%	13.9	12.0	15.8%	1.67	1.36	22.8%	1.00	12.8	12.6	1.5%	0.25
Sterling Manor	156	51.7	53	-2.8%	73%	9.2%	24.4	14.3	55.2%	1.70	1.34	26.5%	1.02	23.5	12.9	82.7%	0.21
Oak Park	64	41	43	-4.7%	69%	15.0%	18.5	16.7	10.8%	1.44	1.34	7.3%	1.17	14.5	13.5	7.4%	2.02
Pine Ridge Rehab	149	39	42.9	-9.1%	65%	14.0%	22.0	17.0	29.4%	1.72	1.35	27.4%	0.97	21.2	13.4	58.2%	4.20
LMN Health and Rehab	10	51.5	58.8	-12.4%	70%	30.0%	10.8	12.9	-16.1%	1.46	1.33	10.0%	0.90	10.2	11.4	-10.9%	0.00
Dodge Park	102	50.7	57	-11.1%	81%	12.7%	14.4	12.8	12.9%	1.71	1.38	24.4%	1.03	13.2	11.4	16.2%	0.44
Christopher Columbus Rehab Center	21	47.7	53.5	-10.8%	76%	19.0%	20.6	14.4	43.5%	1.32	1.35	-2.2%	1.14	19.5	12.9	49.9%	0.10
The Highlands	97	51.2	53.7	-4.6%	85%	5.2%	18.9	14.4	31.1%	1.48	1.35	9.3%	1.01	17.6	13	35.4%	0.42
Johnny Appleseed Convelscent Center	20	45	52.2	-13.8%	30%	5.0%	21.7	14.9	46.6%	1.28	1.34	-4.2%	1.65	19.9	13.2	50.3%	0.30
Grand Total (All Providers)	3,500	48.6	52.7	-7.8%	62%	13.8%	18.1	14.5	24.8%	1.46	1.34	8.8%	1.03	16.5	13.1	26.9%	0.67

naviHealth Results

Our Results: Improved Functional Recoveries

Our patients achieve significant improvement in function and readmit less frequently

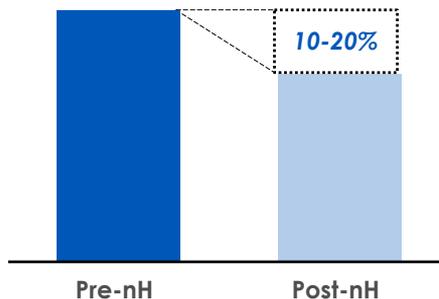
naviHealth Patients' Average Functional Recovery by nH Predict Domain¹



DEFINITION OF READMISSION FROM POST-ACUTE: The percentage of acute inpatient stays of Members which were followed by a SNF episode at any point within thirty (30) days of the original acute inpatient discharge date and subsequently followed by an acute readmission for any diagnosis within thirty (30) days of the original acute inpatient discharge date.

Readmission Reduction²

- naviHealth health plan clients have experienced reduction in readmissions from PAC
- **10-20 (%) reduction** versus historical baseline



1. SOURCE: All naviHealth health plan clients, January 2014-December 2016

2. SOURCE: All naviHealth health plan clients, full duration of all health plan contracts

Feedback from naviHealth Provider Partners

~75%

of providers wish they had an **nH Predict | Outcome** report for all the patients in their care

80%

of respondents agree that patients are able to make appropriate functional gains in the predicted period of time and safely transition to a less restrictive level of care

85%

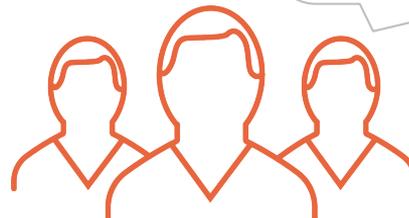
of respondents agree that the naviHealth Network Manager is a valuable resource to their facility

How has naviHealth positively impacted your facility or organization?

“[The partnership has] helped us understand important metrics as it pertained to effectively managing the transitions of care, managing expected outcomes, and improving the overall patient stay from a quality perspective.”

“It has facilitated discharge planning upon admission, assisted us in focusing on optimizing functional outcomes, given us goals to work toward.”

“The care partnership is very valuable to our community and also to the residents and their families. The data allows us to identify areas for improvement.”



* Data from naviHealth's annual Provider Engagement Survey

nH Access

What is nH Access?

nH Access is naviHealth's secure, online portal that helps to facilitate real-time, two-way documentation sharing among healthcare providers and naviHealth clinicians, allowing for more timely and appropriate care decisions to be made for patients.

What can you use nH Access to do?



Submit authorization requests for your patients



Communicate with naviHealth clinicians



Submit patient records requested by naviHealth clinicians



Access important documentation

nH Access Caseload Screen

The screenshot shows the nH Access Caseload Screen for 'Training SNF 1'. It displays a list of four patients with their details and due items. The first patient, Scott, Diana, has 1 item(s) Post Due and 1 item(s) Due. The second patient, Burke, Grace, has no items due. The third patient, Stone, Kevin, has no items due. The fourth patient, Bradley, Andre, has 1 item(s) Due. The last patient's row is highlighted with a red border.

Search:	Filter:
Last Name: Et. Doe	Select a Filter
First Name: Et. Jane	
Date of Birth: Choose a date	
<input type="button" value="SEARCH"/>	

Admit Date	DOB	Gender	Medicare ID	Health Plan Member ID	Due Items
03/04/2019	01/01/1945	Female	A123456789	01011945A123456789	1 Item(s) Post Due 1 Item(s) Due
03/03/2019	05/00/1990	Female	A123456789	00051990A123456789	No Items Due
03/04/2019	03/21/1992	Male	A456456456	A456456456	No Items Due
02/20/2019	07/10/1996	Male	A987654321	AP87654321	1 Item(s) Due

Please note: the above information is not actual patient data

Contacting naviHealth

Contacting naviHealth

For preservice referrals to inpatient PAC:

- Phone: 1-855-851-0843
- Fax: 1-844-899-3730

In-Market Leadership

For continued-stay reviews in inpatient PAC:

- Phone: 1-855-851-0843
- Fax: 1-844-736-2980
- For DC information fax or email: 1-844-729-2951 or mid-west_discharge_info@navihealth.com (therapy service logs & discharge summary)

Questions/ Concerns	Name	Title	Email	Phone
Clinical	Dona Lemieux RN, BSN, CCM	Director Clinical Operations	dona.Lemieux@naviHealth.com	313-320-4856
	Mike Halsey OT	Senior Clinical Manager	michael.halsey@navihealth.com	248-856-5780
	Allison Macabobby SLP	Senior Clinical Manager	allison.macabobby@navihealth.com	248-482-3751
Provider Network	Marsha Szymanski	Director of Network Operations	marsha.szymanski@navihealth.com	947-205-2358
	Tom Topolski	Network Manager	thomas.topolski@navihealth.com	248-832-5496
Operations	Matt Smith	Market President	matthew.smith@navihealth.com	616-207-9686

Additional Information

To learn more about naviHealth and download important documents please visit navihealth.com/BCBSM

Information sharing and training opportunities



Webinars

These webinars will include information regarding the naviHealth clinical model and provider portal.

Location	Date
Acute Care Hospital	<ul style="list-style-type: none">• Tuesday, May 21: 8 - 9:30 a.m.• Wednesday, May 22: 11:30 a.m. – 1 p.m.• Wednesday, May 29: 8 - 9:30 a.m.• Wednesday, June 5: 8 - 9:30 a.m.

Register at navihealth.com/bcbsm-forum-registration



Questions and Discussion



Thank You

