Medicare Advantage Post-Acute Care Program

Inpatient Rehab Facility/Long Term Acute Care Hospital

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

• Overview
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• Who is naviHealth?
• The nH Clinical Model – Patient Journey
• Detailed provider overview
• naviHealth decision support tools
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  - nH Predict | Pulse
• naviHealth Results
• nH Access™
• Contacting naviHealth
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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 Advantage℠
  • Medicare Plus Blue℠ 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

<table>
<thead>
<tr>
<th>For these requests:</th>
<th>BCN Advantage in-state and out-of-state members</th>
<th>Medicare Plus Blue in-state members</th>
<th>Medicare Plus Blue out-of-state members</th>
</tr>
</thead>
</table>
| Authorization requests before June 1, 2019 | Post-Acute Care Facility: Submit to BCN Advantage  
  • Phone: 1-855-724-4286  
  • Fax: 1-866-534-9994 | Acute Care Facility: Submit to eviCore healthcare:  
  • eviCore provider portal at www.evicore.com *  
    o Phone: 1-877-917-2583  
    o Fax: 1-844-407-5293  
    • Submit through Allscripts®, Follow your current process. | Acute Care Facility: Submit to Medicare Plus Blue:  
  • Fax: 1-866-464-8223 |
| *Follow your current process | *For continued stay, continue to work with your original authorizing entity | *When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization | *When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization |

| Authorization requests on or after June 1, 2019 | • Submit to naviHealth:  
  • nH Access™ provider portal reached from the Provider Secured Services home page.  
    o Visit bcbsm.com/providers and log in to Provider Secured Services.  
    o Click the Medicare Advantage Post-Acute Care Authorization link.  
    o 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.)  
    o 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 *  
    o This option will be available starting June 1, 2019.  
    o You must first register with naviHealth for access to their portal.  
    • Phone: 1-855-851-0843  
    • Fax:  
      o For new authorization requests: 1-844-899-3730  
      o For continued stay requests: 1-844-736-2980  
      o For discharges: 1-844-729-2591  
    • Email for discharges: mid-west_discharge_info@navihealth.com  
    • Submit through Allscripts. Follow your current process. | *When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization |  |

*Blue Cross Blue Shield of Michigan and Blue Care Network does not own or control this website.*
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 4 p.m. with all required information a decision will be rendered same day as receipt.
  - If the authorization request is received after 4 p.m. 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 72 hours 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
naviHealth Clinical Model
The Patient Journey
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
## naviHealth Makes Determinations for LTCH, IRF and SNF

<table>
<thead>
<tr>
<th></th>
<th>LTCH</th>
<th>IRF</th>
<th>SNF</th>
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<tbody>
<tr>
<td><strong>Rehabilitation</strong></td>
<td>Not able to tolerate 3 hrs. of rehabilitation per day</td>
<td>3 hrs. of rehabilitation per day in 2 disciplines</td>
<td>No requirement for rehab hours</td>
</tr>
<tr>
<td><strong>Concurrent Illnesses</strong></td>
<td>Many concurrent illnesses which may be acute</td>
<td>May have concurrent illnesses but rehab needs dominate</td>
<td>Many concurrent illnesses which are chronic</td>
</tr>
<tr>
<td><strong>Care Direction</strong></td>
<td>Care directed by multiple specialists</td>
<td>Interdisciplinary care directed by PMR physician</td>
<td>Care directed by primary care physician</td>
</tr>
<tr>
<td><strong>Physician Visits</strong></td>
<td>Daily</td>
<td>&gt;3 x per week</td>
<td>Weekly to Monthly</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td>25 days</td>
<td>14 days</td>
<td>20 days</td>
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Detailed Provider Overview

- Documentation
- Hours of Operation
- Lack of Prior Authorization
- Continued Stay Process
Documents Required for Successful Member Transitions

The preferred method to submit a request for authorization is through the naviHealth Provider Portal - nH Access.
Fax and Phone are acceptable alternatives.

**Acute Hospital**

Include in pre-service request:
- Hospital face sheet – including attending M.D.
- History and physical
- Current M.D. and nurses’ notes
- Physician orders sheet/medication list
- PT, OT, ST evaluations
- Nursing Admission Assessment
- Prior Living Situation
- Current cognitive status
- Prior level of function

**Inpatient PAC**

Include in concurrent review request:
- On admission:
  - Face sheet – including attending M.D.
  - Hospital DC summary
  - Nursing admission assessment
  - Physician order sheet/medication list
  - PT, OT, ST evaluations (as applicable)
- Continued stay:
  - Nursing notes
  - Therapy notes
  - MD order changes
- At discharge:
  - Therapy discharge notes
  - Therapy billing logs
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
Lack of Prior Authorization

• Concurrent Review
• Retrospective Review
  • Providers can submit a retrospective request for up to one year
  • nH Access will only accept retrospective requests within a 90-day window
  • Telephone naviHealth if you have a retrospective request past 90 days from date of discharge
Continued Stay Process

- naviHealth Care Coordinators conduct continued stay reviews to track a member's progress while a member continues through PAC journey.
- Care Coordination is primarily telephonic but visits to the facility may be requested.
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
Acute Inpatient Rehabilitation Facilities (IRFs)
# Medical Necessity Criteria for IRF

<table>
<thead>
<tr>
<th>Therapy Disciplines</th>
<th>Therapy Intensity</th>
<th>Expectations</th>
<th>Medical Supervision</th>
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</thead>
<tbody>
<tr>
<td>Requires active, ongoing intervention of multiple therapy disciplines</td>
<td>Generally accepted standard has been 3 hours/day for 5 days/week*</td>
<td>Patient can actively participate</td>
<td>Requires supervision by a rehabilitation physician.</td>
</tr>
<tr>
<td>Combination of PT, OT, ST or prosthetics/orthotics</td>
<td>Could also be 15 hours in a consecutive 7-day period, beginning day of admission</td>
<td>Patient to make measurable improvement within a prescribed period of time</td>
<td>Medical supervision requires face-to-face visits with the patient at least 3 days per week</td>
</tr>
<tr>
<td>One must be PT or OT</td>
<td>*Medicare does not intend for this to be a rule of thumb for determining IRF as reasonable and necessary</td>
<td>Need not be expected to achieve complete independence in self-care, nor be expected to return to prior level of functioning</td>
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<tr>
<td>Requires intensive and coordinated interdisciplinary approach to rehabilitation</td>
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*Source: Medicare Benefit Policy Manual 100-02, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2 Inpatient Rehabilitation Facility Medical Necessity Criteria*
Medicare’s 60% Rule

- Stroke
- Spinal Cord Injury
- Congenital Deformity
- Amputation
- Major multiple trauma
- Fracture of femur
- Brain injury
- Neurological diseases
- Burns

- Active polyarticular RA, psoriatic arthritis and seronegative arthropathies
- Systemic vasculidities
- Severe or advanced OA
  - 2 or more weight bearing joints
  - Knee or Hip Joint replacement
    - Bilateral
    - BMI 50
    - Age 85
Long Term Care Acute Hospitals (LTCHs)
Typical LTCH Patient

- Multisystem or multi organ failure
- Ventilator patient that exhibits weaning potential
  - Or family teaching for home ventilation
- Direct admit from an ICU
- Complex wounds
  - Multiple advanced stage decubitus ulcers that require a specialty bed
  - Other large open wounds
- Serious infections requiring expensive or multiple IV antibiotics
- Management of acute renal failure with renal dialysis
- Multiple complex orthopedic injuries due to severe trauma
Authorizations, Appeals, and Denials

• Authorizations
  • Authorization letters
  • Next review date, 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
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

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

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<tr>
<th>Questions/Concerns</th>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<td>616-207-9686</td>
</tr>
</tbody>
</table>

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

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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

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.

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| IRF & LTAC | • Thursday, May 23: 8 - 9:30 a.m.  
     • Wednesday, May 30: 11:30 a.m. - 1 p.m.  
     • Thursday, June 6, 11:30 a.m. - 1 p.m. |

Register at navihealth.com/bcbsm-forum-registration
Questions and Discussion

Thank You