Topics

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- Detailed provider overview
- naviHealth decision support tools
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  - nH Predict | Pulse
- naviHealth Results
- **nH Access™**
- Contacting naviHealth
- Additional education opportunities
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](http://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](http://www.evicore.com)  
  - Phone: 1-877-917-2583  
  - Fax: 1-844-407-5293  
  - 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* | Acute Care Facility: Submit to Medicare Plus Blue:  
- Fax: 1-866-464-8223  
- *When a member is admitted to a non-participating acute care facility, the post – acute care facility should initiate the authorization* |
| *Follow your current process*  
*For continued stay, continue to work with your original authorizing entity* | Authorization requests on or after June 1, 2019 | | |
| | Submit to naviHealth:  
- nH Access™ provider portal reached from the Provider Secured Services home page.  
  - Visit [bcbsm.com/providers](http://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](http://access.navihealth.com)  
  - 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:  
    - 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.  
- *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

<table>
<thead>
<tr>
<th>19</th>
<th>years experience in discharge management</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5MM</td>
<td>Medicare Advantage and ACO lives under management for PAC</td>
</tr>
<tr>
<td>108k</td>
<td>annual bundled payment episodes managed in CMS’s BPCI program</td>
</tr>
<tr>
<td>875+</td>
<td>acute hospitals using naviHealth software</td>
</tr>
<tr>
<td>&gt;25%</td>
<td>US discharges flow through naviHealth software</td>
</tr>
<tr>
<td>&gt;12K</td>
<td>PAC facilities touched by naviHealth services</td>
</tr>
</tbody>
</table>

**Representative Partners**

- Horizon
- Security Health Plan
- Highmark
- Gateway Health
- BlueCross BlueShield of North Carolina
- Priority Health
- Cigna HealthSpring
- Kaiser Permanente
- MVP Health Care
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

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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.

<table>
<thead>
<tr>
<th>Our Solution: “High Tech / High Touch” Model</th>
<th>Our Partnerships with Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“High Tech”</strong></td>
<td>• naviHealth manages post-acute care on a delegated, at-risk basis for health plans</td>
</tr>
<tr>
<td>nH Predict</td>
<td>• <strong>Post-acute care (PAC):</strong> Long-term acute care (LTCH), inpatient rehab (IRF), skilled nursing (SNF), home health, and readmissions</td>
</tr>
<tr>
<td>Proprietary decision support tools that predict patients’ post-acute needs and generate individualized care plans for each patient</td>
<td>• <strong>Delegated:</strong> naviHealth performs authorization and utilization-management functions for post-acute services on behalf of health plan</td>
</tr>
<tr>
<td><strong>“High Touch”</strong></td>
<td></td>
</tr>
<tr>
<td>Innovative post-acute care management process fueled by dedicated clinicians who steward patients through their post-acute recovery journey</td>
<td></td>
</tr>
</tbody>
</table>
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
  - Requesting physician to call: 1-855-851-0843, option 5, to speak to a naviHealth Medical Director
Detailed Provider Overview

• Documentation
• Hours of Operation
• Lack of Prior Authorization
• RUG Reimbursement
• Claims
• Denials/appeals
What is in Your Packet

- nH Access Quick Reference
- Hours of Operations and naviHealth Contact Information
- naviHealth FAQ
- Transition Grid
- Clinical Documentation Requirements
- Fax Cover Sheet Form
- Peer-to-Peer Process
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:
- 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:
  - SNF 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
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
Lack of Prior Authorization

• Concurrent Review
• Retrospective Review
  • Providers may 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
RUG Level Authorization Process

naviHealth role

• Therapy level determined by naviHealth based on the nH Predict Outcome Report
• Initially determine pre-admission to SNF
• Validation process at admission to SNF
• Collaboration to ensure accuracy

Provider role

• Identify the medical skill – nursing RUG
• Determine most appropriate ADL score
• Request and justify a level change
• Complete the OBRA-required MDS Assessment

Therapy: Cycle: 14.9 Days on Average

561 Minutes per Week

5x/week: 112 minutes/day
6x/week: 94 minutes/day
7x/week: 80 minutes/day
Allocated Therapy Mins. per Beneficiary, RU and RV RUG Intervals
Requesting a RUG Level Change

**Requesting a RUG Level Change – Decrease**

Does NOT require MD review:

- Determination made by provider citing clinical rationale
  - Expectation to increase level (to nH Predict) as soon as practical
  - Collaboration required to resolve barriers to treatment
- Goal – avoid intensity variation

**Requesting a RUG Level Change – Increase**

MD review process:

- Post collaboration and nH Predict edits – alignment is not achieved
  - MD reviews case
  - MD makes determination
  - RUG level determination is not a denial
- Goal – deliver within 48 hours of the request

Guiding the Way

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Claims submission and processing

- Payment based on authorization
- Ensure claim matches nH authorization
- Triple check – nH support
- Claims processed and paid by health plan
- Claim to Auth review quarterly

MA vs. PPS Required Assessments

- PPS assessment schedule – optional
- OBRA-required assessments only
- HIPPS codes
  - <XXX> – 60

Post payment recovery possible
Appeals and Denials

Determinations/appeals and denials
- Only a physician may deny service
- Member right to appeal
- May indicate a lack of engagement
- May create anxiety for patient/family
- Costly
- Monitored closely by naviHealth and plan

Pre-service appeals
- On behalf of the member
- Reviewed by the plan
- Determinations sent to member

QIO appeals
- NOMNC created by nH – delivered by SNF
- SNF returns valid NOMNC to nH
- Member initiated
- Handled by naviHealth
- QIO communicates with provider and health plan
naviHealth Decision Support Tools

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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
  4. Burden of Care Following PAC Discharge
  5. PAC Length of Stay
  6. Therapy Intensity

Guiding the Way
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SNF Outcomes Prediction

Projected non-skilled caregiver needs post SNF

- Mod A to Min A: 3.25 Hours/Day
- Min A to SU/Supervision/SBA: 1.5 Hours/Day
- Complex Decision/Problem Solving: None
- SU/Supervision/SBA to Mod I: 4.75 Hours/Day

Actual Discharge Setting After SNF of Similar Patients

- Home Alone: 5%
- Home with Care: 54%
- Assisted Living: 14%
- Long Term Care: 23%

Anticipated Length of Stay in Days:
- 15.8 Avg.
- 16.1 Avg.
- 16.5 Avg.

Projected SNF Discharge: 1/9/2018

Therapy:
- Cycle: 14.9 Days on Average
- 561 Minutes per Week
- 5x/week: 112 minutes/day
- 6x/week: 94 minutes/day
- 7x/week: 80 minutes/day
Patient-Facing Information Engages Patients and Families

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: ___________________________

Your Journey
Following therapy, patients like you have experienced the following:

Actual Discharge Setting After Skilled Nursing Facility of Similar Patients
- Home Alone: 16%
- Home with Care: 44%
- Assisted Living: 14%
- Long Term Care: 31%

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

Guiding the Way
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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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Patient Volume</th>
<th>Discharge Function Score</th>
<th>Target Discharge Function Score</th>
<th>Discharge Function Score Variance</th>
<th>% Discharge Comm.</th>
<th>30 Day Readmit Rate</th>
<th>Length of Stay (LOS)</th>
<th>Target LOS</th>
<th>LOS Variance</th>
<th>Therapy Hours Per Day</th>
<th>Therapy Hours Per Day</th>
<th>Delay to Initiate Therapy (Days)</th>
<th>Therapy Cycle</th>
<th>Target Therapy Cycle</th>
<th>Therapy Cycle Variance</th>
<th>Delay to Discharge (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopedale Health</td>
<td>52</td>
<td>52.2</td>
<td>53.2</td>
<td>-1.9%</td>
<td>85%</td>
<td>14.0%</td>
<td>16.0</td>
<td>15.0</td>
<td>6.7%</td>
<td>1.30</td>
<td>1.32</td>
<td>1.02</td>
<td>14.8</td>
<td>14.6</td>
<td>1.4%</td>
<td>0.09</td>
</tr>
<tr>
<td>Windsor Way Rehab</td>
<td>63</td>
<td>51</td>
<td>54</td>
<td>-5.6%</td>
<td>63%</td>
<td>22.2%</td>
<td>13.9</td>
<td>12.0</td>
<td>15.8%</td>
<td>1.67</td>
<td>1.36</td>
<td>22.8%</td>
<td>1.00</td>
<td>12.8</td>
<td>1.5%</td>
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<tr>
<td>Sterling Manor</td>
<td>156</td>
<td>51.7</td>
<td>53</td>
<td>-2.8%</td>
<td>73%</td>
<td>9.2%</td>
<td>24.4</td>
<td>14.3</td>
<td>55.2%</td>
<td>1.70</td>
<td>1.34</td>
<td>26.5%</td>
<td>1.02</td>
<td>23.5</td>
<td>82.7%</td>
<td>0.21</td>
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<tr>
<td>Oak Park</td>
<td>64</td>
<td>41</td>
<td>43</td>
<td>-4.7%</td>
<td>69%</td>
<td>15.0%</td>
<td>18.5</td>
<td>16.7</td>
<td>10.8%</td>
<td>1.44</td>
<td>1.34</td>
<td>7.3%</td>
<td>1.17</td>
<td>14.5</td>
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<td>2.02</td>
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<tr>
<td>Pine Ridge Rehab</td>
<td>149</td>
<td>39</td>
<td>42.9</td>
<td>-9.1%</td>
<td>65%</td>
<td>14.0%</td>
<td>22.0</td>
<td>17.0</td>
<td>29.4%</td>
<td>1.72</td>
<td>1.35</td>
<td>27.4%</td>
<td>0.97</td>
<td>21.2</td>
<td>58.2%</td>
<td>4.20</td>
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<tr>
<td>LMN Health and Rehab</td>
<td>10</td>
<td>51.5</td>
<td>56.8</td>
<td>-12.4%</td>
<td>70%</td>
<td>30.8%</td>
<td>10.8</td>
<td>12.9</td>
<td>-16.1%</td>
<td>1.46</td>
<td>1.33</td>
<td>10.0%</td>
<td>0.90</td>
<td>10.2</td>
<td>-10.9%</td>
<td>0.00</td>
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<tr>
<td>Dodge Park</td>
<td>102</td>
<td>50.7</td>
<td>57</td>
<td>-11.1%</td>
<td>81%</td>
<td>12.7%</td>
<td>14.4</td>
<td>12.8</td>
<td>12.9%</td>
<td>1.71</td>
<td>1.38</td>
<td>24.4%</td>
<td>1.03</td>
<td>13.2</td>
<td>16.2%</td>
<td>0.44</td>
</tr>
<tr>
<td>Christopher Columbus Rehab Center</td>
<td>21</td>
<td>47.7</td>
<td>53.5</td>
<td>-10.8%</td>
<td>76%</td>
<td>19.0%</td>
<td>20.6</td>
<td>14.4</td>
<td>43.5%</td>
<td>1.32</td>
<td>1.35</td>
<td>-2.2%</td>
<td>1.14</td>
<td>19.5</td>
<td>49.9%</td>
<td>0.10</td>
</tr>
<tr>
<td>The Highlands</td>
<td>97</td>
<td>51.2</td>
<td>53.7</td>
<td>-4.6%</td>
<td>85%</td>
<td>5.2%</td>
<td>18.9</td>
<td>14.4</td>
<td>31.1%</td>
<td>1.48</td>
<td>1.35</td>
<td>9.3%</td>
<td>1.01</td>
<td>17.6</td>
<td>35.4%</td>
<td>0.42</td>
</tr>
<tr>
<td>Johnny Appleseed Convalescent Center</td>
<td>20</td>
<td>45</td>
<td>52.2</td>
<td>-13.8%</td>
<td>30%</td>
<td>5.0%</td>
<td>21.7</td>
<td>14.9</td>
<td>46.8%</td>
<td>1.28</td>
<td>1.34</td>
<td>-4.2%</td>
<td>1.65</td>
<td>19.9</td>
<td>50.3%</td>
<td>0.30</td>
</tr>
<tr>
<td>Grand Total (All Providers)</td>
<td>3,500</td>
<td>48.6</td>
<td>52.7</td>
<td>-7.8%</td>
<td>62%</td>
<td>13.8%</td>
<td>18.1</td>
<td>14.5</td>
<td>24.8%</td>
<td>1.46</td>
<td>1.34</td>
<td>8.8%</td>
<td>1.03</td>
<td>16.5</td>
<td>26.7%</td>
<td>0.67</td>
</tr>
</tbody>
</table>
Our Results: Improved Functional Recoveries

Our patients achieve significant improvement in function and readmit less frequently

**naviHealth Patients’ Average Functional Recovery by nH Predict Domain**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Average Functional Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Mobility</td>
<td>~20%</td>
</tr>
<tr>
<td>Daily Activity</td>
<td>~17%</td>
</tr>
<tr>
<td>Applied Cognition</td>
<td>~3%</td>
</tr>
</tbody>
</table>

**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 Reduction**

- 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

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Feedback from naviHealth Provider Partners

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."

~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

* 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

*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

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)

In-Market Leadership

<table>
<thead>
<tr>
<th>Questions/Concerns</th>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>Dona Lemieux RN, BSN, CCM</td>
<td>Director Clinical Operations</td>
<td><a href="mailto:dona.Lemieux@naviHealth.com">dona.Lemieux@naviHealth.com</a></td>
<td>313-320-4856</td>
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<tr>
<td></td>
<td>Mike Halsey OT</td>
<td>Senior Clinical Manager</td>
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<td>248-856-5780</td>
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<td></td>
<td>Allison Macabobby SLP</td>
<td>Senior Clinical Manager</td>
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<td>248-482-3751</td>
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<td>Provider Network</td>
<td>Marsha Szymanski</td>
<td>Director of Network Operations</td>
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<td>947-205-2358</td>
</tr>
<tr>
<td></td>
<td>Tom Topolski</td>
<td>Network Manager</td>
<td><a href="mailto:thomas.topolski@navihealth.com">thomas.topolski@navihealth.com</a></td>
<td>248-832-5496</td>
</tr>
<tr>
<td>Operations</td>
<td>Matt Smith</td>
<td>Market President</td>
<td><a href="mailto:matthew.smith@navihealth.com">matthew.smith@navihealth.com</a></td>
<td>616-207-9686</td>
</tr>
</tbody>
</table>

Additional Information

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

**In Person Forums**

Skilled nursing facilities are invited to attend in-person forums:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traverse City</td>
<td>Monday, May 13, 2-4 p.m.</td>
</tr>
<tr>
<td>Grand Rapids</td>
<td>Tuesday, May 14, 9-11 a.m. and 1-3 p.m.</td>
</tr>
<tr>
<td>Saginaw</td>
<td>Wednesday, May 15, 9-11 a.m. and 1-3 p.m.</td>
</tr>
<tr>
<td>Southfield</td>
<td>Thursday, May 16, 9-11 a.m.</td>
</tr>
<tr>
<td></td>
<td>Friday, May 17, 9-11 a.m.</td>
</tr>
</tbody>
</table>

Register at [navihealth.com/bcbsm-forum-registration/](http://navihealth.com/bcbsm-forum-registration/)
Webinars

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled nursing facilities</td>
<td>• Tuesday, May 21, 11:30 a.m. to 1:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>• Thursday, May 23, 11:30 a.m. to 1:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>• Wednesday, May 29, 11:30 a.m. to 1:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>• Wednesday, June 5, 11:30 a.m. to 1:30 p.m.</td>
</tr>
</tbody>
</table>

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

Thank You