Streamlining the Pre-Service Review Process

Providers Requesting Pre-Service Authorization
What we’re talking about today…

- Improving patient experience by accelerating transition to the right place for right care at the right time
- Applies to providers seeking a Pre-Service authorization for SNF only
- Applies to providers’ requests for select naviHealth managed members
- Involves three key changes:
  1. Requiring less documentation and reducing requests for clinical information
  2. Introducing a ‘Rapid Review’ to quickly transition patients with certain conditions
  3. Sunsetting the assignment of a preliminary CMG during Pre-Service authorization
Topic #1: Reducing Requests for Additional Clinical Information
# Streamlined Documentation Requirements

<table>
<thead>
<tr>
<th>Customary Source/Item</th>
<th>Critical Documentation Requirements</th>
<th>Applicability</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Referral Basics’</td>
<td>• Requestor’s name and phone number&lt;br&gt;• Ordering physician’s name and phone number</td>
<td>Always</td>
</tr>
<tr>
<td>Physician History &amp; Physical (H&amp;P)</td>
<td>• Patient’s acute presentation &amp; diagnosis</td>
<td>Always</td>
</tr>
<tr>
<td>Most Recent Physician Progress Note(s)</td>
<td>• Patient’s current medical status demonstrating stability&lt;br&gt;• Patient’s ongoing skilled medical need(s)</td>
<td>Always</td>
</tr>
<tr>
<td>PT/ST/OT Therapy Evaluation(s)</td>
<td>• Patient’s usual living setting&lt;br&gt;• Patient’s prior level of function</td>
<td>Always – when therapy indicated*</td>
</tr>
<tr>
<td>Most Recent Therapy Progress Note</td>
<td>• Patient’s current mobility, transfers &amp; ambulation&lt;br&gt;• Patient’s current ADL status, e.g., Feeding&lt;br&gt;• Patient’s current cognitive status</td>
<td>Always – when therapy indicated*</td>
</tr>
</tbody>
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Existing Processes & Additional Information

Existing, system-generated ‘referral packets’ are welcomed so long as they consistently meet these documentation requirements. On rare occasion, additional information may be necessary, in which case the requestor will be contacted.

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*Our data suggests that nearly all skilled requests include therapy; however, in rare cases where it is not requested, this does not apply.
Topic #2:

Introducing a ‘Rapid Review’ to more efficiently transition patients with select conditions
‘Rapid Review’ Process Overview

1. Requestor IDs Qualified Patient
2. Requestor Calls-In ‘Rapid Review’ to nH
3. Requestor and nH Discuss Patient
4. nH Provides Verbal Approval*
5. Requestor Sends Required Documentation

Key Details for Requestors

- Phone Number: Call the naviHealth Pre-service phone number identified for your state/region
- Specific Language: “I have a ‘Rapid Review’ due to [qualifying condition]”
- ‘Referral Basics’ provided to nH intake coordinator
- Call transferred to nH clinical team member for Rapid Review

*Our data suggests that most patients with these qualifying conditions will be approved; however, those that cannot be approved will revert to the traditional process
## Qualifying Conditions & Discussion Items

<table>
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<tr>
<th>Qualifying Condition</th>
<th>‘Rapid Review’ Discussion Items</th>
<th>Relevant CMS Criteria</th>
</tr>
</thead>
</table>
| Patient has new PEG tube placement during current hospitalization                    | • Feeding status details: o Date tube inserted o Tube type and current status o Volume o Percentage of total nutrition | • 26% of daily caloric requirements and at least 501 ml of fluid per day  
• Requires daily skilled nursing: observation and assessment, teaching and training or evaluation and management of care plan |
| Patient requires IV medication with a frequency of twice per day or greater with more than three days remaining | • Indication for medication o Medication: type and name, dosage/day and stop date o Actual Frequency | Requires daily skilled nursing: observation and assessment, teaching and training or evaluation and management of care plan |
| Patient has had new tracheostomy procedure during current hospitalization            | • Date of tracheostomy procedure o Status of tracheostomy care and management o Respiratory status o Breathing support details o Respiratory therapy orders and post-acute support | Requires daily skilled nursing: observation and assessment, teaching and training or evaluation and management of care plan  
• Tracheostomy aspiration |
| Therapy assessment/s indicate:                                                      | • Patient’s Prior Level of Function o Patient’s Current Mobility, Transfers & Ambulation         | Required therapy services are so inherently complex as to require the skills, judgment and knowledge of a therapist  
• Daily therapy services are required for the functional impairments due to the complexity of the condition for which the patient has been hospitalized |
‘Rapid Review’ Success Factors

To ensure the ‘Rapid Review’ process benefits patients, providers and naviHealth…

• Requests for ‘Rapid Review’ must be limited to qualifying patients

• Requestors calling in for ‘Rapid Review’ must be prepared for a clinical conversation with a naviHealth representatives
  • For this reason, requestors should be limited to clinically-trained hospital case managers or SNF admissions representatives

• Required documentation must still be submitted following the ‘Rapid Review’; compliance will be monitored
Topic #3:

Sunsetting the assignment of a preliminary CMG during Pre-Service authorization
Update to CMG Process

naviHealth will no longer be assigning a preliminary CMG level during the preservice authorization process

• **Why?** The CMG level assigned is frequently modified after the patient is admitted to SNF; eliminating the preliminary CMG assignment is expected to reduce confusion and streamline the admission process for everyone

• **When will the CMG level be determined?** After all SNF clinical assessments are completed and submitted to naviHealth for review – generally between day 8-10 of the stay

• **Are there any other PDPM related changes?** No, all other naviHealth PDPM workflows and processes remain the same
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Recap
Recap of Key Points

• This program is expected to improve patient experience by accelerating transition to the right place for right care at the right time via:

1. Requiring less documentation and reducing requests for clinical information

2. Introducing a ‘Rapid Review’ to quickly transition patients with certain conditions

3. Sunsetting the assignment of a preliminary CMG during Pre-Service authorization

• All changes apply to providers seeking a Pre-Service authorization for SNF only

• All changes apply to providers’ requests for select naviHealth managed members