



| Guiding the Way

Partnering for Success in the Patient Driven Payment Model (PDPM)

Acute Provider Overview

PDPM | Changing the Course of Patient-Centered Care



Program starts
October 1



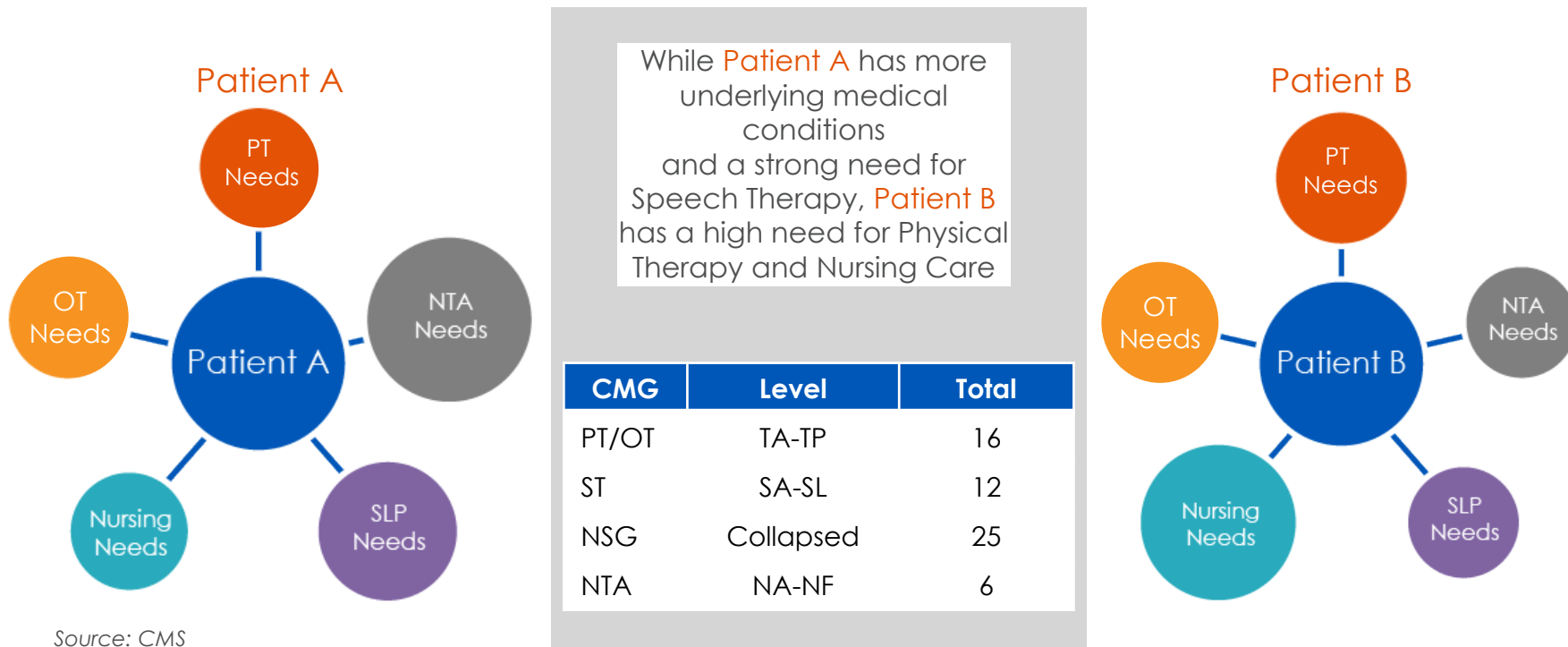
Largest change to SNF
Prospective Payment
System since inception



PDPM is considered a
positive change from the
current RUGs based
payment methodology

Individualization Under PDPM

By addressing each individual patient's unique needs independently, PDPM improves payment accuracy and encourages a more patient-driven care model.



Source: CMS

What is changing?

naviHealth Decision Support Tool Enhancements



Updated Terminology

- Groupers are now Medical Adjusters
- Medical Complexity is now Functional Comorbidity Index
 - To better resonate with providers

Added Severity Adjusters

- Complex Medical Conditions
 - IV medication
 - Obesity
 - Complex wound care
 - Feeding tube
- Social Determinants of Health
 - Language
 - Income /SES



Future Enhancements:

Incorporated New Data Sets

- Refresh Best Practice Data Set
- Higher representation of national Medicare Advantage performance



Increased Clinical Guidance

Granular therapy guidance for each of the therapy disciplines:

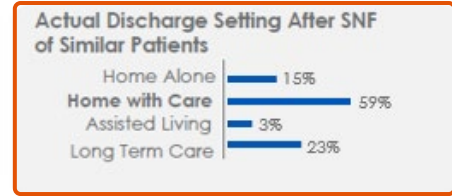
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy (ST)



Additional Risk Adjusters Improve Predictions: nH Predict | Outcome

All patient data is fictional and used for illustrative purposes only.

Patient Evaluation
Impairment Group: Amputation of Limb
Diagnostic Group: Osteomyelitis
Primary Dx: M86.651-OTHER CHRONIC OSTEOMYELITIS, RIGHT THIGH
Usual Living Setting: Home with Other Caregiver/Assist
Functional Comorbidity Index: 3 - Active, system disease limiting function
Medical Adjuster(s): IV



nH Predict | Outcome

DOB: 05/28/1959 G Admit Date

Likelihood of Hospital Admission from SNF in less than 30 days: 31% (High)

Patient Evaluation
 Impairment Group: Amputation of Limb
 Diagnostic Group: Osteomyelitis
 Primary Dx: M86.651-OTHER CHRONIC OSTEOMYELITIS, RIGHT THIGH
 Usual Living Setting: Home with Other Caregiver/Assist
 Functional Comorbidity Index: 3 - Active, system disease limiting function
 Medical Adjuster(s): IV

Basic Mobility
 E.g. Transfers, ambulation, stairs, wheelchair skills
 44

Daily Activity
 E.g. Bathing, toileting, dressing, eating (ADL/IADL)
 35

Applied Cognition
 E.g. Memory, communication, problem solving
 67

Total Average Score
 Average of Basic Mobility, Daily Activity, and Applied Cognition scores
 49

Admission Function
 Mod A to Min A
 Min A to SU/Supervision/SBA
 Basic Decision/Problem Solving
 Min A to SU/Supervision/SBA

SNF Outcomes Prediction
 +9 Avg. Gain
 53 (SU/Supervision/SBA to Mod I)
 51 (SU/Supervision/SBA to Mod I)
 69 (Basic Decision/Problem Solving)
 58 (SU/Supervision/SBA to Mod I)

Projected non-skilled caregiver needs post SNF
 1 Hour/Day
 0.5 Hours/Day
 None
 1.25 Hours/Day

Actual Discharge Setting After SNF of Similar Patients
 Home Alone: 10%
 Home with Care: 59%
 Assisted Living: 3%
 Long Term Care: 23%

Anticipated Length of Stay in Days*
 16.7 | 18.3 Avg. | 19.9
 Projected SNF Discharge: 11/18/2019

Therapy:
 Cycle: 12.7 Days on Average
 538 Minutes per Week
 5x/week: 108 minutes/day
 6x/week: 90 minutes/day
 7x/week: 77 minutes/day

Clinical Considerations: High (>25%) readmission alert.

Patient Evaluation
 Impairment Group: Amputation of Limb
 Diagnostic Group: Osteomyelitis
 Primary Dx: M86.651-OTHER CHRONIC OSTEOMYELITIS, RIGHT THIGH
 Usual Living Setting: Home with Other Caregiver/Assist
 Functional Comorbidity Index: 3 - Active, system disease limiting function
 Medical Adjuster(s): IV

Basic Mobility
 E.g. Transfers, ambulation, stairs, wheelchair skills
 44

Daily Activity
 E.g. Bathing, toileting, dressing, eating (ADL/IADL)
 35

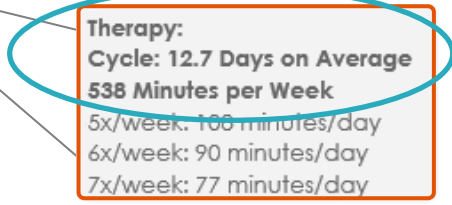
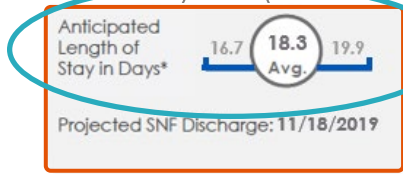
Applied Cognition
 E.g. Memory, communication, problem solving
 67

Total Average Score
 Average of Basic Mobility, Daily Activity, and Applied Cognition scores
 49

Admission Function
 Mod A to Min A
 Min A to SU/Supervision/SBA
 Basic Decision/Problem Solving
 Min A to SU/Supervision/SBA

SNF Outcomes Prediction
 +9 Avg. Gain
 53 (SU/Supervision/SBA to Mod I)
 51 (SU/Supervision/SBA to Mod I)
 69 (Basic Decision/Problem Solving)
 58 (SU/Supervision/SBA to Mod I)

Projected non-skilled caregiver needs post SNF
 1 Hour/Day
 0.5 Hours/Day
 None
 1.25 Hours/Day



Authorization of CMG levels

Authorization Information

Preservice:



- Authorization Number
- Number of days (3-5)
- Primary Diagnosis – primary condition of the patient – reason for admission
- Preliminary PDPM Level (PT/OT, ST, Nursing, NTA)



Continued Stay Review:



- Number of Days
- Primary Diagnosis – condition of the patient – reason for admission
- Final PDPM Level (PT/OT, ST, Nursing, NTA)


Clinical Documentation Requirements

Additional Clinical Documentation Requirements

naviHealth collects today ~ 80-85% of what is clinically needed to authorize under PDPM

- Additional documentation required will include:
 - C.N.A Flow Sheets
 - Depression screening results
 - Respiratory therapy assessment and notes
 - Any supportive documentation to modify Speech, Nursing, NTA levels

SNF Fax Cover Sheet

Fax Cover Sheet – SNF: naviHealth 

To: naviHealth
From: Name: _____
Phone #: _____
Number of pages: _____
(including cover sheet)
 Medical Only – Request is for Skilled Nursing only and does not include Skilled Therapy.

naviHealth Fax Number: _____
Facility: _____
Fax Number: _____
Today's date: _____

Additional Contact Information (if applicable)
Acute facility: _____ Acute Case Manager: _____
Phone number: _____

Preservice Authorization Request/Review
The following information is required:

- Hospital demographic sheet including name/phone of POA if applicable
- Patient's name, current location, admit date, and requested setting
- MR order sheet / full name of ordering physician and NPI number
- History and physical
- Nursing admission assessment
- Physical, occupational, and speech therapy evaluations
- Most recent therapy notes (within the last 48 hours)
- Most recent physician notes (within the last 24 hours)
- Post-procedure or surgical notes if procedure/surgery occurred during this admission

Admission Review / First Continued Stay Authorization Request
The following information is required:

- Demographic sheet
- Discharge planning assessment (as available)
- Nursing admission assessment
- Physical, occupational, and speech therapy evaluations (within 48 hours of admission)

Interim Review / Subsequent Continued Stay Authorization Requests
The following information is required:

- Demographic sheet
- Case management or social work notes
- Nursing notes and/or CNA documentation
- Physician notes / physician orders
- Physical, occupational, and speech therapy notes since last update (most recent should be within 24 hours of most recent date)
- PRR-1 assessment
- Updates to current discharge plan


NOMAC (ONLY for Health Plan; must be signed and valid)

Discharge Review
The following information is required:

- Patient's discharge instructions (preferably within 24 hours of discharge)
- Therapy discharge summaries
- Therapy service logs/billing logs including minutes and visits recorded for entire stay

This transmission is intended for the exclusive use of the individual or entity to which it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. Failure to maintain confidentiality of such information is subject to sanctions and penalties under state and federal law. If you have received this transmission in error, please contact the sender and delete this message/information immediately.
© 2019 naviHealth, Inc. All Rights Reserved.

Clinical Documentation Submission Requirements

naviHealth  Clinical Documentation Submission Requirements
Skilled Nursing Facility (SNF)

Preservice Authorization Requests/Reviews

The following information is required for all naviHealth-managed patients. Requests for preservice authorization for inpatient PAC settings must include the necessary clinical documentation for naviHealth to make a determination. Failure to submit the required documentation may delay the processing of your request or result in a denial.

NOTE: The requirement defined in the following paragraph is specific to Medicare Advantage. Authorizations are typically valid for 48 hours. If the patient does not admit to post-acute care within 48 hours, you may need to provide updated information to demonstrate patient stability for transfer and/or continued medical necessity for the requested level of care. In some cases, a new authorization may be required.

Items in bold are the preferred documentation. If unavailable (e.g., no occupational therapy eval was performed), you must ensure that the necessary clinical information described is included in other documentation, such as nursing notes.

The list below represents the minimum requirements for all requests. In certain cases, we may require additional information, such as a Medication Administration Record (MAR) or results of labs, MRIs, CT scans, X-rays, etc.

Preservice Authorization Requests/Reviews

The following clinical information is required for preservice authorization requests for inpatient PAC settings:

- Hospital demographic sheet including name/phone of POA if applicable
- Patient's name, current location, admit date, and requested setting
- MR order sheet / full name of ordering physician and NPI number
- History and physical
- Nursing admission assessment / nursing notes and CNA documentation
 - o Include height and weight
 - o Ensure detailed descriptions of patient's active medical/clinical conditions requiring a skilled level of care are included, or provide additional documentation with these details
- Physical, occupational, and speech therapy evaluations or other clinical documentation which indicates:
 - o Patient's usual living setting and available caregiver support
 - o Patient's prior level of function, including assistance and DME needed and home support
- Most recent therapy notes* or other clinical documentation (within the last 48 hours) which indicates patient's current level of function and specifies level of assistance required for:
 - o Bed mobility, transfers, and ambulation
 - o Feeding, grooming, bathing, dressing, and toileting
 - o Cognitive status, including vision/hearing impairment, behavioral health concerns, communication ability, memory and problem-solving ability
- Most recent physician notes or other clinical documentation (within the last 24 hours) which indicates:
 - o Patient's current medical status
 - o Stability for discharge
 - o Medication orders to be continued post-discharge
- Post-procedure or surgical notes if procedure/surgery occurred during this admission

*For SNF – if request is for Skilled Nursing only and does not include Skilled Therapy, notes regarding current level of function are not required.
© 2019 naviHealth, Inc. All Rights Reserved. Updated 08/15/2019
www.navihealth.com | 800.462.8434 Page 1 of 3

Interrupted Stay

Interrupted Stay



Recognize and support CMS's Interrupted Stay policy

- Continuation of care when return to original SNF within 3 days
- New **nH Predict | Outcome** Report *may* be appropriate
- Patients out to acute over a midnight require a new authorization



Timely acceptance of patients back to original SNF is expected

- Recovery is more consistent
- Allows for a better patient experience

Moving from RUGs to PDPM on October 1

Due to software constraints, most health plans will require providers to transition to PDPM on 10/1/19. To that end, naviHealth is prepared to pivot to PDPM authorization on 10/1/19 for members already accessing skilled care in a SNF

Members Admitted before 10/1/19

- naviHealth to authorize the appropriate RUG level through 9/30/19
- naviHealth to authorize the appropriate PDPM level beginning 10/1/19 for the remainder of the member's stay
- To reduce provider burden, naviHealth does not require the completion of an interim payment assessment

**October
1, 2019**

For Additional Information

Visit the naviHealth PDPM Resource Page to access:

- Recorded webinars
- Important documents
- Links to industry news

&

- Participate in ongoing local naviHealth PDPM sessions
- Contact your naviHealth Network Manager

naviHealth.com/PDPM



The Patient Driven Payment Model (PDPM) - Information and Resources for Provider Partners

PDPM begins October 1, 2019 and represents the largest change to the Skilled Nursing Facility (SNF) Prospective Payment System since its inception. The information and resources on this page are designed to help our provider partners understand the changes that will occur as the result of moving away from RUG-IV.

Scroll down for information and resources to get you started

Now Playing On-Demand: The Patient Driven Payment Model | An Industry Game Changer

In this presentation, naviHealth experts Colleen O'Rourke and Amy Leibenberg, discuss how in the new order of PDPM, SNF providers will not only have to swiftly adapt to a new payment structure but will also need to modify nursing and therapy services delivery. They also detail imperative strategies for SNFs to ensure both quality outcomes and cost-efficient care are achieved simultaneously and how developing robust high-quality networks

2019 SNF Prospective Payment Model

- In July 2018, CMS announced a new case-mix classification model called the Patient Driven Payment Model (PDPM) set to launch on October 1, 2019.
- PDPM is a welcome change from the therapy-volume driven payment system of the Resource Utilization Group, Version IV (RUG-IV), where quantity versus quality of service drove care decisions and profitability.
- The model represents the single largest change to the SNF Prospective Payment System since its inception, with impacts on patient classification, assessment burden, care planning and care design.

Are you ready?

