

Streamlined Pre-Service Review

Frequently Asked Questions

naviHealth Medicare Advantage Health Plan Partners

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Frequently Asked Questions

Streamlined Pre-Service Review

Q1 What is naviHealth's new Streamlined Pre-Service Review?

The naviHealth Streamlined Pre-Service Review is a new program that improves the patient experience by accelerating the pre-service authorization process involving three key changes:

- Requiring less documentation and reducing requests for clinical information
- Introducing a 'Rapid Review' to quickly transition patients with certain clinical conditions
- Sunsetting the assignment of a preliminary CMG level during Pre-Service authorization

Q2 What are the objectives of the Streamlined Pre-Service Review program?

- To improve patient experience by accelerating transition to the right place for the right care at the right time
- To improve provider experience making the preservice authorization process simpler and more efficient

Q3 When does the new Streamlined Pre-Service Review process begin?

Streamlined Pre-Service Review began on March 16, 2020, in select areas. It is a program that is rapidly expanding. For specific questions, contact your naviHealth Provider Relations Manager.

Q4 Who may participate in a Streamlined Pre-Service Review?

Streamlined Pre-Service Review requests may be submitted by either:

- The acute hospital initiating preservice authorization to SNF, or

- The SNF facility responsible to secure the preservice authorization

Regardless of requestor, all acute hospitals should be aware of the naviHealth Streamlined Pre-Service Review program to facilitate timely transitions and ensure referral packets are complete.

Q5 Are the preservice authorization requests for all levels of care part of the Streamlined Pre-Service Review program?

No. Streamlined Pre-Service Review is specific to providers seeking authorization for **acute to SNF transitions** for naviHealth managed members.

Requests for the following pre-service authorizations must follow the traditional process:

- Acute to IRF
- Acute to LTCH
- IRF to SNF
- LTCH to SNF

Requiring Less Documentation and Reducing Requests

Q6 Why is naviHealth reducing the documentation needed for pre-service authorization?

naviHealth believes we can make a medical necessity determination with the following:

- Robust physician progress notes for medical / nursing skilled needs
- PT/OT/ST evaluation/s and most recent treatment notes for rehabilitation therapy skilled needs

Q7 What is the clinical documentation naviHealth requires?

Providers are required to submit the following information for a pre-service determination.

Customary Source/Item	Critical Documentation Requirements	Applicability
'Referral Basics'	<ul style="list-style-type: none"> Requestor's name and phone number Ordering physician's name and phone number 	Always
Physician History & Physical (H&P)	<ul style="list-style-type: none"> Patient's acute presentation & diagnosis 	Always
<u>Most Recent</u> Physician Progress Note(s)	<ul style="list-style-type: none"> Patient's current medical status demonstrating stability Patient's ongoing skilled medical need(s) 	Always
PT/ST/OT Therapy Evaluation(s)	<ul style="list-style-type: none"> Patient's usual living setting Patient's prior level of function 	Always – when therapy indicated
<u>Most Recent</u> Therapy Progress Note	<ul style="list-style-type: none"> Patient's current mobility, transfers & ambulation Patient's current ADL status, e.g., Feeding Patient's current cognitive status 	Always – when therapy indicated

- Providers are welcome to send additional / complimentary clinical information about the patient at any time during the authorization process – however, providers are only required to send the information listed above.
- Existing, system-generated 'referral packets' are welcomed so long as they consistently meet the documentation requirements.
- On rare occasion, additional information may be necessary, in which case the requestor will be contacted.

Rapid Review


Q8 What is a Rapid Review?

Rapid Review is a telephonically initiated preservice review for certain qualifying conditions.

Q9 How does an acute discharge planner or SNF admissions representative obtain a Rapid Review?



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

Q10 What patient conditions qualify for Rapid Review?

- Patient has had a new PEG tube placement during current hospitalization
- Patient requires IV medication with frequency of twice per day or greater with more than three days remaining
- Patient has had new tracheostomy procedure during current hospitalization
- Therapy assessment/s indicate:
 - Patient requires markedly increased physical assistance from baseline for mobility - OR
 - Despite active participation in therapy, mobility distance is limited to less than functional / in room ambulation distances

Q11 What is essential for a provider to know about Rapid Review?

- You must **call in** and **request** a preservice Rapid Review
- The member's condition must be one of the conditions described above
- Requestors must be **prepared for a clinical conversation** with a naviHealth representative
 - Therefore, requestors should be limited to clinically trained personnel
- You must send in the required clinical information after the telephonic review

Q12 What clinical information is essential for Rapid Review for members with a new PEG tube?

Feeding status details:

- Date tube inserted
- Type of tube and current status
- Volume
- Percentage of total nutrition

Q13 What clinical information is essential for Rapid Review for members with IV medications?

- Indication for medication
- Medication:
 - Type
 - Name
 - Dosage/day and stop date
 - Frequency

Q14 What clinical information is essential for Rapid Review for members with a new tracheostomy?

- Date of tracheostomy procedure
- Status of tracheostomy care and management
- Respiratory status
 - Breathing support details
 - Respiratory therapy orders and post-acute support

Q15 What clinical information is essential for Rapid Review for members requiring markedly increased physical assistance from baseline for mobility, OR despite active participation in

therapy, mobility distance is limited to less than functional /in room ambulation distances?

The Rehabilitation Therapy Evaluation and/or therapy notes must include:

- Patient's Prior Level of Function
- Patient's Current Mobility, Transfers and Ambulation

Sunsetting Preliminary CMG

Q16 Why is naviHealth sunseting the preliminary CMG level with preservice authorization?

- 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

Q17 When will the CMG level be determined?

- After all SNF clinical assessments are completed and submitted to naviHealth for review
- Generally no later than day 8 to 10 of the stay

Q18 Are there any other PDPM related changes as part of the Streamlined Pre-Service Review?

No, all other naviHealth PDPM workflows and processes remain the same.