



Guiding the Way

Streamlining the Pre-Service Review Process

Providers Requesting Pre-Service Authorization

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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

| 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* |

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

**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



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

| Qualifying Condition | 'Rapid Review' Discussion Items | Relevant CMS Criteria |
|--|--|--|
| <ul style="list-style-type: none"> ❑ Patient has new PEG tube placement during current hospitalization | <ul style="list-style-type: none"> • Feeding status details: <ul style="list-style-type: none"> ○ Date tube inserted ○ Tube type and current status ○ Volume ○ Percentage of total nutrition | <ul style="list-style-type: none"> • 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 |
| <ul style="list-style-type: none"> ❑ Patient requires IV medication with a frequency of twice per day or greater with more than three days remaining | <ul style="list-style-type: none"> • Indication for medication • Medication: type and name, dosage/day and stop date <ul style="list-style-type: none"> ○ Actual Frequency | <ul style="list-style-type: none"> • Requires daily skilled nursing: observation and assessment, teaching and training or evaluation and management of care plan |
| <ul style="list-style-type: none"> ❑ Patient has had new tracheostomy procedure during current hospitalization | <ul style="list-style-type: none"> • Date of tracheostomy procedure • Status of tracheostomy care and management • Respiratory status <ul style="list-style-type: none"> ○ Breathing support details ○ Respiratory therapy orders and post-acute support | <ul style="list-style-type: none"> • Requires daily skilled nursing: observation and assessment, teaching and training or evaluation and management of care plan • Tracheostomy aspiration |
| <ul style="list-style-type: none"> ❑ Therapy assessment/s indicate: <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Patient's Prior Level of Function • Patient's Current Mobility, Transfers & Ambulation | <ul style="list-style-type: none"> • 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 representative
 - 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:

Sunseting 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

Streamlining the Pre-Service Review Process

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**