Who is naviHealth?

naviHealth specializes in managing post-acute care services. naviHealth partners with health plans, health systems and post-acute providers to manage the entire continuum of post-acute care. Local naviHealth health care professionals work with skilled nursing facilities and hospitals to maximize post-acute care outcomes for Security Health Plan members. Evidence-based protocols optimize care, resulting in reduced hospital readmissions, increased patient satisfaction and improved patient outcomes.

Will naviHealth come to your hospital or skilled nursing facility?

Yes, naviHealth may be on-site at your facility. This largely will depend on Security Health Plan member volume at your facility. The purpose of naviHealth staff being on-site is to interact with your care coordinators to better facilitate the care provided to your patients, our members.

Who will naviHealth be responsible for managing?

naviHealth will manage post-acute care skilled nursing facility services for Security Health Plan’s commercial and Medicare Advantage members.
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<tr>
<th>Question</th>
<th>Answer</th>
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<td>What about Medicare supplement/select – on day 21 would naviHealth need to get involved?</td>
<td>No, the skilled nursing facility would need to notify Security Health Plan.</td>
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<td>Which services does naviHealth authorize?</td>
<td>naviHealth generates an authorization for care delivered at a skilled nursing facility, including initial skilled nursing facility admissions, additional lengths of stay and next review dates. naviHealth also issues the notification for the last covered day for the skilled nursing facility to have and for the patient to sign. Security Health Plan will retain responsibility to authorize other post-acute care including swing bed admissions, durable medical equipment, home health agency and other at-home services.</td>
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<td>How is naviHealth notified of a hospital admission?</td>
<td>naviHealth receives an electronic list of census and diagnostic information from Security Health Plan on a daily basis.</td>
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<td>Does admission to a skilled nursing facility require prior authorization?</td>
<td>Yes. Effective March 1, 2014, skilled nursing facilities will need to obtain prior authorization for admissions of Security Health Plan commercial and Medicare Advantage members. Effective January 1, 2016, naviHealth no longer is the prior authorization vendor for Security Administrative Services. Effective Jan. 1, 2018, prior authorization is required for Marshfield Clinic employer group.</td>
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<td>Who is responsible for obtaining authorization? Do the discharge planners at the hospital obtain authorization or is it the responsibility of the skilled nursing facility?</td>
<td>The skilled nursing facility is responsible for obtaining a prior authorization, although the prior authorization is encouraged to be a collaboration between the hospital, skilled nursing facility and naviHealth.</td>
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How does naviHealth envision the hospital and skilled nursing facility working together?

In order to ensure seamless member transitions from the acute care hospital into a skilled nursing facility, we encourage hospitals and skilled nursing facilities to work collaboratively on discharge planning. This will include exchanging appropriate medical records, having clear physician orders and ensuring the prior authorization is in place with naviHealth before the member transitions into a skilled nursing facility level of care.

Will concurrent review still be required with naviHealth?

Yes, naviHealth will inform organizations when concurrent review is required based on the initial number of days certified by naviHealth. The skilled nursing facility must provide the information to naviHealth within 24 hours of the review date. For example, if naviHealth approved through Tuesday, the information is due no later than Wednesday.

Where do we call/fax for a skilled nursing facility authorization?

naviHealth contact information for skilled nursing facility authorizations is provided below:

- Toll free phone # - 855-512-7002
- Toll free fax # - 855-847-7243

Does the skilled nursing facility still have 24 hours or the next business day to notify naviHealth for an admission that occurs on the weekend?

No, an authorization needs to be generated before a patient gets admitted to a skilled nursing facility. You can call from 8 a.m. to 5 p.m. Monday through Friday and from 8 a.m. to 3 p.m. on Saturday. If a transfer happens after normal business hours, the skilled nursing facility must notify naviHealth within 24 hours or the next business day.
What are naviHealth’s requirements regarding admissions from the emergency room, from home, etc.?

If a member is in the emergency department during normal business hours, the standard prior authorization process needs to be followed. If it is after hours and the transition cannot wait until the next day, the facility should do what is in the member’s best interest. If the member is transitioned under urgent/emergent circumstances, the skilled nursing facility must inform naviHealth of the admission within 24 hours or the next business day. Admissions will be evaluated on a case-by-case basis for medical necessity and appropriateness.

Do admissions to a skilled nursing facility from home or a doctor’s office require prior authorization?

Yes, prior authorization must be obtained from naviHealth.

Is prior authorization required if a member transitions from being a long term care resident to requiring a skilled level of care?

Yes, this would require prior authorization from naviHealth.

Is a therapy evaluation required by naviHealth on every admission?

For members you believe will require placement in a skilled nursing and/or inpatient rehabilitation facility, naviHealth strongly encourages a therapy evaluation as soon as possible while in the acute care setting.

Are skilled nursing facilities supposed to call naviHealth for prior authorization for outpatient (Part B) therapies?

No, prior authorization for outpatient therapies continues to go to Security Health Plan.
What are the requirements for generating a prior authorization? What type of information does the skilled nursing facility need to provide to the naviHealth authorization team?

naviHealth determines a member’s needs based on medical record documentation. The following information is requested to support the prior authorization processes:

- All therapy evaluations
- Recent therapy notes
- Recent nursing notes (to include any applicable information on the member’s acuity – e.g. IV administration, wound care measurements and treatments, tube feedings, etc.)
- History and physical
- Medication list

With naviHealth involved, will the skilled nursing facility need to provide additional information to complete the LiveSafe assessment?

The information that is required to complete naviHealth’s proprietary LiveSafe assessment will be obtained from the member’s medical record if naviHealth is given access to the medical record. If access is not provided, the skilled nursing facility would need to collect and forward the information to naviHealth.

How do you know the recommendations from LiveSafe are accurate and legitimate?

Clinicians can be confident in naviHealth’s technology because it is evidenced-based and has been validated by several scientific studies. In addition, the national database is composed of more than 750,000 actual patient records across the entire care continuum, so you can be sure that the predictions are accurate. naviHealth conducts ongoing inter-rater reliability tests for all LiveSafe clinicians to ensure the tool is being used consistently by our colleagues.
How are denials and appeals addressed?

A denial of post-acute care services would be issued by naviHealth, similar to the approval of services. naviHealth generates the notification of denial of coverage to both the provider and the patient. If requested, naviHealth offers a peer-to-peer clinical conversation with the naviHealth medical director. Any appeal of the denial of services rendered by naviHealth will be handled by Security Health Plan, just as appeals are currently handled.

If the skilled nursing facility does not provide clinical information in a timely manner, will it impact the payments (e.g. will days be denied for services rendered)?

Yes. Skilled nursing facilities are required to cooperate with concurrent review activities (telephonic or on-site), which includes providing naviHealth on behalf of Security Health Plan with timely clinical information within 24 hours of the last certified day. Failure to provide this information means naviHealth will not be able to perform timely initial or concurrent review of the admission. Security Health Plan will therefore not reimburse the skilled nursing facility for covered services incurred prior to the performance of the initial or concurrent review of the admission. The facility shall not bill, charge, collect a deposit from, seek remuneration or compensation from the Security Health Plan member, or any person acting on the member’s behalf, for covered services incurred prior to the performance of the initial or concurrent review.

When a Security Health Plan member is admitted to skilled nursing facility, what is the average number of visits from a naviHealth representative?

The frequency of naviHealth interaction will depend on the member’s medical needs.
When there is variance between naviHealth and the skilled nursing facility regarding a member’s plan of care, how is the final decision determined?

Medical decisions are based on collaboration between naviHealth and the skilled nursing facility on a case-by-case basis. naviHealth will send any cases where agreement cannot be reached to a naviHealth medical director for final determination.

When a Security Health Plan member in a skilled nursing facility has a change of condition, who should the skilled nursing facility call with this information?

All changes of condition should be reported to the member’s medical provider. If a change in medical condition warrants a change in the member’s status, naviHealth should be contacted.

Will the chart reviews and physicals performed by Matrix Medical Network on behalf of Security Health Plan be discontinued?

No. Matrix Medical Network performs comprehensive health assessments for Advocare plan members. Security Health Plan is required by the Centers for Medicare & Medicaid Services to submit detailed documentation on the health status of its Advocare Medicare Advantage members. The Matrix health assessments help fulfill this need and also identify members who may benefit from other Security Health Plan programs. Matrix will work separately from naviHealth.

What, if anything, is changing with the RUG process?

Upon authorization for skilled nursing facility stay at a facility whose reimbursement is based on RUGs, the member will be authorized for the appropriate RUG level of therapy based on the acute care stay. The member will fall into a therapy-based RUG category in line with how much or how little therapy is required. The RUG level approved and determined by acute clinical information will remain through the member’s length of stay.
How does naviHealth determine the RUG rate?

It has been demonstrated that not having enough therapy can lengthen the amount of time a member is in a skilled nursing facility and hinder the member’s overall functional improvement. Conversely, overutilization of therapy services has been shown to produce unnecessary fatigue in the elderly population and has not demonstrated a more rapid gain in functional mobility. The above rationale is based on the naviHealth LiveSafe tool, which houses over 750,000 actual member records. Serving as an evidence-based proactive tool, it assesses each patient’s medical condition and establishes guidelines for the “right amount” of therapy to maximize functional recovery in the most predictable period of time. Aligning the RUG level with our LiveSafe tool allows naviHealth to focus on the amount of therapy that best ensures the member will obtain functional results. In the past, skilled nursing facilities have submitted RUG levels to Security Health Plan when billing the claim. By reviewing this prospectively, naviHealth ensures that all parties are in alignment on the level of therapy authorized for Security Health Plan members.