



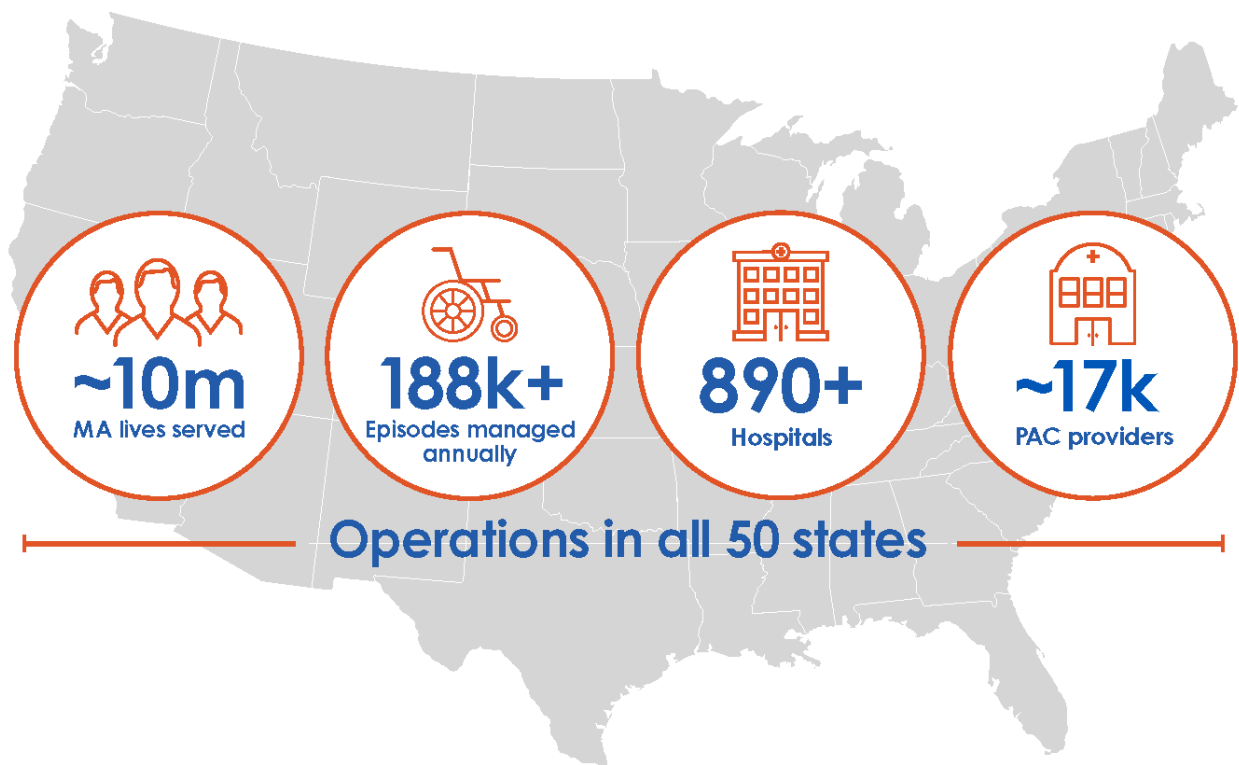
naviHealth: Post-acute care management for Blue Medicare members

On February 2, 2015, naviHealth began managing pre-service authorizations for post-acute care services as well as continued stay requests, discharge planning and care management for our Blue MedicareSM (Medicare Advantage) members in skilled nursing facilities (SNFs).

Through proven processes and data-driven technology, naviHealth uses a targeted member and provider engagement model to predict and evaluate the most appropriate post-acute care (PAC) option based on the member's unique needs.

naviHealth works with facilities, providers, members and families to ensure that the right amount of care is delivered at the right time and in the most appropriate PAC setting for Medicare members. Evidence-based protocols optimize care, resulting in reduced hospital readmissions, increased member satisfaction and improved member outcomes.

naviHealth's decade of experience managing PAC (as of July 2022 serving more than 10 million Medicare Advantage (MA) members in 50 states) will help Blue Cross and Blue Shield of North Carolina (BCBSNC) improve on measurable functional outcomes for Blue Medicare members in a SNF setting.



Frequently asked questions

About naviHealth

Q1 Who is naviHealth?

naviHealth has been a trusted partner for the nation's top health plans, health systems and at-risk physician groups navigating the shift from volume to value. Powered by a predictive technology and decision support platform that provides clinicians and care teams with evidence-based protocols, the naviHealth smart-touch, smart-tech proven care model fully supports members from pre-acute through to the home.

Q2 What does naviHealth do?

naviHealth uses a team-based approach that operates as connective support between the member, providers and the member's health plan. Work begins in the hospital prior to discharge to conduct prior authorization medical necessity reviews. Once approved for admission to the skilled nursing facility, in-market clinicians support members and family in discharge planning and help members set and achieve reasonable goals through use of proprietary tools and technology.

Q3 How does naviHealth work with providers and members in post-acute care?

In-market clinical personnel work directly with the member, family, and SNF care team to help our Blue Medicare members navigate the next level of care upon discharge from SNF.

Q4 How do acute-care hospitals and SNFs contact naviHealth?

- naviHealth call center toll-free number: 1-844-801-3686
- naviHealth fax number/prior auth requests: 1-855-847-7242 (hospitals)
- naviHealth fax number/concurrent review: 1-844-206-7051 (SNFs)
- naviHealth fax number/appeals: 1-855-531-9753

Submitting information for one member per fax will allow for a more

streamlined review process.

naviHealth also offers **nH Access**. It is an easy-to-use online platform that simplifies your workflow. You can electronically share documentation, process authorizations and communicate with clinicians, in real time. Remove the inconvenience of phone and fax and spend more time doing what you do best — member care. For more info please visit the [nH Access resource page](#).

Q5 What are naviHealth's hours of operation?

You can contact naviHealth from 8 a.m. to 5 p.m. EST Monday through Friday, except for national holidays. For afterhours/weekend/holiday requests, providers should continue to make independent care decisions, based on the best interest of the member. Please contact naviHealth within one business day for review and authorization determination.

Q6 What technology does naviHealth use to make member assessments?

Recommendations and assessments are based upon similar members in their proprietary decision-support technology and database, which incorporates more than 9 million member outcomes. This technology allows naviHealth to personalize the member's care plan to include the optimal PAC setting, expected length of stay in the PAC setting, anticipated therapy intensity and projected functional improvement for the member.

Authorization process from hospital to SNF and continued SNF care

Q7 How is naviHealth notified of a hospital admission?

naviHealth receives an electronic census and diagnostic information from BCBSNC daily for Blue Medicare members.

Q8 What is naviHealth's role during discharge planning?

If a member meets criteria for admission to a SNF, the naviHealth clinical coordinator conducts a function-based member assessment to help guide the member's post-acute recovery process. The naviHealth team member serves as a valuable adjunct to the SNF team, as a liaison to BCBSNC, and helps support the member and the family during the PAC recovery process.

Q9 When should providers contact naviHealth for a SNF authorization?

Authorizations must be generated BEFORE a member is admitted to a SNF. If a transfer happens after normal business hours, the SNF must notify naviHealth within 24 hours or the next business day.

Q10 Will the naviHealth care coordinator be available to have conversations with members and/or their families?

Yes, naviHealth care coordinators can discuss current course of care and/or the expectations with the member and/or family regarding the next level of care, where and when appropriate.

Q11 Which services does naviHealth authorize?

naviHealth authorizes care delivered at a SNF, including the initial admission and continued stay requests. They also issue the notification for the last covered day for the SNF to deliver care. naviHealth only manages the Blue Medicare members inpatient benefits.

Q12 Which services does naviHealth not authorize?

BCBSNC retains responsibility to authorize all other PAC services for its Blue Medicare members, including ambulance services, acute inpatient rehabilitation and long-term acute-care admissions, durable medical equipment, home health agency services, and other at-home services. Requests related to outpatient benefits should be directed to BCBSNC.

Q13 What happens if a request for a SNF admission is sent to BCBSNC instead of naviHealth?

Providers should submit all SNF requests to naviHealth. In the event a request is submitted to BCBSNC in error, the request will be forwarded to naviHealth for review and processing. The provider does not need to resubmit the request to naviHealth.

Authorization process for therapy services/home health/medical iv

Q14 Is therapy evaluation required by naviHealth for every hospital admission?

For those Blue Medicare members you believe will require placement in a SNF, naviHealth strongly encourages a therapy evaluation as soon as possible while the member is in the acute-care setting.

Q15 Do SNFs need to call naviHealth for prior authorization for outpatient?

No, prior authorization for outpatient therapies is handled by BCBSNC.

Q16 Does naviHealth provide prior authorization for home health visits?

No, prior authorization for home health visits is handled by BCBSNC.