Welcome

Welcome to the naviHealth and UnitedHealthcare partnership webinar.

We will be introducing the utilization management and new prior authorization requirement for home health services in your state.

- Please note that your microphone is muted, and that this session is recorded

- Please use the Q&A box to ask questions during the presentation, all questions will be answered via e-mail

- Please note there is no need to request a copy of this presentation; the presentation is available on the **Partner Resource site**

To access a copy of this presentation:

An initial **registration link** for the Partner Resource site will be emailed to you.

Once registered, please continue to login at: **https://partners.naviHealth.com/partner/uhc-homehealth**

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naviHealth home health services Home health agency overview

Implementation

Maine, Nebraska, Oklahoma, Rhode Island, Tennessee, Utah and Wisconsin: February 1, 2023

UnitedHealthcare®

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Improving the health care experience for seniors to live a more fulfilling life.

Agenda

1	The UnitedHealthcare and naviHealth partnership
2	Overview of naviHealth
3	Home health authorizations
4	**nH Access**
5	Resources

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The UnitedHealthcare and naviHealth partnership

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UnitedHealthcare and naviHealth partnership expansion

- **naviHealth has been delegated by UnitedHealthcare** for utilization management, including prior authorizations, for patients seeking home health services in the following states:

  Alabama, Arkansas, Colorado, Connecticut, Florida, Georgia, Indiana, Kentucky, Ohio, South Carolina and Texas

- **On February 1, 2023,** the UnitedHealthcare and naviHealth partnership will expand to include the states below:

  Maine, Nebraska, Oklahoma, Rhode Island, Tennessee, Utah and Wisconsin
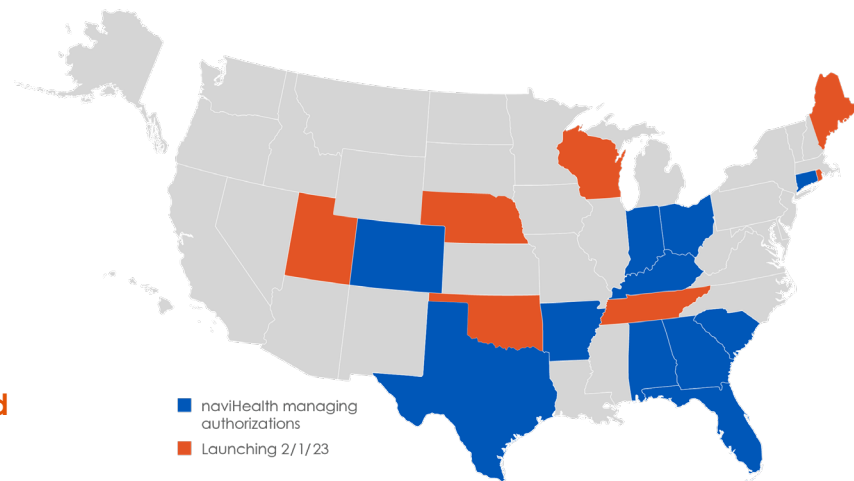
These changes apply to members who reside in or seek home health services in all the above-mentioned states.

■ naviHealth managing authorizations
■ Launching 2/1/23

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Working together to improve patient outcomes and increase satisfaction

UnitedHealthcare has delegated certain responsibilities to naviHealth including **utilization management (UM)** for patients seeking skilled **home health services** including a prior authorization requirement

Together, we are committed to continuously improving the quality and effectiveness of the care provided to patients and communities

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Know what plans are included or excluded

The new utilization management and prior authorization requirement for home health applies to:

- Members enrolled in **UnitedHealthcare Medicare Advantage** and **Dual Special Needs Plans** (D-SNPs)

- The following plans are **NOT** included:
    - UnitedHealthcare Commercial
    - UnitedHealthcare Community
    - Institutional Special Needs Plans (I-SNP)
    - Institutional Equivalent Special Needs plans (I-ESNPs)
    - Long-term support services fully integrated dual eligible plans
    - Delegated provider medical groups (i.e., WellMed, OptumCare)

- For states and Medicare Advantage & Dual Special Needs Plans not mentioned, current existing requirements and processes remain unchanged

- Reference: **www.uhcprovider.com** under Advance Notification and Plan Requirement Resources

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What services are included or excluded for home health

What home health services are included?

- Skilled nursing (RN & LPN)
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech therapy (ST)
- Social work (MSW)
- Home health aide (HHA)

What services are out of scope?

- HH services provided to members who have traveled outside the in-scope states
- Private duty nursing (PDN): T1000, T1002, T1003
- Durable medical equipment (DME), ambulance transports, specialist referrals, Medicare Part B therapy services
- Home infusion: unless there are other home health needs in the home besides IV infusion
- Wound care: all DME and medications included with the wound care service
- Inpatient psych unit referrals/authorizations

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UnitedHealthcare Responsibilities

UnitedHealthcare will continue to support the following functions:

- The home health provider network:
    - All provider contracting and questions related to the agreement; including provider demographics
    - Ensure provider contracts address confidentiality of member information

- Claims processing

    - Claims will continue to be processed and paid by UnitedHealthcare

    - Reimbursement is based on your agency's UnitedHealthcare contract

- Health plan appeals

- Disseminate communications (UM, specifically) to providers

- Provide UM criteria upon request and will provide access to the criteria at least once during a look-back period

UnitedHealthcare staff completes required compliance attestations and user-access training prior to viewing their members' care coordination records within the naviHealth system.

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naviHealth Overview

naviHealth by the numbers

~10m
MA lives served

188k+
Episodes managed annually

890+
Hospitals

~17k
PAC providers

Operations in all
50 states

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Our solution: optimizing post-acute care across the continuum

naviHealth helps patients receive optimal care, resulting in higher quality outcomes, faster recoveries and lower medical expenses.

How naviHealth supports UHC

- **Acute care transitions:** naviHealth care coordinators support the most appropriate PAC setting decisions

- **Post-acute care (PAC) coordination:** Care coordination for skilled nursing facility (SNF), acute inpatient rehab (AIR), long-term acute care (LTAC) settings and home health services

- **Delegation:** naviHealth performs authorization and UM functions for post-acute services on behalf of the health plan

naviHealth home health solution:

- Supporting safe transitions to the home setting to facilitate that the right amount of health care is delivered in the right setting

- Improving the provider and patient experience with exceptional continuity of care

- Collaborate with home health agencies (HHA) to establish pathways to quality care available in the market

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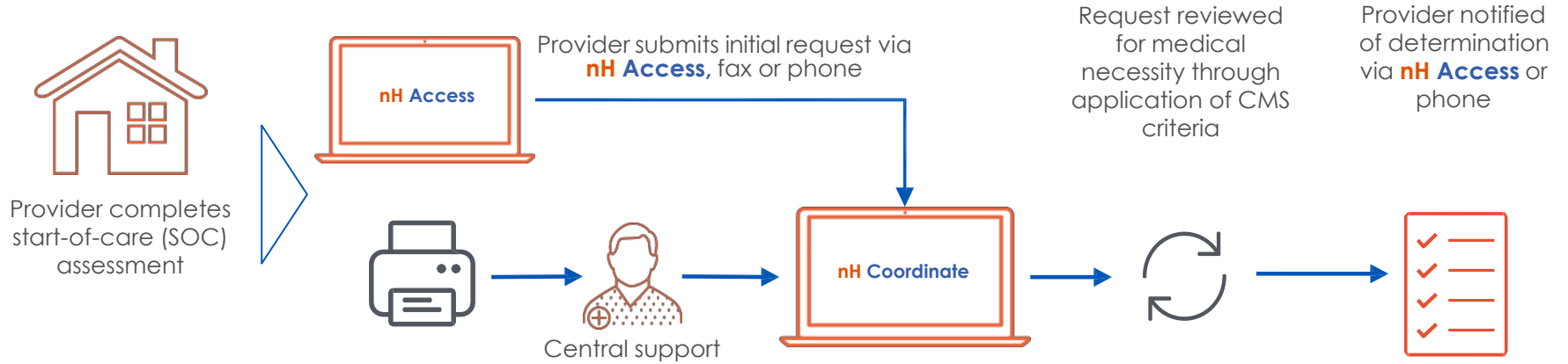Guiding the Way®

naviHealth home health care coordinators (HHCC)

✓ Liaison with home health providers

✓ Licensed clinicians (RN, PT, OT, and SLP)

✓ Review and discuss clinical information

✓ Determine most appropriate: continuing home health services and number of visits

✓ Determine medical necessity of requests for additional services

✓ Coordinate approvals, peer-to-peer reviews and denials

✓ Refer to UHC care management programs as appropriate upon discontinuation of home health services

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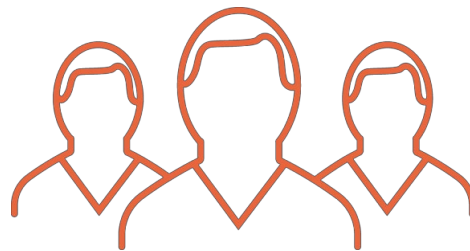
Home health authorizations

Initial and resumption-of-care (ROC) requests

Initial authorization overview

Provider completes start-of-care (SOC) assessment

nH Access

Provider submits initial request via **nH Access**, fax or phone

Central support

nH Coordinate

Request reviewed for medical necessity through application of CMS criteria

Provider notified of determination via **nH Access** or phone

nH Access | Fax: 888-815-1808 | Phone: 855-851-1127, Option 3

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Initial authorizations explained

Provider completes start-of-care (SOC) assessment

- The SOC assessment should be completed prior to submitting an initial authorization request
- The SOC assessment will be covered in the initial request

Provider submits initial request
(via **nH** **Access**, phone or fax)

- Applies to both initial visits requests and resumption of care (ROC) requests
- Once you have received approval for the initial request, you may render the additional approved home health services

nH Access | Fax: 888-815-1808 | Phone: 855-851-1127, Option 3

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Disciplines and visits for initial prior authorization requests

- **After the start-of-care (SOC) assessment**, providers should request all appropriate disciplines at once and include multiple visits in the request

- Each request will be reviewed and approved based on clinical information submitted to indicate medical necessity of intermittent skilled needs

- Additional visits may be requested once approved visits near completion

Discipline	Maximum visits that can be requested at a time for initial requests
Skilled nursing	6 visits
Skilled nursing for complex wound management	8 visits
Physical therapy	6 visits
Occupational therapy	5 visits
Speech therapy	5 visits
Social work	2 visits
Home health aide	6 visits

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Initial authorization documentation requirements

Documentation required:

- ❑ Attestation that the patient qualifies for home health services under CMS – Medicare Benefit Policy Manual: Chapter 7, including but not limited to:
  - Patient is receiving services under a plan of care established by a physician
  - Homebound status validated
  - Intermittent skilled need verified
- ❑ Admitting diagnosis for home health services
- ❑ Most recent clinical notes from the SOC assessment (within last 24-48 hours)
  - ❑ Wound care notes (if applicable)

Documentation requested: Form CMS-485 Plan of Care (verbal order is acceptable) and SOC OASIS

Note: Submit requests after the start-of-care (SOC) evaluation has occurred. Failure to submit the required documentation may delay processing.

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Resumption of Care (ROC) documentation requirements

Documentation required for ROC requests, after inpatient stay:

- ❑ Attestation that the patient qualifies for home health services under CMS – Medicare Benefit Policy Manual: Chapter 7, including but not limited:
  - Patient is receiving services under a plan of care established by a physician?
  - Homebound status validated
  - Intermittent skilled need verified
- ❑ Admitting diagnosis for HH
- ❑ Hospital discharge summary
  - ❑ Wound care notes (if applicable)

Documentation requested: Form CMS-485 Plan of Care (verbal order is acceptable) and ROC OASIS

Note: Submit requests after the Start-of-Care (SOC) evaluation has occurred. Failure to submit the required documentation may delay processing.

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Initial authorization reviews and determinations

naviHealth reviews request for medical necessity

- Review of clinical documentation for medical necessity of intermittent skilled home care services
- Centers for Medicare & Medicaid Services (CMS) - [Medicare Benefit Policy Manual: Chapter 7 Home Health Services](#) is applied to determine medical necessity

Determinations are communicated
(via **nH Access** or phone)

- Approval information includes the naviHealth case number and number of visits authorized (per discipline)
- Note: You may utilize the naviHealth case number for billing. The authorization number (SRN) is generated within 24 hours.

nH Access | Fax: 888-815-1808 | Phone: 855-851-1127, Option 3

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Home health authorizations

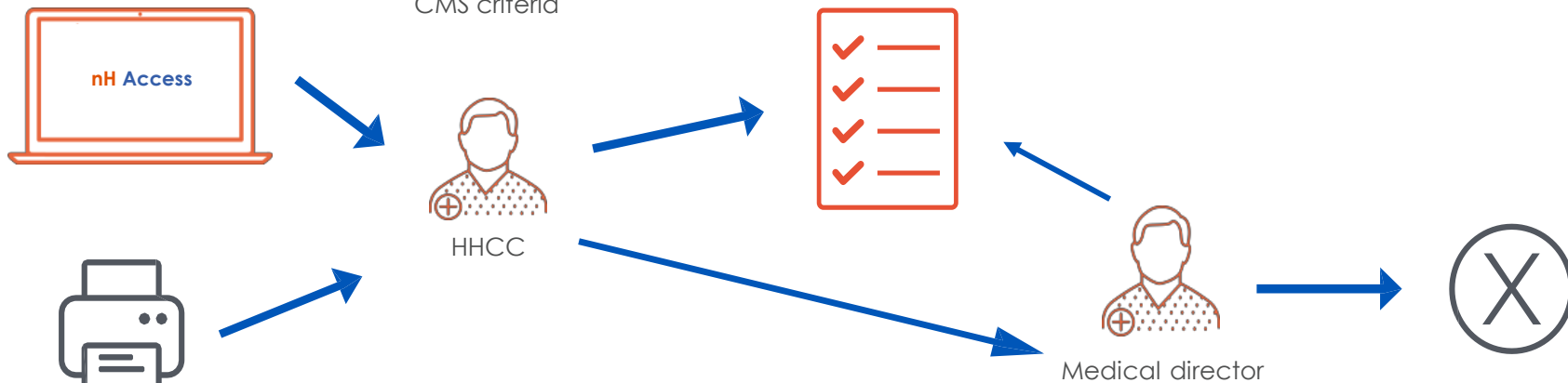Requests for additional services (continued medical necessity)

Requests for additional services (continued medical necessity)

Provider submits clinical for request of additional services via **nH Access**, fax or phone

Request reviewed for medical necessity through application of InterQual® and CMS criteria

Provider notified of approval or request is escalated to medical director

After MD review, request is either approved or denied

nH Access

HHCC

Medical director

nH Access | Fax: 888-815-1808 | Phone: 855-851-1127, Option 3

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Authorization requests for additional services

Documentation required (includes requests for adding new disciplines):

❑ Form CMS-485 Plan of Care

❑ Start of Care (SOC) OASIS – if not already submitted

❑ Last two (2) visit notes per discipline involved

    ❑ Wound care notes (if applicable)

Please submit request for additional visits when 2-3 visits remain on initial authorization

Additional visit requests are subject to approval based on submitted clinical documentation that supports continued medical necessity for intermittent skilled needs and application of InterQual® and CMS criteria.

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Recertification requests

Attestations and documentation required:

- ❑ Recertification of OASIS within five (5) days

- ❑ Form CMS-485 Plan of Care

- ❑ Last two (2) visit notes per discipline involved
    - ❑ Wound care notes (if applicable)

- ❑ Most recent therapy evaluation

- ❑ Homebound status validated

Please submit request within five (5) days of the <u>end of the certification period</u>

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Denial of service and NOMNCs

All authorizations that result in a denial of service:

- Are reviewed by physicians and denied as appropriate
- The member has a right to appeal this denial to the health plan

If there is a denial for continued services, a NOMNC is issued:

- **Required:** Signed NOMNC
- If member chooses to appeal the NOMNC, naviHealth creates a detailed explanation of NON-Coverage (DENC)

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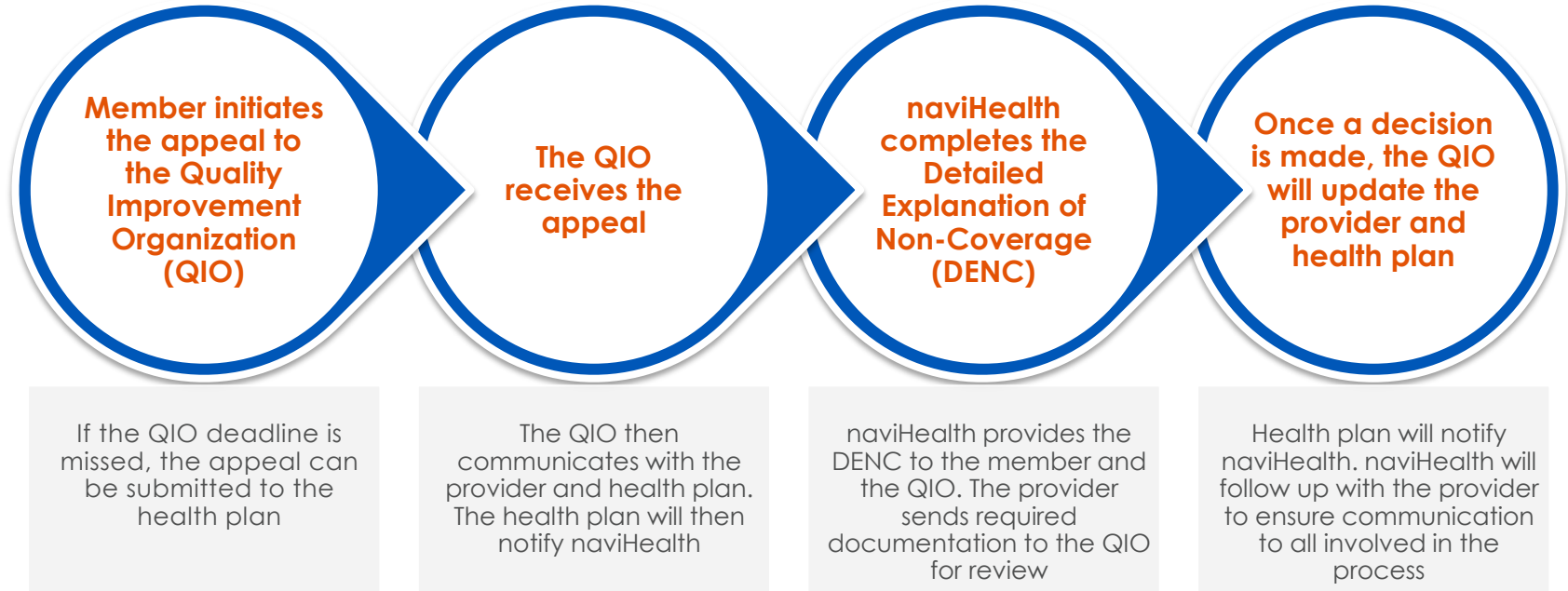Guiding the Way®

Health plan appeals and QIO appeals

Initial denials and health plan appeals

- If one discipline is denied, but other home health services are approved to continue, an **Integrated Denial Notice (IDN)** is issued

- If the member wishes to appeal, the initial appeal is sent to and reviewed by the **health plan.**

- Determination is sent to the member

Continuation of care denials and QIO appeals

- **Notice of Medicare Non-Coverage (NOMNC)** is issued when continued home health services are denied
- If the member wishes to appeal, the member will initiate the appeal

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QIO appeals overview

Member initiates the appeal to the Quality Improvement Organization (QIO)

The QIO receives the appeal

naviHealth completes the Detailed Explanation of Non-Coverage (DENC)

Once a decision is made, the QIO will update the provider and health plan

If the QIO deadline is missed, the appeal can be submitted to the health plan

The QIO then communicates with the provider and health plan. The health plan will then notify naviHealth

naviHealth provides the DENC to the member and the QIO. The provider sends required documentation to the QIO for review

Health plan will notify naviHealth. naviHealth will follow up with the provider to ensure communication to all involved in the process

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Transitions to home health outside of business hours

Admissions to home health requires prior authorization after the start of care (SOC) visit has been completed

Hours of operation for prior authorization

- **Monday-Friday:** 6 a.m. – 6 p.m. MT / 7 a.m. – 7 p.m. CT / 8 a.m. – 8 p.m. ET

Off-hour admissions to home health from ER, inpatient post-acute facility, community:

- Off-hour home health admissions/SOC assessments do not require prior authorization

- Use discretion - provide services over the weekend for new cases that clearly meet CMS Chapter 7 criteria

- Services being requested must meet medical necessity criteria before being rendered

- Upon review, if services provided are found to not meet medical necessity criteria, they may be denied

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nH Access

With **nH Access**, authorizations are simplified

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nH Access – authorizations simplified

- **nH Access** is an easy-to-use online portal that simplifies your workflow

- Electronically share documentation, process authorizations and communicate with naviHealth clinicians in real-time

- Remove the inconvenience of phone and fax and spend more time doing what you do best — patient care

Simplify	Simplify	Simplify
DOCUMENTATION	**COMMUNICATION**	**AUTHORIZATIONS**
LOSE THE FAX	**HANG UP THE PHONE**	**GET YOUR TIME BACK**
Upload and view patient documentation from the **nH Access** portal	Receive email notifications and communicate directly with naviHealth clinicians via **nH Access**	View and process patient authorizations easily with **nH Access**

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Simplify documentation

Upload the required documentation to enable efficient patients transitions to the next setting

nH Access caseload screen

Please note: the above information is not actual patient data

nH Access document upload portal

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Simplify communication

nH Access is designed to simplify your experience by enabling digital communication between providers and naviHealth care coordinators.

Status update email notifications

nH Access: New Patient for Life Care Center of Nashoba Valley

D donotreply@navihealth.us <donotreply@navihealth.us>
To: naviHealth Do Not Reply

Today at 2:14 PM

A new patient has been approved for your facility, Life Care Center of Nashoba Valley, by naviHealth.

View this patient in nH Access.

This is an automated email from naviHealth. Please do not reply to this email.
To configure which email alerts you get from nH Access, go to the User Profile section and select Email Alerts.
No longer want to receive alerts from nh Access? Click here to unsubscribe from all nH Access email alerts.

Integrated messaging feature

Plan Auth ID	naviHealth Auth ID	Service	Request Date	Dates	Status	Request / Approve / Denied	Rug/Level/CMG	Next Review Date
D000056186	150387	SNF	11/20/2020	11/21/2020	Pending	0/0/0		

To request a change or an update to an authorization, please use the tool below.

Briefly tell us about your issue (max 250 characters).

SEND

Waiting for a response

Sent 12/09/2020 13:43:16 CST

Patient "Example A" admitted Monday 11/16/20 at 5:22 PM

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nH Access enrollment

1. After this presentation, the point-of-contact person from your agency will receive an **email from naviHealth** that includes a **registration link**

   > **Note:** You will need to provide a business address upon registration. For security reasons, registrations using a non-business domain email address (e.g., gmail.com, outlook.com, yahoo.com, etc.) will result in an error

2. To begin enrollment, naviHealth must credential all users per agency. The point of contact should follow the **registration link** and complete the **required user information.** Please allow 3-5 business days for user provisioning to be completed by naviHealth customer support.

3. Users participate in **virtual training** sessions

4. Each user receives **nH Access** activation link via email with 24-hours to expiration

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nH Access customer support

- Go-live for **nH Access** is **February 1, 2023**

- **nH Access** virtual training will provide detailed support regarding enrollment, features and capability

For any issues with account activation or questions regarding new user account creation, please contact Customer Support via
email: **support.nHAccess@naviHealth.com** or call: **(888) 276-5777**

ROOTED IN
RESPECT

GUIDED BY
PURPOSE

DEVOTED TO
SERVICE

ENERGIZED BY
IMPACT

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Resources

Partner Resource page

An initial **registration link** will be emailed to you. Once registered, please continue to login at: **https://partners.naviHealth.com/partner/uhc-homehealth**

naviHealth Partner Resources

UnitedHealthcare Home Health, naviHealth + You = Partnering to Improve Health Care

UnitedHealthcare has chosen naviHealth as a delegated partner to manage prior authorization for home health services.
This applies to UnitedHealthcare Medicare Advantage and Dual Special Needs Plans.

Note: You will need to provide a business address upon registration. For security reasons, registrations using a non-business domain email address (e.g., gmail.com, outlook.com, yahoo.com, etc.) will result in an error

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Additional resources available on the Partner Resource page

Getting started-Quick reference guide

Hours of operations and business details

naviHealth contact sheet

Fax cover sheet form

Clinical documentation requirements

naviHealth FAQ

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naviHealth hours of operation

Monday-Friday: 6 a.m. - 6 p.m. MT /   7 a.m. – 7 p.m. CT / 8 a.m. – 8 p.m. ET

Submitting requests or documentation via:	
Initial and Resumption of Care (ROC) requests, Prior Authorization requests NOMNC and OASIS documentation	**nH Access** (preferred) Phone: 855-851-1127, Option 3 Fax: 888-815-1808

Questions or problems?

Phone: 855-851-1127, Option 3 | **Fax:** 888-815-1808

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Recap: Beginning February 1, 2023

For UHC members in Maine, Nebraska, Oklahoma, Rhode Island, Tennessee, Utah and Wisconsin:

All home health services that are already in-process prior to **February 1** do not require naviHealth review or authorization until **Recertification or resumption of care is needed.**

For start of care (SOC) assessments completed on or after **February 1,** authorization requests and documentation are to submitted to naviHealth.

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Thank you

- Thank you for attending
- We look forward to a successful partnership
- Please enter your questions in the **Q&A on your ZOOM toolbar**
- The Provider Relations team will contact you with resources and answers to your questions

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