

1. Q. Who manages post-acute care services for Medicare Plus Blue PPO and BCN Advantage members?

A. Starting June 1, 2019, naviHealth will manage post-acute care services for Medicare Plus Blue PPO and BCN Advantage members. naviHealth receives initial, continued stay and retrospective authorization requests for post-acute care submitted by providers for members admitted on or after June 1, 2019. (Authorization requests for admissions prior to June 1 should be submitted as described in question 6.)

naviHealth reviews each request and makes an approval or denial determination.

This applies to members transitioning from an acute care setting or from any other type of care to one of these care settings:

- Skilled nursing facility
- Inpatient rehabilitation facility
- Long-term acute care hospital

For skilled nursing facility admissions, naviHealth will also be authorizing resource utilization group, or RUG, levels during the course of the patient's stay, from preservice through discharge. naviHealth will be working with the skilled nursing facilities to ensure the provider submits the appropriate RUG level for reimbursement.

In addition, naviHealth's care coordinators, who are licensed clinicians, will work with post-acute care providers and with members and their families to facilitate care management and discharge planning activities. These efforts will take place while the member is in the post-acute care setting. The facilities should collaborate with naviHealth on these activities.

2. Q. Which members does this change affect?

A. This change affects Medicare Plus Blue PPO and BCN Advantage members, for both in-state and out-of-state post-acute care, with the exception of members in a Special Needs Plan.

Note: These changes do not apply to Blue Cross PPO (commercial) plans, BCN HMO (commercial) plans or Blue Cross Complete (Medicaid) members. They also do not apply to the following services: home health care, durable medical equipment, any outpatient service that requires authorization, high-cost drugs and ambulance transportation

3. Q. Who is naviHealth?

A. naviHealth is a national company that focuses on post-acute management and care transitions designed to improve patient outcomes and help patients discharge to the most appropriate setting, guiding them through their care.

In select locations, naviHealth may place care coordinators (licensed clinicians) onsite. When care coordinators are not onsite, they will provide service by telephone.

4. Q. Why are Blue Cross and BCN changing to naviHealth?

A. Blue Cross and BCN are transitioning to naviHealth as part of an effort to standardize the management of authorizations for post-acute care for Medicare Advantage members. The change is also expected to provide a more coordinated, patient-focused approach that's aimed at improving the patient's physical function and reducing the likelihood of readmission to an acute care setting.

5. Q. Who should submit the authorization requests?

A. Here's who should submit authorization requests for members admitted on or after June 1, 2019:

- The acute care facility, not the post-acute care provider, must submit the request to authorize initial admissions. (This is a change for BCN Advantage authorization requests.)

Note: If the acute care provider is not contracted with the member's health plan, the post-acute care provider may need to submit the authorization request. Post-acute care providers should always confirm that an authorization request has been submitted and approved when accepting a member for care. If it has not, the post-acute care provider must submit the request. In addition, if the member is moving into post-acute care from somewhere other than an acute care setting, the post-acute care provider must submit the authorization request.

- The post-acute provider must submit requests for continued stays and retrospective authorization requests and must supply the appropriate discharge information to naviHealth.

Note: The post-acute care provider may submit retrospective authorization requests to naviHealth only for admissions that occur on or after June 1, 2019. (Authorization requests for admissions prior to June 1 should be submitted as described in question 6.)

6. Q. Should I submit authorization requests directly to naviHealth?

A. See the table below for a summary of how to submit requests to authorize post-acute care services:

For these requests:	BCN Advantage in-state and out-of-state members	Medicare Plus Blue in-state members	Medicare Plus Blue out-of-state members
Members admitted before June 1, 2019	<ul style="list-style-type: none"> Submit to BCN Advantage: <ul style="list-style-type: none"> Phone: 1-855-724-4286 Fax: 1-866-534-9994 	<ul style="list-style-type: none"> Submit to eviCore healthcare: <ul style="list-style-type: none"> eviCore provider portal at www.evicore.com* Phone: 1-877-917-2583 Fax: 1-844-407-5293 Submit through Allscripts®, now known as CarePort Care Management. Follow your current process. <p>Note: This also applies to continued stay and retrospective authorization requests for members admitted prior to June 1, 2019.</p>	<ul style="list-style-type: none"> Fax to Medicare Plus Blue: 1-866-464-8223
Members admitted on or after June 1, 2019	<ul style="list-style-type: none"> Submit to naviHealth: <ul style="list-style-type: none"> naviHealth provider portal (nH Access™) reached from the Provider Secured Services home page. Visit bcbsm.com/providers and log in to Provider Secured Services. Click the <i>Medicare Advantage Post-Acute Care Authorization</i> link. Enter your NPI. (If you're having trouble accessing the naviHealth portal using this process, contact the Blue Cross Web Support Help Desk at 1-877-258-3932.) <p>Note: Out-of-state providers can access this link by logging into their home plan's website and selecting an ID card prefix from Michigan, which will take the provider to the Blue Cross Blue Shield of Michigan website.</p> <ul style="list-style-type: none"> nH Access at access.navihealth.com. * This option will be available starting June 1, 2019. You must first register with naviHealth for access to their portal. Fax for new authorization requests: 1-844-899-3730 Fax for continued stay requests: 1-844-736-2980 Fax for discharges: 1-844-729-2591 Email for discharges: mid-west_discharge_info@navihealth.com Phone: 1-855-851-0843 <p>Note: naviHealth cannot accept authorization requests until June 1. For members who will be admitted on or after June 1 but whose requests are submitted prior to June 1, here's what to do. For in-state Medicare Plus Blue members, submit the request to eviCore. For out-of-state Medicare Plus Blue members, fax the request to Medicare Plus Blue at 1-866-464-8223. For BCN Advantage members, submit the request to BCN Advantage. For all these members, the entity that accepted the authorization request for admission will handle continued stay requests and discharges even after June 1.</p> Submit through Allscripts, now known as CarePort Care Management. Follow your current process. Refer to the guideline on Submitting Pre-Service Authorization Requests using CarePort Care Management. <p>*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.</p>		

7. Q. How should continued stay requests be submitted starting June 1?

A. Submit continued stay requests as shown in the table below.

For authorization number sequence:	For BCN Advantage requests	For Medicare Plus Blue requests
010000xxx	<ul style="list-style-type: none"> • Submit to BCN Advantage: <ul style="list-style-type: none"> ○ Phone: 1-855-724-4286 ○ Fax: 1-866-534-9994 	<ul style="list-style-type: none"> • Fax to Medicare Plus Blue: 1-866-464-8223
Axxxxxxx	Not applicable	<ul style="list-style-type: none"> • Submit to eviCore healthcare: <ul style="list-style-type: none"> ○ Provider portal at www.evicore.com ○ Phone: 1-877-917-2583 ○ Fax: 1-844- 407-5293
3xxxxx	<ul style="list-style-type: none"> • Submit to naviHealth: <ul style="list-style-type: none"> ○ nH Access at access.navihealth.com (You can also reach the portal through Blue Cross' Provider Secured Services, using the steps described in question 6.) ○ Fax for continued stay requests: 1-844-736-2980 ○ Fax for discharges: 1-844-729-2591 ○ Email for discharges: mid-west_discharge_info@navihealth.com ○ Phone: 1-855-851-0843 	

8. Q. How do I access the naviHealth provider portal?

A. If you have access to Provider Secured Services at bcbsm.com, you can click the *Medicare Advantage Post-Acute Care Authorization* link on the Provider Secured Services welcome page and you will enter the naviHealth provider portal. To register for access to Blue Cross' Provider Secured Services, complete the [Provider Secured Access application](#). Follow the instructions on the form to submit it.

You can also register for direct access to the naviHealth portal by visiting navihealth.com/bcbsm. Follow the instructions in the [nH Access Account Creation User Guide](#) to register for an account. Once your account is created, you'll receive an email from naviHealth with instructions on how to log in.

While you're waiting to get direct access to the naviHealth provider portal, you may ~~should~~ submit authorization requests to navihealth as follows:

- Fax for new authorization requests: 1-844-899-3730
- Fax for continued stay requests: 1-844-736-2980
- Fax for discharges: 1-844-729-2591
- Email for discharges: mid-west_discharge_info@navihealth.com
- Phone: 1-855-851-0843

Once you have registered for the naviHealth portal, you can access it directly at access.navihealth.com.

9. Q. What documentation should I submit with the authorization request?

A. Refer to naviHealth's [Clinical Documentation Submission Requirements](#) to see what document is required for each type of authorization request.

10. Q. What criteria does naviHealth use to make determinations on authorization requests?

A. naviHealth uses the following criteria:

- CMS National Coverage Determinations and Local Coverage Determinations, within the appropriate jurisdictions
- InterQual[®] criteria

Note: naviHealth will apply these criteria in the order in which they are listed.

11. Q. Who should I call with follow-up questions after an authorization request is submitted?

A. After you submit an authorization request to naviHealth, you can submit questions through nH Access, which you can reach at access.navihealth.com or through Provider Secured Services.

You can also direct follow-up questions to naviHealth during normal business hours by calling 1-855-851-0843. Normal business hours are 8 a.m. to 7 p.m. Monday through Friday.

For requests submitted through Allscripts (now known as CarePort Care Management), follow your normal Allscripts process to contact them with follow-up questions. Refer to the guideline on [Submitting Pre-Service Authorization Requests using CarePort Care Management](#).

12. Q. How can I contact naviHealth after business hours?

A. For requests submitted to naviHealth, contact the naviHealth on-call care coordinator at 1-855-851-0843. The on-call coordinator has access to a physician, as needed, and is available as follows:

- Monday through Friday from 7 p.m. to 10 p.m.
- Weekends and Blue Cross corporate holidays from 10 a.m. to 4 p.m.

13. Q. How can I talk to a medical director at naviHealth for a peer-to-peer review?

A. If a peer-to-peer review is needed, contact naviHealth at 1-855-851-0843 and choose option 5 to speak to a naviHealth medical director. You'll be connected to someone who will take your information and give it to a naviHealth medical director. The medical director will call you back for the peer-to-peer review.

14. Q: How can I check the status of a post-acute care request?

A. If authorization was requested on or after June 1, 2019, you can check the status of an authorization either through nH Access or by contacting naviHealth by phone at 1-855-851-0843.

If authorization was requested prior to June 1, 2019, call as follows:

BCN Advantage	Medicare Plus Blue
Call BCN Advantage at 1-855-724-4286.	<ul style="list-style-type: none"> • For in-state facilities, call eviCore healthcare at 1-877-917-2583. • For out-of-state facilities, call Blue Cross at 1-313-448-3619.

- 15. Q. If the post-acute care stay is authorized prior to June 1, 2019, by someone other than naviHealth but the member needs a continued stay or is discharged after June 1, where should I submit the continued stay or discharge information?**

A. Follow the instructions in the table.

For authorization number sequence:	BCN Advantage	Medicare Plus Blue
010000xxx	Submit to BCN Advantage: ○ Phone: 1-855-724-4286 ○ Fax: 1-866-534-9994	Fax to Medicare Plus Blue: 1-866-464-8223
Axxxxxxxx	Not applicable	Submit to eviCore healthcare: ○ Provider portal at www.evicore.com ○ Phone: 1-877-917-2583 ○ Fax: 1-844- 407-5293

- 16. Q. If the post-acute care stay is authorized for a specific facility for a member admitted prior to June 1, 2019, but the member moves to another facility after June 1, what needs to happen?**

A. To change the name of the facility on the authorization, follow the instructions in the table.

For authorization number sequence:	BCN Advantage	Medicare Plus Blue
010000xxx	Call BCN Advantage:1-855-724-4286.	Fax to Medicare Plus Blue: 1-866-464-8223.
Axxxxxxxx	Not applicable	Call eviCore healthcare at 1-877-917-2583.

17. Q. Can I submit a retrospective authorization request for a post-acute care stay?

A. Yes. You can submit retrospective requests up to one year post-discharge for both Medicare Plus Blue and BCN Advantage members. Follow the instructions in the table to submit a retrospective authorization request.

Date of Admission	BCN Advantage	Medicare Plus Blue
Member admission date occurred prior to June 1, 2019, and member is now discharged	Submit to BCN Advantage: ○ Phone: 1-855-724-4286 ○ Fax: 1-866-534-9994	Fax to Medicare Plus Blue: 1-866-464-8223
Member admission date occurred after June 1, 2019, and member is now discharged	Submit to naviHealth. Note: For up to 90 days from the discharge date, you can submit retrospective requests through the naviHealth provider portal or by faxing to naviHealth at 1-844-899-3730, calling naviHealth at 1-855-851-0843, or using Allscripts, now known as CarePort Care Management. After 90 days, you must submit retrospective requests either by calling or by faxing naviHealth.	

18. Q. How do I submit appeals on denied authorization requests?

A. Follow the instructions in the denial letter you receive. The appeal process is not changing. Appeals of denied authorization requests are handled by the Grievance and Appeals units at Medicare Plus Blue and BCN Advantage.

- For additional information on appeals related to Medicare Plus Blue members, refer to the [Medicare Plus Blue PPO Provider Manual](#). Look in the section titled “Provider dispute resolution process.”
- For additional information on appeals related to BCN Advantage members, refer to the [BCN Advantage chapter](#) of the *BCN Provider Manual*. Look in the section titled “BCN Advantage provider appeals.”

Note: Member appeals are handled by either the Medicare Plus Blue PPO or the BCN Advantage Grievance and Appeals unit, as appropriate. For provider appeals related to claims, call Provider Inquiry.

If the denial is related to a notice of Medicare noncoverage (for continued stays), the appeal should be submitted to the appropriate quality improvement organization, or QIO.

Note: The facility should send the *Notice of Medicare Non-Coverage* and *Detailed Explanation of Non-Coverage* forms for continued stays managed by eviCore or Blue Cross. Starting June 1, 2019, naviHealth will be sending the forms for discontinuation of care, for admissions managed by naviHealth.

19. Q. Who will work with the post-acute care provider on coordinating the member's care?

A. naviHealth care coordinators, who are licensed clinicians (nurses, physical therapists, occupational therapists and speech pathologists), will interact with post-acute care facility staff to obtain information about the patient's progress in therapy and his or her overall medical condition, and will collaborate with facility personnel to promote a safe and comprehensive experience from admission to discharge. naviHealth care coordinators are either onsite at the post-acute care location or are available by phone.

20. Q. How will the naviHealth coordinator interact with the member in the post-acute care setting?

A. naviHealth's onsite care coordinators will visit members in post-acute-care facilities to explain naviHealth's role and answer questions about the transition of care during recovery. If a facility does not have a naviHealth care coordinator onsite, naviHealth will contact the member (or his or her family or the person who has the power of attorney) by telephone. With each interaction, the care coordinator will introduce himself or herself, using his or her name and licensure and the naviHealth name. The care coordinator will explain naviHealth's relationship with Blue Cross and BCN and will review the member's recovery expectations and caregiver requirements, discussing the transition to each care setting. naviHealth care coordinators will also participate in discharge planning by attending interdisciplinary team meetings and family care conferences.

21. Q. Will members' post-acute care benefits change once naviHealth manages the services?

A. There will be no changes to members' benefits and no additional charges to members as a result of naviHealth managing the services. However, members' benefits can change annually as employer groups revise them. In addition, members' coverage can change as they enter or leave a group or change individual coverage.

22. Q. What authorization number should I submit with the claim?

A. Submit the authorization number provided with the authorization approval.

23. Q. Who should I call with questions about claims I have submitted?

A. Call the member's plan as follows:

- In-state providers should call Provider Inquiry at 1-800-249-5103.
- Out-of-state providers should call Provider Inquiry at 1-800-676-2583.

The health plans will process all post-acute claims based on the length of stay and level of service authorized by naviHealth.