

# Post-Acute Authorization FAQs

## What you need to know about the new feature

### What is being updated?

This is a “behind-the-scenes” update activating a direct feed between CarePort Care Management and naviHealth’s authorization platform with replies from naviHealth fed directly back into CarePort.

### How does this affect the authorization process?

CarePort users can expect expedited initial replies and will see those in the comments of the Authorization request. Many of these will be automated replies that may replace the need for telephone communication. Therefore, the users sending and/or monitoring the authorization requests should first look at the authorization comments to see what replies are returned to the initial authorization and any follow-up updates and messages the users have provided to naviHealth throughout the process.

### We already submit to naviHealth via CarePort. Will that process change?

This update moves some of the initial validation to an automated process. Physician information, Post-Acute Provider details, and a Projected Discharge Date in the future are key items validated. CarePort users can expect expedited initial replies in the comments of the authorization request. Users should check the authorization comments periodically for updates.

### We’ve seen two ways to create authorization requests in CarePort – which method should we use?

CarePort strongly recommends all users utilize the Post-Acute Auth module going forward. The original legacy method of creating a referral for the authorization may be used but additional changes and steps are now required when submitting authorizations to naviHealth.

### What is the difference between the “Legacy” Method and the Post-Acute Auth module?

When CarePort first launched support for post-acute authorizations, we deployed an adaptation of our referral process. This legacy method uses several “Insurance Payor” referral types to send an authorization request. CarePort has since released the Post-Acute Auth module – this new streamlined method allows the user to request post-acute authorization linked to the original post-acute referral. The Post-Acute Auth feature is also designed to streamline the post-acute authorization process by building in many of the required fields to autofill as selected.

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	Legacy	Post-Acute Authorization
Method	Adaptation of the referral functionality used to send authorization requests as an Insurance Payor Referral	Best Practice – Add the authorization to the original referral created for the post-acute service
Level of Care Requirement Changes	<p>Effective with the new naviHealth process, the referral type <b>MUST</b> include the level of care in the description of the referral types:</p> <p>The following referral types must be used:</p> <p>Insurance Payor – SNF            Insurance Payor – IRF            Insurance Payor – LTAC</p>	The level of care is a drop-down field in the <b>Post-Acute Authorization</b> module
Physician and Post-Acute Provider Information Requirements workflow modification	<p>The authorization must include accurate physician and post-acute provider details including NPI information.</p> <p>To accurately capture Physician and Post-Acute Provider Information, a short Assessment titled, <b>naviHealth Auth Request</b> is required to be completed and included each time an authorization is requested.</p>	No, The Post-Acute Auth method will offer the user Physician and Post-Acute Provider information to auto-fill as selected in the workflow. Note: If a user must supply updates to physician details, those details are retained for future use of that physician.
Insurance coverage	In CarePort, the patient's <b>Payment Sources</b> including <b>Plan Number</b> , <b>Group Number</b> , and <b>Description</b> <b>MUST</b> be included on any referral created for authorization.	In CarePort, the patient's <b>Payment Sources</b> including <b>Plan Number</b> , <b>Group Number</b> , and <b>Description</b> <b>MUST</b> be included. These come from the original referral or are added manually. Your CarePort System administrator should verify that the referral types for SNF, IRF, and LTACH are configured to include <b>Financial Data</b> .
Training video	<a href="#">Legacy Referral Method</a>	<a href="#">Post-Acute Auth Method - Best Practice</a>

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**We currently use CarePort to submit authorizations to other payers or their delegated approver. Can we use the Post-Acute Auth Module to send authorizations to them?**

Yes, the Post-Acute Auth method is the preferred method for submitting all authorizations.

**We use CarePort for both post-acute stay authorizations and referrals to arrange post-acute services (DME, IV Therapy) to the same delegated authorizer. Which method should we use?**

When submitting authorization for a post-acute stay, use the Post-Acute Auth method. If the inquiry is to arrange a service, that is a traditional referral, create a referral for those inquiries.

**Is my organization configured to use this capability?**

CarePort has deployed the Post-Acute Auth module to all clients unless directed not to. If you are not configured, please contact Client Support or your Customer Success Manager.

**Are there any tips or steps we need to take to be ready to submit to naviHealth?**

- A valid NPI in each hospital's profile is required. Check with your CarePort System Administrator to verify or add the correct NPI.
- Each user's profile should include a contact phone number for any offline follow-up by naviHealth.
- **Payment Sources**, including **Plan Number**, **Group Number**, and **Plan Description** MUST be included. All Referral Types that require authorization need to be configured to include **Financial Data** with the referral.
- This document covers submissions when naviHealth is the delegated authorizer. Check with naviHealth to find out which payers are managed by naviHealth. Be certain those submissions are directed to naviHealth as the **Payor Contact** (Referral Recipient) and not as the direct insurance provider.

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## How do we obtain support?

For questions regarding the content of responses received from naviHealth as comments in CarePort:

1. Adding and sending comments through CarePort is the primary method to reply to naviHealth's Authorization Team's questions or requests for additional information.
2. Please follow your usual process for contacting naviHealth outside of CarePort if you cannot resolve the questions through direct communication via CarePort.

For questions regarding setup, configuration, accurate completion of the authorization, original referral, or other questions about using CarePort:

1. Contact your organization's CarePort leaders with process questions.
2. Contact one of your organization's CarePort administrators can submit a support request to CarePort if necessary.

## Does CarePort support a new authorization request when the original authorization is Denied, Cancelled, Withdrawn, or Voided and naviHealth requires a new authorization?

If you receive a reply indicating that naviHealth has either **Denied**, **Cancelled**, **Withdrawn**, or **Voided** an authorization, naviHealth will not process any further communications for that authorization – it is considered closed in the naviHealth system. To request a new authorization, proceed as follows:

- When using the **Legacy Referral** method, create a completely new request to naviHealth following the same steps to create the first request to naviHealth.
- When using the **Post-Acute Authorization** method, return to the original referral used to secure the provider accepting the patient and create a new authorization request, do not attempt to edit or comment on the prior request.

If you have any questions regarding these changes, please contact CarePort Customer Support at **(866)-790-8690**. Please forward within your organization as you see fit.