

NaviNet Medical Authorizations Participant Guide

Population Health Training

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TABLE OF CONTENTS

1 Logging In To NaviNet	2
Logging in to NaviNet	3
2 Plan Central	6
Plan Central Overview	7
3 Creating a New Authorization	
Creating a New Authorization	9
Creating a New Authorization - Outpatient Request	13
Creating a New Authorization – Inpatient Request	17
Creating a New Authorization – InterQual – Outpatient and Inpatient	23
Creating a New Authorization – Inpatient Emergent Admission Notification	27
Creating a New Authorization – Inpatient Delivery Notification	33
Authorization Status – Approved and Pending	49
4 Amending an Authorization	50
Amending an Authorization Request	51
5 Search For An Existing Authorization	56
Search for an Existing Authorization	57
6 Medical Authorization Log	60
Search: Medical Authorization Log	61
7 Request For More Information (RFMI)	
Request for More Information (RFMI)	65
8 Locating Assessments in NaviNet	
Locating Assessments in NaviNet	
9 Resources	
Plan Contact Information	74
Escalation Process and Training Requests – Account Executives and Providers.	

1 LOGGING IN TO NAVINET

Logging in to NaviNet

Step	Action		
1.	Access NaviNet using the following address: <u>https://navinet.navimedix.com.</u>		
	The following web browsers an	e supported: Chrome, Firefox, Safari, and Edge.	
		Username	
		Password	
		SIGN IN	
		Forgot username? Forgot password?	
		Register for a new account	
2.	Enter your Username		
3.	Enter your Password		
4.	Click Sign In		
	Result The NaviNet Home sci	reen will be displayed	

Logging in to NaviNet (cont.)



The NaviNet Home Page is not health plan specific. To locate a health plan, follow the steps below:

Step	Action				
1.	Click on HEALTH PLANS in the top menu.				
	NantHealth [®] NaviNet [®]	WORKFLOWS - HEALTH PLANS -]		
	? Top Support FAQs	Support Videos	ontact Support		
2.	Select the appropriate health plan from the displayed list. Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details.				
	My Plans				
	AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of N	⁄lichigan	Medicare
	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next		New Jersey Children's System of Care, Contracted System
	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) Choice VIP Care (D-SNP)	s) and First	Administrator - PerformCare PerformCare
	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First		Select Health of South Carolina
	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Communit	-y	ad perturbati Mar Dengapenterkan Sakara Perdek Adridok (Sekara et Har Colland
	AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	i.	

2

2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.

o NantHealth NaviNet	WORKFLOWS - HEALTH PLANS -	P	Ŷ	?	2
Workflows for this Plan					
Eligibility and Benefits Incontent Claim Status Inquiry Medical Authorizations	Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on Thursday evenings between 6 p.m. and 10 p.m. ET. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.				
Medical Authorizations Log Report Inquiry Provider Directory Claim Submission	> Important information for providers regarding COVID-19.	Hours Mon-Fri: Sat-Sun:	of Avai 8:00a 9:00a	i lability m-6:00pn m-5:00pn	n ET n ET
Provider Data Information Form Forms & Dashboards	AmeriHealth Caritas Delaware has worked with NantHealth NaviNet to bring you, Medical Authorizations, a robust, intuitive, and streamlined online authorizations workflow on Monday, September 12, 2022. In addition to submitting and inquiring on existing Authorizations, you will also be able to:	Resour	CES Medical / nt Guide	Authorizat	ions
Training Videos	 Verify if No Authorization is Required Receive Auto Approvals, in some circumstances Submit Amended Authorization Attach supplemental documentation Sign up for in-app status change notifications directly from the health plan 		NaviNet Medical Authorizations Frequently Asked Questions Submit Medical Records to Optum		
Tutorial — Authorization Submission Process	Access a multi-payer Authorization log Want to learn more about Medical Authorizations? Video tutorials and step-by-step instructions are available via the NantHealth Help Center. Tutorial — Authorization Innuiny Process	Contact Us AmeriHealth Caritas Delaware P.O Box 406 Esciences 24 19029			
Providers Filter	Tutorial – Authorization Submission Process AmeriHealth Caritas Delaware will offer training on the new system, Provider Network Management Account Executives will	Essingto Prov 1-8	n, PA 19 /ider Ser 55-707-5	029 vices 5818	
Claims Adjustment Inquiries	contact providers with training dates and times.	Ame Web	eriHealth osite	Caritas D	elaware
Care Gap Response Forms	Latest Updates				
ADT alerts	EVV UPDATE - The new EVV go-live date is July 1, 2021 (PDF)				
The Condition Optimization Program	<u>Providence Announces New Name – ModivCare (PDF)</u> <u>Your work is essential! Protect yourself and others from flu and COVID-19 this fall and winter (PDF)</u>				

Plan Central	Торіс	Description
Workflows for this Plan	Plan specific options	 Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	Instructional videos on system usage.
Latest Updates	Latest News and Updates	 New functionalities to make your experience more efficient.

3 CREATING A NEW AUTHORIZATION

Creating a New Authorization To create a new authorization:

Step	Action
1.	Launch Medical Authorizations under Workflows for this Plan.
	Workflows for this Plan
	Medical Authorizations
	Medical Authorizations Log Eligibility and Benefits Inquiry
	Claim Status Inquiry
	Report Inquiry
	Claim Submission Provider Directory
	Trovider Directory
2.	Click Create New Authorization
	တ် NantHealth NaviNet workflows 🗕 Health Plans 🚽
	Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware
	Authorizations
	+ Create New Authorization
	Search for Existing Authorization
	○ Requesting

Creating a New Authorization (cont.)

00	Action
eh	Enter patient search criteria information then select Search . The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.
	If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, the user selects the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.
	Back to Medical Authorizations Search Create New Authorization: AmeriHealth Caritas Delaware
	Create New Authorization: Patient Search
	Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured. You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.
	Search by Member ID
	Member ID
	OR
	Search by Name Last Name First Name
	Date of Birth mm/dd/yyyy
	Effective Date
	03/08/2022
	Search
	Note: If you enter an incorrect/invalid member ID you will receive the following:
	Create New Authorization: Patient Search
	Subscriber / Insured Not Found. Please Correct and Resubmit.

Creating a New Authorization (cont.)

	Then	
The	The provider will be advanced to	the New Authorization Pre-Screening Question
member has active	A New Authorization Pre-Screening Qu	estions X
coverage	Please check the following conditions to ensure that y	ou are using the correct authorization process
	Please Fee So • Ir Have you verified that the service requires prior authorization?	verify the coverage of benefits by reviewing the "state" DHS Provider hedule. The following services always require a prior authorization: patient services vestigational or experimental services ervices from a non-participating provider
	If the please for set	service(s) are a covered benefit and/or being requested under EPSDT, verify the need for a prior authorization before submitting a request vices by going to the "plan" authorization look up tool located here
	Are you requesting an authorization for radiology or imaging?	access RadMD or call 800-424-4791.
	The purpose of the New Authoriz user is following the correct authority	Back To Search Continue ation Pre-Screening Questions is to ensure that prization process. It is important to scroll throug
	questions to ensure that there is request. These questions are spe	not a more appropriate avenue for your specific ecific based on the health plan.
The member is ineligible	The provider will receive the auth	orization cannot be created message.
	Create New Authorization AD	ELAIDA ABERCROMBIE
	ADELAIDA ABERCROMBIE	on cannot be created.
	PATIENT'S INSURANCE Member ID	date of service (04/08/2022) is not in the patient's active coverage range: 04/08/202

Creating a New Authorization (cont.)

Action	
Enter service type and place of service, then select Nex	t
View Eligibility & Benefits is available to information.	o view under the member's demographic
Create New Authorization FRANKIE MOCHRIE Male born on 11/20/1981 (40 yrs old)	
FRANKIE MOCHRIE Service Type Image: Select service type	
Place of Service	
Member ID: Select place of service	
from 11/01/2019 - 12/31/2199	
PRIMARY CARE PHYSICIAN	
Eligibility & Benefits	
View Eligibility & Benefits can be viewed here.	
	Cancel Next >
(comprehensive outpatient rehabilitation facility, home, i	npted to specify a place of service ndependent clinic, off campus-outpatient
(comprehensive outpatient rehabilitation facility, home, i hospital, office). If an inpatient service type is selected th service on this screen.	npted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of
(comprehensive outpatient rehabilitation facility, home, i hospital, office). If an inpatient service type is selected the service on this screen.	npted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of
Ine service type is physical therapy the user will be profile (comprehensive outpatient rehabilitation facility, home, i hospital, office). If an inpatient service type is selected the service on this screen. If Creating an outpatient episode Continue to the net	npted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6)
Interapy the user will be profit(comprehensive outpatient rehabilitation facility, home, ihospital, office). If an inpatient service type is selected theservice on this screen.IfThenCreating an outpatient episodeContinue to the neitherCreating an inpatient episodeContinue to step 7	npted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6)
If Then If Then Creating an outpatient episode Continue to the neighbor Creating an inpatient episode Continue to step 7 Note: At any time while creating an authorization if you	npted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6) 7 wish to close or save the request select
If Then If Then Creating an outpatient episode Continue to the net Creating an inpatient episode Continue to step 7 Note: At any time while creating an authorization if you * Close/Save which will enable the following pop up and as draft.	npted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6) 7 wish to close or save the request select allows the user to discard auth, cancel, and save
If Then If Then Creating an outpatient episode Continue to the neighbor Creating an inpatient episode Continue to step 7 Note: At any time while creating an authorization if you Close/Save which will enable the following pop up and as draft.	Inpled to specify a place of service Independent clinic, off campus-outpatient the user will not be prompted to enter a place of Ext step (step 6) wish to close or save the request select allows the user to discard auth, cancel, and save
If Then If Then Creating an outpatient episode Continue to the neighbor Creating an inpatient episode Continue to step 7 Note: At any time while creating an authorization if you X Close/Save which will enable the following pop up and as draft. Vou are closing an authorization that has not yet been submitted.	Inpled to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6) wish to close or save the request select allows the user to discard auth, cancel, and save Discard Auth – deletes the request Cancel – allows the user to continue
If Then If Then Creating an outpatient episode Continue to the net Creating an inpatient episode Continue to step 7 Note: At any time while creating an authorization if you X Close/Save which will enable the following pop up and as draft. You are closing an authorization that has not yet been submitted.	Inpled to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6) wish to close or save the request select allows the user to discard auth, cancel, and save Discard Auth – deletes the request Cancel – allows the user to continue Save As Draft – allows the user to
Interservice type is physical therapy the user will be profile (comprehensive outpatient rehabilitation facility, home, it hospital, office). If an inpatient service type is selected the service on this screen. If Then Creating an outpatient episode Continue to the new Creating an inpatient episode Continue to step 7 Note: At any time while creating an authorization if you as draft. Close/Save which will enable the following pop up and as draft. Vou are closing an authorization that has not yet been submitted. Image: Discard Auth Cancel	Inpted to specify a place of service independent clinic, off campus-outpatient he user will not be prompted to enter a place of ext step (step 6) Instant step (step 6) Insta

Creating a New Authorization - Outpatient Request

Step	Action			
6.	Complete information	ormation in the required fields following the guidelines outlined below for an Outpatient		
	Request. Outpatient	request can be entered up to 365 days in advance.		
	Date of Service	This defaults to the current date and is not available to be changed.		
		Date Of Service		
		03/09/2022		
	Level of Service	Choose the appropriate selection from the drop-down list – elective or urgent.		
		Level of Service 😮		
		Elective V		
		Elective		
		If Then Elective Services scheduled in advance that do not involve a medical		
		emergency		
		Urgent Unscheduled admission of patient. An unexpected illness or injury		
		that needs prompt medical attention.		
	Requesting	Choose the appropriate selection from the drop-down list. Requesting provider is		
	Provider	the provider that is requesting the service.		
		Requesting Provider		
		Select Group/Facility		
	Servicing	Choose the appropriate selection from the drop-down list. Servicing provider is		
	Provider	he provider completing the service.		
		Servicing Provider		
		Select Provider		
	Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is		
	Blaghoodd	12).		
		, Diagnoses		
		V Add Diagnoses		
		Note: The user can change the primary diagnosis if more than 1 diagnosis exists		
		and there is also the ability to delete diagnosis that may have been entered in		
		error. The user can hover over the row to reorder (arrow) and or delete (trashcan)		
		the diagnosis.		
		Diagnoses		
		Ur Add Diagnoses		
		1 (Primary) M62.81 Muscle weakness (generalized)		
		2 T67.01XA Heatstroke and sunstroke, initial encounter		

р	Action	
	Services	
	From / To	From (start date) / To (end date)
		From To
		03/11/2022 mm/dd/yyyy
		Note: The user will not be able to submit requests for identical service codes
		for the same dates. The error message below will be received when the
		system detects a duplication of services for the same date range. If intergual is applicable the error message will appear after interQual is completed. If
		InterQual is not applicable, the error message will appear when the user
		clicks Submit.
		 Invalid / Missing Date(s) of Service - Please Correct and Resubmit
		Service Type
		ge Outpatient Durable Medical Equipment P
		Place of Service
		i i i
	Procedure Code	Free text field. If an incorrect procedure code is entered the request may not
		be processed. The procedure code field is free text and not a lookup field.
		The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code.
		Procedure Code
	Modifiers	Free text field. This is not a mandatory field.
		Modifiers
	Units	Free text numeric value.
		Units
	Add New Service	The user must add new service line for the system to recognize the request
	Line	even if only adding 1 request or 1 service. The Add New Service Line will
		also be utilized when adding additional service requests.
		+ Add New Service Line

Step	Action	
6.	Attachments	
	+ Add Document	Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. The user can identify the document type based on the drop down list. If the user attaches a document, the document type is mandatory. Select document type drop down. The user also has the ability to delete any document attached in error.
		Attachments
		+ Add Document
		Drop Documents here to Attach
		Attachments
		+ Add Document
		Document 1- for upload.docx Select document type Progress Report Progress Report Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary

Step	Action	
6.	Notes	
	Notes	Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.
		Notes Enter Clinical Notes 264 characters left
	Contact Information	Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.
		Note : Check Save as default Contact Information for Medical Authorizations to save time in the future.
		Contact Information First Name Beth Last Name Fax Number Fax Number
		Williams Optional Email Address Save as default Contact Information for Medical Authorizations
		DECLARATION By checking this box, I agree to notify the member of any services that are approved. Cancel Cancel Submit
	Proceed to Step 8 fo	or InterQual instructions

Creating a New Authorization – Inpatient Request

Step	Action		
7.	Complete inform	ation following	the guidelines outlined below for an inpatient request:
	Service Type	Select the ap	propriate service type and place of service according to the request.
		Service Type	ervice type
		Place of Servic	
		Select p	
		Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)
		Place of Service	Location in which services will be rendered.
		Once service	type is select, click Next to continue.
	Date of Admission/ Date of Discharge	Date of admis not be known members dis Amending an	ssion is a mandatory field. Date of discharge is optional because it may at the time the request is initiated. However, providers can record the charge date by amending the inpatient authorization request (refer to Authorization chapter).
		Date Of Admissi	on Date of Discharge
		Note: The use same case.	er will receive the message below if the dates of service overlap in the
		Invalid / Mis Service Type Inpatient I Place of Service Inpatient I Date Of Admissi	Medical Care Hospital on Date of Discharge
		66/29/2022	2 06/30/2022

Step	Action			
7.	Admission Type	Select the ap Emergent.	propriate admission type f	from the drop-down list – Elective, Urgent, or
		Admission Type Select admission Select admission Elective Urgent Emergent	n type 🗸	admission type provides information regarding the types of admissions.
		lf Elective	Then Potential admission for ill	Iness/iniury enrollee not currently
		Urgent	admitted Potential admission for ill 24-hour period and if left crisis or emergency, enco	Iness/injury that can be treated in a t untreated could rapidly become a ollee not currently admitted
		Emergent	Concurrent review, enroll	llee is currently admitted
	Requesting Provider	Select the ap provider that Requesting Pr	propriate provider from the is requesting the service. ovider up/Facility	e drop-down list. Requesting provider is the
	Servicing Provider	Select the ap the provider of Servicing Prov	propriate servicing provide completing the service (als ider ^{ider}	er from the drop-down list. Servicing provider is so known as the attending provider).
	Servicing Facility	The servicing Servicing Facility The Servicing Faci Select Group	y facility is the location when y lity is the location where the surgery of /Facility	ere the service will be performed.
		<u>.</u>		

Step	Action	
7.	Diagnoses	
	Diagnoses	Look up field (max number of diagnosis codes that can be attached is 12).
		Diagnoses Ut Add Diagnoses
		exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.
		Diagnoses
		Cy Add Diagnoses
		1 (Primary) M62.81 Muscle weakness (generalized)
		2 T67.01XA Heatstroke and sunstroke, initial encounter

Step	Action	
7.	Services	
	From / To	From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.
		From To 103/11/2022 mm/dd/yyyy
	Procedure Code	Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.
	Modifiers	This is a free text field and is not mandatory.
	Units	Free text numeric value. For the inpatient request, units are equivalent to days.
	Bed Type	Select the appropriate bed type from the drop down list. This is a mandatory field. Bed Type Select Bed Type
	+ Add New Service Line	The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.

Step	Action		
7.	Attachments		
	Add Document	Attach supporting clinical do docx, xml, csv, png, gif). The attaches a document, the do the ability to delete any docu	cumentation (supported document types: pdf, e user may attach up to 10 documents. If the user ocument type is mandatory. The user also has ument attached in error.
		Attachments + Add Document	
		Drop I	Documents here to Attach
		Attachments + Add Document	
		Document 1- for upload.docx	Select document type Select document type Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physicians Report Physicians for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary

Step	Action	
7.	Notes	
	Notes	Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.
		Notes Enter Clinical Notes 264 characters left
	Contact Information	Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.
		Note : Check Save as default Contact Information for Medical Authorizations to save time in the future.
		 Contact Information First Name Beth (843) 999-9999 Fax Number (843) 999-9999 Fax Number Optional Email Address Optional Save as default Contact Information for Medical Authorizations DECLARATION By checking this box, I agree to notify the member of any services that are approved.
		Cancel « Previous Submit

Creating a New Authorization – InterQual – Outpatient and Inpatient

	If you need training or Healthcare.	have questions regarding the use of InterQual criteria, please contact Change
Step	Action	
8.	After completion of the p launch. InterQual criteria are criteria to launch for InterQual criteria is not la pending or an automatic	revious steps, when the user selects Submit , InterQual criteria may or may not is launched based on the diagnosis code and or the service code and if there the diagnosis code and or service code that is identified in the episode. If aunched after the user submits the request, the user may receive a status of approval.
9.	The message below will Loading form, please wait ACDE Health Plan is requesting additional information for this authorization.	populate indicating the InterQual page is loading.
10.	Once routed to InterQua	I, users will have two options 'Skip Review' or 'Continue to Review.'
	NantHealth' NaviNet v Create New Aut Create New Aut Concernent Co	NORKFLOWS HEALTH PLANS horization Anale 82019097 complete Medical Review now? ew' if you do not have enough information, and the authorization will be sent to the health plan. You can edical review later using the Amend feature. SKIP REVIEW CONTINUE TO REVIEW
	16	Then
	Skip Review	The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.
	Continue to Review	The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. <i>Note:</i> If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.

Creating a New Authorization - InterQual (cont.)

Step	Action		
11.	If	Then	
	Outpatient	The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen. MEDICAL REVIEW O Answer the questions as they relate to the patient/member.	
	Inpatient	The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review. MEDICAL REVIEW ③ Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.	

Creating a New Authorization - InterQual (cont.)

Step	Action	
12.	At the end of the InterQual review	
	lf	Then
	Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.
	Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.
13.	When the review is complete, click Co Warning Completing the Medical Review will lock it from any fur edits. Continue?	ther
	YES NO	
14.	The following notice which indicates the Loading form, please wait ACDE Health Plan is requesting additional information for this authorization.	nat the user is being sent back to NaviNet from InterQual.

Creating a New Authorization - InterQual (cont.)

tep	Action			
5.	Once the user arrives	s back in NaviNet, it default	s to the authoriza	tion details screen.
	Authorization Det	ails FRANKIE MOCHRIE		AmeriHealth Caritas Delaware
			+ Create New 🧐 History	Q Authorization Search
	Pending			Authorization #: 92204002349
	Disposition pending review			
	FRANKIE MOCHRIE	Requesting Provider		Servicing Provider
		Anmed, Monamed F.	1	Airred I Dupont Hospital
	PATIENT'S INSURANCE	379 Walmart Dr Ste 101	:	1600 Rockland Rd
		Camden Wyoming , DE 199341365		Wilmington , DE 198033607 Date of Admission: 04/13/2022
	PRIMARY CARE PHYSICIAN	Solution (302) 698-4441		Admission Type: Emergent
	NPI:	Servicing Facility	1	Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital
		Alfred I Dupont Hospital		
	and the state of t			
	View Eligibility & Benefits	1600 Rockland Rd		

Step	Action	
6.	Refer to steps 1-5 above following the guidelines of identified as non-clinical,	under the heading Creating a New Authorization. Complete information butlined below for an Inpatient Emergent Admission Notification. If the user is the user may report an Emergency Admission utilizing the steps below.
	Service Type	Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).
		Service Type
		🚑 Inpatient Emergent Admission Notificati 🗙
		Click Next to continue.
		Next »
	Date of Admission/	Date of Admission is a mandatory field. Date of Discharge is optional
	Date of Discharge	because it may not be known at the time the request is initiated.
		Date Of Admission Date of Discharge 1 03/09/2022 1
	Admission Type	Select the appropriate admission type– Elective, Urgent, or Emergent.
		Admission Type ? Select admission type Select admission type Elective Urgent Emergent The question mark provides information regarding the types of admissions.
	Requesting Provider	Requesting provider is the provider that is requesting the service.
		Requesting Provider
	Servicing Provider	Servicing provider is the provider completing the service, also known as the attending provider.
		Servicing Provider Select Provider
	Servicing Facility	Servicing Facility is where the service will be performed.
		Servicing Facility The Servicing Facility is the location where the surgery or service will be performed. Select Group/Facility

Step	Action	
6.	Diagnoses	
	Diagnoses	Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12). Diagnoses V Add Diagnoses Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.
		Diagnoses U Add Diagnoses 1 (Primary) M62.81 Muscle weakness (generalized) 2 T67.01XA Heatstroke and sunstroke, initial encounter

Action	
Services	
From / To	From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.
Procedure Code	This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.
Modifiers	This is a free text field and is not a mandatory field.
Units	Free text numeric value. For the inpatient request, units are equivalent to days.
Bed Type	Select bed type from the drop down list. This is a mandatory field.
+ Add New Service Line	Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.

Step	Action		
6.	Attachments		
	Add Document	Attach supporting clinical do docx, xml, csv, png, gif). Up document is attached, the d in error may be deleted.	cumentation (supported document types: pdf, to 10 documents may be attached. If a ocument type is mandatory. Documents attached
		Attachments + Add Document Drop	Documents here to Attach
		+ Add Document	
		Document 1- for upload.docx	Select document type Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary

Step	Action	
6.	Notes	Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.
		Enter Clinical Notes 264 characters left
	Contact Information	Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.
		Note : Check Save as default Contact Information for Medical Authorizations to save time in the future.
		Contact Information First Name Phone Number
		Last Name Fax Number Optional Optional Optional
		Optional for Medical Authorizations
		By checking this box, I agree to notify the member of any services that are approved. Cancel « Previous

	Note: Non-clinical users may follow the steps below to bypass the InterQual Review.
Step	Action
7.	The message below will populate indicating the InterQual page is loading.
8.	The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select "Skip Review. Do you wish to complete Medical Review now? Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature. Set the medical review later using the Amend feature. SKIP REVIEW CONTINUE TO REVIEW Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.

Creating a New Authorization – Inpatient Delivery Notification

10 create	e an Inpatient Delivery Notification:
Step	Action
1.	Launch Medical Authorizations under Workflows for this Plan.
	Workflows for this Plan
	Medical Authorizations
	Medical Authorizations Log
	Eligibility and Benefits Inquiry Claim Status Inquiry
	Report Inquiry
	Claim Submission
	Provider Directory
2.	Click Create New Authorization
	🖉 NantHealth NaviNet workflows 🗕 Health Plans 🚽
	K Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware
	Authorizations
	+ Create New Authorization
	Search for Existing Authorization
	C Requesting Servicing

Creating a New Authorization – Inpatient Delivery Notification (cont.)

3. Enter patient search criteria information then select Search. The patient search screen allows the to search by Member ID or Search by Name. If searching by name, the member's first name, last and date of birth (DOB) are required. Image: Ima	
If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from a list returned. If there is an exact match, the user is taken to the pre-screening questions. Image: the search results screen is taken to the pre-screening the search results screen is taken to the pre-screening the search results screen is taken to the pre-screening the search results screen is taken to the pre-screening the search results and the search results screen is taken to the pre-screening the search results and the results and the results and the results is constant search results and the results and the results and the result of the result is constant search search results and the result of the results is constant search results and the results is the result is constant search results and the result of the result is the result of the result is the result is constant search results and the result of the result is the result is the result is the result is constant search results and the result of the result of the result of the result is the result of the result is the result is constant search results and the result of the result of the result of the result is the result of the result of the result of the result of the result is the result is the result is the result of the result of the result of the result of the result is the result is the result is the result of the result	user ame,
VantHealth NaviNet WORKFLOWS HEALTH PLANS	ie
Create New Authorization: Patient Search Hedicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured. You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field. Search by Member ID OR OR First Name First Name First Name Date of Birth mm/dd/vyyy	
Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured. You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field. Search by Member ID Member ID OR Search by Name Last Name First Name Date of Birth mm/dd/yyyy	
You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicaire ID # or HICN # in the Member ID field. Search by Member ID OR Search by Name Last Name First Name Date of Birth mm/dd/yyyy	
Search by Member ID Member ID OR OR Search by Name Last Name First Name Date of Birth Imm/dd/yyyy	
Image: Presented and Presen	
OR	
Search by Name Last Name Date of Birth mm//dd/yyyyy	
Date of Birth mm/dd/yyyy	
mm/dd/yyyy	
Effective Date	
Search	
Note: If an incorrect/invalid member ID is entered, the message below appears:	
Create New Authorization: Patient Search	
Subscriber / Insured Not Found. Please Correct and Resubmit.	

Creating a New Authorization – Inpatient Delivery Notification (cont.)

р	Action						
	Address the p	re-screening questions pop up box then select Continue .					
	Note : If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.						
	lf	Then					
	The member	The provider will be advanced to the New Authorization Pre-Screening Questions					
	has active coverage	Please check the following conditions to ensure that you are using the correct authorization process					
		Have you verified that the service requires prior authorization? Please verify the coverage of benefits by reviewing the "state" DHS Provider Fee Schedule. The following services always require a prior authorization: Have you verified that the service requires prior authorization? Inpatient services Investigational or experimental services Services from a non-participating provider If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the "plan" authorization look up tool located here					
		Are you requesting an authorization for radiology or imaging? Please access RadMD or call 800-424-4791.					
		Back To Search Continue					
	The	The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan. The provider will receive the authorization cannot be created message.					
	member is ineligible	Create New Authorization ADELAIDA ABERCROMBIE					
		ADELAIDA ABERCROMBIE PATIENT'S INSURANCE Member ID: Authorization cannot be created. The selected date of service (04/08/2022) is not in the patient's active coverage range: 04/08/2022.					
Step	Action						
------	----------------------	--------------------------	----------------	---------------------	--------------------	----------------	--------------------------------
5.	Complete the rec	uired fields following	g the guideli	nes below for an	Inpatient Deli	very Notificat	ion:
	Service Type: Inj	Datient Delivery No	tification	leenitel			
	Select Next	Birtning Center or	Inpatient F	iospitai			
	Service Type						
	Inpatient Deli	very Notification	×				
	Warning: Service lir	e date ranges cannot ove	erlap with the	date range from ano	ther service line.		
	Place of Service	6i		5			
	Birthing Conter	r service					
	Innatient Hospita	1					
	Inpatient Hospita					_	
						Cancel	Next »
6.	Click + Add Mate	ernity Details to pop	oulate the A	dd Maternity Det	ails pop out bo	ox. The fields	in this box are
	mandatory.	Innationt Dolivory No.	tification				Class/Caus
	Place of Service:	Inpatient Derivery No	uncation				 Close/Save
		Inputient hospital					
	Name		Gender	Date of Birth	Delivery Perio	bd	
	+ Add Maternity	Details					
					. (
					Cancel	« Previous	Next »

ction		
Add Maternity Details		×
Baby's Last Name:		
Baby's First Name:		
Gender:	Select 🗸	
Date Of Birth:	MM/DD/YYYY	
Weight in Grams:		
1 Minute Apgar: 💡	Select 🗸	
5 Minute Apgar: 🕜	Select 🗸	
Delivery		
Delivery Outcome:	Select 🗸	
Delivery Method:	Select 🗸	
Delivery Period:	Select 🗸	
Estimated Gestational Age :	Select v weeks 0 v days	
Estimated Confinement Date:	MM/DD/YYYY	
Nursery type:	Select 🗸	
		Cancel Save

Step	Action			
6.	Baby's Last Name	Free text field. Enter the baby's last name.		
		Baby's Last Name:		
	Baby's First Name	ree text field. Enter the baby's first name.		
		Baby's First Name:		
	Gender	Drop down field. The options are Male, Female, Unknown		
		Gender: Select 🗸		
	Date Of Birth	Select a date from the calendar		
		Date Of Birth:		
	Weight in Grams	ree text field. Enter the weight in grams		
		Weight in Grams:		
	1 Minute Apgar	Drop down field - select 1-10. Click on the question mark for clarification.		
		1 Minute Apgar 😮 Select 🗸		
		1 Minute Apgar: ? The Apgar score measures five things to check a baby's health. Each is scored on a scale of 0 to 2, with 2 being the best score. 1. Appearance (skin color) 2. Pulse (heart rate) 3. Grimace response (reflexes) 4. Activity (muscle tone) 5. Respiration (breathing rate and effort)		

Step	Action						
6.	5 Minute Apgar	Drop down field - sel	ect 1-10.				
		5 Minute Apgar: ʔ		Select	~		
	Delivery Outcome	Drop down field – select live birth or non live birth.					
		Delivery Outcome:		Select	~		
	Delivery Method	Drop down field – sel	lect c-section or	normal vagin	al delivery.		
		Delivery Method:	Gelect		~		
	Delivery Period	Drop down field – se more days after adm	lect day of admisission.	ssion, day aft	er admission, o	or 2 or	
		Delivery Period:	Select		~		
	Estimated Gestational Age	Select the appriopriate values from the drop down fields.					
		Estimated Gestational A	Age : Se	elect 🗸 weeks	5 0 🗸	/ days	
	Estimated	Type the date or use	the calendar to	select the ap	propriate date.		
	Confinement Date	Estimated Confineme	nt Date:	MM/DD/	YYYY		
	Nursery type	Drop down field – se	lect well baby or	NICU.			
		Nursery type:		Select	~		
7.	Select Save when the Ade	d Maternity Details are	complete.				
	If this is a multiple gestation Details to complete the advised to the second	on pregnancy and add dditional details, then s	itional births sho select Next.	ould be report	ed, select + Ad	ld Maternity	
	Name	Gender	Date of Birth	Delivery Peri	od		
	JESSICA BODLEY	Female	09/29/2022	Day of admiss	ion		
	+ Add Maternity Details						
				Cancel	« Previous	Next »	

Step	Action	
8.	Date of Admission/ Date of	Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).
	Discharge	Date Of Admission Date of Discharge 1 03/09/2022 1 0ptional Note: If the dates of service overlap in the same case, the message below will display.
		 Invalid / Missing Date(s) of Service - Please Correct and Resubmit

Step	Action		
9.	Admission Type	Select the ad	mission type – Elective, Urgent, or Emergent
		Admission Type Select admission Select admission Elective Urgent Emergent	The question mark beside admission type provides information regarding the types of admissions.
		lf	Then
		Elective	Potential admission for illness/injury enrollee not currently admitted
		Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted
		Emergent	Concurrent review, enrollee is currently admitted
	Requesting Provider	Select the recordence of the record requesting the Requesting Pr	questing provider. Requesting provider is the provider that is e service.
	Servicing Provider	Choose the a is the provide Servicing Prov Select Prov	ppropriate selection from the drop-down list. Servicing provider r completing the service (also known as the attending provider).
	Servicing Facility	The servicing Servicing Facility The Servicing Facil	facility is the location where the service will be performed.

Step	Action		
9.	Diagnoses		
	Diagnoses	Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).	
		Diagnoses	
		Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.	
		Diagnoses	
		Cr Add Diagnoses	
		1 (Primary) M62.81 Muscle weakness (generalized)	
		2 T67.01XA Heatstroke and sunstroke, initial encounter	

Step	Action	
9.	Services	
	From / To	From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.
	Procedure Code	This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.
	Modifiers	This is a free text field and is not mandatory.
	Units	Free text numeric value. For the inpatient request, units are equivalent to days.
	Bed Type	Select the appropriate bed type from the drop down list. This is a mandatory field.
	+ Add New Service Line	The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.

Step	Action	
9.	Attachments	
	Add Document	Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error can be deleted.
		+ Add Document
		Drop Documents here to Attach
		Attachments + Add Document
		Document 1- for upload.docx Select document type Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physician Report Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary Discharge Summary

Step	Action			
9.	Notes			
	Notes	Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.		
	Contact Information	inter your contact information. First name, last name and phone number are equired fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the equest. Select Submit when the request is complete.		
		Note : Check Save as default Contact Information for Medical Authorizations to save time in the future.		
		 ✓ Contact Information First Name Last Name Fax Number Optional Contact Information for Medical Authorizations 		
		DECLARATION By checking this box, I agree to notify the member of any services that are approved. 		
		Cancel « Previous Submit		
9.	Selecting Submit may o diagnosis code and or th service code that is iden the request, the user ma	r may not launch InterQual criteria. InterQual criteria is launched based on the le service code and if there are criteria to launch for the diagnosis code and or tified in the episode. If InterQual criteria is not launched after the user submits ly receive a status of pending or an automatic approval.		
10.	If InterQual is launched,	the message below will populate indicating the InterQual page is loading.		

Step	Action
11.	The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review. MEDICAL REVIEW O Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.

Step	Action
12.	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if it meets or does not meet, the user should continue.
13.	When the review is complete, click Complete at the bottom, then select YES to continue.
	Warning
	Completing the Medical Review will lock it from any further edits.
	Continue?
	YES NO
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.
	Loading form, please wait ACDE Health Plan is requesting additional information for this authorization.

I					
Authorization Det	ails FRANKIE MOCHRIE			4	meriHealth Caritas Delaware
		+ Create New	C History	Q Authorization Search	🕒 View/Print as PDF
Pending				Authoriz	ation #: 92204002349
Disposition pending review					
FRANKIE MOCHRIE	Ahmed, Mohamed F.		A	Servicing Provider	
PATTENT'S INSURANCE	379 Walmart Dr Ste 101 Camden Wyoming , DE 199341365		1 V	600 Rockland Rd Vilmington , DE 198033607	
PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI	📞 (302) 698-4441 Servicing Facility		D A S P	Date of Admission: 04/13/202 Idmission Type: Emergent Service Type: Inpatient Medic Vace of Service: Inpatient Ho	2 al Care soital
	Alfred I Dupont Hospital				
View Eligibility & Benefits	1600 Rockland Rd				

Authorization Status – Approved and Pending

The episode will be approved or be in a pending status when the request has been submitted to the health plan.

Note: Denials are not processed automatically, pending status submissions will require medical review by the health plan. If a denial is processed by the plan, a telephone call/letter will be made/sent to the provider.

lf	Then it will look	like this							
Approved									
		Amond + Croste New @ Attack O Authorization Search [2] View/Print on DDE							
		Amend T Create New Cattach C Authorization Search C View/Print as PDP							
	Approved	Effective: 03/09/2022							
	Note: Approved a	e: Approved and partially approved requests can be amended (see chapter on Amending).							
	The following acti	ions can be taken on an approved request from the authorization status page:							
	Amend	Extending existing services or requesting another service on the same authorization							
	Create New	Creating a new request							
	Attach	Attaching a document							
	Authorization	Searching for an authorization							
	Search								
	View/Print as	View and print authorization status request as PDF							
	PDF								
Penaing									
	+ Create New Diliston Q Authorization Search IA View/Print as PDI								
	Pending	Reference ID: NNA-9AEVCKU							
	Note: Submission	as with a panding status will require medical review by the health plan. Dequasts							
	with a pending st	is with a pending status will require medical review by the health plan. Requests							
	with a perioding sta								
	The following acti	ions can be taken on an approved request from the authorization status page:							
	Create New	Creating a new request							
	History	Detailed history of the request							
	Authorization	Searching for an authorization							
	Search	, i i i i i i i i i i i i i i i i i i i							
	View/Print as P	DF View and print authorization status request as PDF							



4 AMENDING AN AUTHORIZATION

Amending an Authorization Request

Amending a request is the process of extending existing services **or** requesting another service on the same authorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan. The maximum number of services that can be added to an authorization is 15.



When making an amendment the user can add diagnoses, add services, add notes (if the maximum character limit has not been exceeded) and add documents.

Step	Action	
1.	Locate the existing request under Workflows for t	his Plan.
	Workflows for this Plan Medical Authorizations Medical Authorizations Log	
	lf	Then
	The request was created in NaviNet	Select Medical Authorizations Log
	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)
2.	Select Auth Details on the request that needs to b	e amended.
	GRETA EMERSON Date of Service: 03/18/2022 AmeriHealth Caritas Auth a: 92203003350 Image: Auth Details	Date of Submission: Approved 03/18/2022 as of 03/18/2022 te New D History & Attach C Refresh Status
3.	Select Amend.	
	Amend + Create Net	ew 🤊 History 🗞 Attach Q Authorization Search 🕑 View/Print as PDF horization #: 92203003026 Effective: 03/31/2022

р	Action		
	lf	Then	
	Amending an	The follo	owing items can be addressed: date of service, diagnosis, add new
	outpatient request	service	line, add document, notes and contact information.
	Address the Date of Se	ervice	Date Of Service 09/01/2022
	Add additional diagnos applicable	ses if	Diagnoses Qr Add Diagnoses 1 (Primary) A02.8 Other specified salmonella infections
	Add new service line		Services
			From To Procedure Code Units (Modifiers)
			+ Add new service line
	Add attachments if app	olicable	Attachments
			+ Add Document
			Medical Record Attachment
	Add notes if applicable	•	Notes Enter Clinical Notes

4. Am	nending an outpatient request		
(cont.) Er	nter contact information,		
ch	heck the Declaration box,	 Contact Information 	
ar	nd Submit	First Name	Phone Number
		Beth	(843) 999-9999
		Last Name	Fax Number
		Williams	Optional
		Email Address Optional	Save as default Contact Information for Medical Authorizations
		DECLARATION By checking this box, I agree to not	tify the member of any services that are approved. Cancel « Previous Submit

Step	Action						
5.	Amending an inpati	ent request					
	lf	Then					
	Amending an inpatient request	he following items can be addressed: date of date of discharge, diagnosis, add ew service line, add document, notes and contact information					
	Providers can enter date of discharge members that hav discharged.	Service Type For Inpatient Medical Care Place of Service Inpatient Hospital Date Of Admission Date of Discharge 107/08/2022					
	Add additional diagnoses if applic	able Diagnoses 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified					
	Add new service li	NE Services From To Procedure Code Units (Modifiers) 04/08/2022 04/08/2022 1 Day(s) PRIMARY Add new service line					
	Add attachments i applicable	Attachments Attachment Add Document Drop Documents here to Attach					
	Add notes if applic	Able Notes Enter Clinical Notes					

Step	Action		
5.	Amending an inpatient	request	
(cont.)	Enter contact	Contact Information	
	information, check	First Name	Phone Number
	the Declaration box,	Beth	(843) 999-9999
	and Submit	Last Name	Fax Number
		Williams	Optional
		Email Address Optional	for Medical Authorizations
		DECLARATION By checking this box, I agree to notify the member of any	y services that are approved. Cancel « Previous <mark>Submit</mark>

5

5 SEARCH FOR AN EXISTING AUTHORIZATION

Search for an Existing Authorization

Search for an Existing Authorization (also known as Authorization Inquiry) is a way to search for authorizations that may not have been initiated in NaviNet, for example they may have phoned, faxed, or created in Jiva.

tep	Action
	Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan. Workflows for this Plan Medical Authorizations
	ÓNantHealth [®] NaviNet [®] workflows ← Health Plans ← administration ← р 🗘 ? ⊗
	Medical Authorizations: AmeriHealth Caritas
	Authorizations
	+ Create New Authorization
	Search for Existing Authorization
	○ Requesting
	Servicing Provider
	Search by Provider
	, Date Range
	12/13/2021 - 01/11/2022
	Optional Details
	Member ID
	Last Name First Name
	Authorization #
	Q Search

Search: Search for an Existing Authorization (cont.)

Step	Action							
2.	Select Servicir	ng or Requestin	g Provid	ler and adjust	he date range	then sele	ct Search.	7
	Authorizat	ions						
						+ Cre	eate New Authorization	
	Search for Exist	ing Authorization						
	C Requesting	Servicing						
	Servicing Provider							
	Select Group/	Facility						
	Data Pagas							
	02/09/2022 -	03/10/2022						
	Optional Detai	ls						
	Member ID							
	Last Name		First Name					
	Authorization #							
							O. Const	
							Q Search	
3.	Select the auth	norization that y	vou wish	to view.				
]	
	Authorizations	s: Search Result	ts					
	Q Filter Results							
	Authorization #	Patient (Member ID) *	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service 🗸	
	92204001070	SOMER ABERDEEN	O Cancelled	CUTTING	CUTTING	31365	06/07/2022	
	92204001069	SOMER ABERDEEN	Ø Pendina	CUTTING	CUTTING	31365	05/07/2022	
			e renenig					

Search: Search for an Existing Authorization (cont.)

he directed to th				
).	e authorization deta	ails of the auth	norization tha	t was selected in the
tion Details	OMER ABERDEEN		AmeriHealth Caritas Louisiana	
	🖋 Amend	🕈 Create New 🚿 At	tach Q Authorizatio	n Search 🛛 🕒 View/Print as PDF
Approved		Authorization #: 92	204001070	Effective: 04/08/2022
eview				
PDF.	Extending exi	.,,	or requesting	······
	same authoriz	sting services		g another service on
	same authoriz	sting services zation w request		g another service on
1	same authoriz Creating a ne Attaching a do	sting services zation w request ocument		g another service on
n on Search	same authoriz Creating a ne Attaching a do Searching for	sting services zation w request ocument an authorizat	ion	g another service on
<i>ı</i> on Seal	rch	Extending exi same authoriz Creating a ne Attaching a do rch Searching for	Same authorization Creating a new request Attaching a document rch	Extending existing services or requesting same authorization Creating a new request Attaching a document rch Searching for an authorization

6

6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

Only requests that have been submitted via NaviNet Open Medical Authorizations will appear in the Authorization Log. To see cases that were initiated outside of NaviNet, use Search for an Existing Authorization (sometimes referred to as Authorization Inquiry).

Step	Action				
1.	Select Medical Authorizati Result: All requests submitte	on Log under Workflo ed by your office/facilit	ws for this Plan. / via NaviNet can be four	nd here.	
	Workflows for this Pla Medical Authorizations Medical Authorizations Log	n			
2.	The user can +Create New, box in front of Authorizatio Authorizations Showing 148	Sort by and Filter By. ns Created By Me.	To see Authorizations cre	eated by you	i, check the
	Filter By View all Billing Entities	ALBERTINA DONALD	Date of Service: 02/25/2022 Auth ≠: 1234567824 Servicina: Shock Trauma Associates Pa	Date of Submission: 02/25/2022	Pending as of 02/25/2022
	Patient Details Search for name or ID Authorization #	ALBERTINA DONALD	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa	Date of Submission:	A Required as of 02/25/2022
	Servicing Provider Search for name or ID	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa	Date of Submission:	A Required as of 02/25/2022
	Date of service 12/11/2021-03/10/2022	ALBERTINA DONALD	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission:	A Required as of 02/25/2022
	Status	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission:	A Required as of 02/25/2022

Search: Medical Authorization Log (cont.)

Once the user se if the request is ir Status .	lects the pending	desired authorizatio status: Auth Detail	n for review they hav s, +Create New, His	e the ability to view t tory, Attach, and R	the followi Refresh
Authorizations	Showing 148		+ Create New	Sort by Date of Service	~
Filter By Billing Entities All Billing Entities	View all	ALBERTINA DONALD	Date of Service: 02/25/2022 Auth ≠: 1234567824	Date of Submission: 02/25/2022 Pendir as of 02 25/2022 Pendir as of 02 20 Pendir as of 02 20 Pendir	ng 2/25/2022 fresh Status
Field	Funct	on			
Auth Details	Details Create	related to the autho	rization for the member		
Thistory	Provid	es detailed history of	f the request		
Note that the second se	Ability	to attach documents			
C Refresh Status	Allows	the user to refresh t	he status for any upd	ates.	
	if the request is in Status. Authorizations Filter By Billing Entities All Billing Entities Field O Auth Details + Create New D History Kefresh Status	if the request is in pending Status. Authorizations showing 148 Filter By View all Billing Entities All Billing Entities View all Billing Entities Field Function O Auth Details Created Provide Attach Ability Crefresh Status Allows	if the request is in pending status: Auth Detail Status. Authorizations Showing 148 Filter By View all Albertina DonalD AmeriHealth Caritas Delaware Field Field Function Auth Details Details related to the author Create New Authorization for Create New Authorization for History Provides detailed history of Attach Albility to attach documents Create New Status Allows the user to refresh to	if the request is in pending status: Auth Details, +Create New, His Status. Authorizations Showing 148 + Create New I Filter By View all ALBERTINA DONALD Date of Service: 02/25/2022 AmeriHealth Caritas Delaware Authorization Auth Details Details related to the authorization Field Function Create New Authorization for the member Create New Authorization for the member Provides detailed history of the request Authorization Authorization Authorization for the member Authorization for the member Authorization for the member Authorization for the request Authorization for the request Authorization Authorization for the request Authorization for the request Allows the user to refresh the status for any upd	if the request is in pending status: Auth Details, +Create New, History, Attach, and R Status. Authorizations showing 148 + Create New Sort by Date of Service Filter By View all ALBERTINA DONALD Date of Service: 02/25/2022 Date of Submission: O Pendin 02/25/2022 Date of S

Search: Medical Authorization Log (cont.)

Action				
Continue. De	elete. Create Ne	ew. and History	able.	
GRETA EME	A EMERSON	Date of Service: 03/16/2022	Date of Submission: Draft as of 11:29am To	
AmeriHealth (Caritas Delaware	Reference Id:		
			🚽 🔶 Continue 📋 Delete 🕇 Create New 🤊 His	
			→ Continue 🗎 Delete + Create New 🥲 His	
Field	Function		→ Continue 🗎 Delete + Create New 🤊 His	
Field → Continue	Function Allows the	e user to continue working	→ Continue	
Field → Continue	Function Allows the Allows the	e user to continue working e user to delete the reque	→ Continue	
Field → Continue © Delete + Create Ne	Function Allows the Allows the Allows the	e user to continue working e user to delete the reque e user to create a new au	Continue Delete + Create New OHis	

7

7 REQUEST FOR MORE INFORMATION (RFMI)

Request for More Information (RFMI)

Request for More Information (RFMI) is a feature that allows the health plan to request specific additional information to the provider if needed. Providers will only be able to have the RFMI ability for authorization requests that are pended or approved that are created in the NaviNet Provider Portal. Providers will be able to add notes and/or upload the documents in NaviNet Provider Portal for the pended authorization requests via the 'more information required' screen.



Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page. It is important to note that notifications related to RFMI is not an immediate process. There is a slight delay as information travels from system to system.

In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	Select the bell icon in the top right corner in NaviNet, then frome the Settings tab, specify the
	notifications you would like to receive.
	Summary A Notifications
	Notify me about
	Incoming Documents
	Authorization Status Updates
	Patient updates when running an E&B
	Response updates for Claim Investigations
	How would you like to receive your notifications?
	S (
	Every 15 minutes
	Frequency of Emails (Claim Investigations only)

Request for More Information (RFMI) (cont.)

Step	Action			
2.	o view notifications, select Notifications .			
	lf	Then		
	No notifications exist	The user will see No Notifications Available		
		message.		
		△ Summary Notifications Settings		
		No Notifications Available To choose which types of notifications you would like to receive, use your Activity Settings		
	Notifications are available	The user will see Authorizations – Additional		
		Information Required.		
		△ Summary Notifications ♣ Settings		
		Authorizations - Additional Information Required Your authorization request to AmeriHealth Caritas Delaware for Neoma Clough		
		requires additional information.		
3.	There are 3 ways for the use	er to see RFMI from the health plan.		
	Required area.	e user will select view Request which activates the More Information		
		×		
	🛆 🖸 Summary Notificatio	Settings		
	Authorizations - Additional Inform Your authorization request to Amerik	ation Required lealth Caritas Delaware for Neoma Clough		
	Just now	View Request		
	2. From the Medical Au	th Log if More Info Required is listed the user will select Auth Details		
	then select More Info	prmation Required to activate the More Information Requried area.		
	NEOMA CLOUGH	Date of Service: Date of Submission: () Pending		
		06/30/2022 06/30/2022 More Info Required		
	AmeriHealth Caritas Delaware	Auth Details + Create New D History N Attach C Refresh Status		

Request for More Information (RFMI) (cont.)

Step	Action
3.	
(cont.)	3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More
	Information Required area.
	Authorization Details NEOMA CLOUGH
	Born on Delaware
	+ Create New D History & Attach Q Authorization Search 🖸 View/Print as PDF
	O Pending More Information Reduired »
4.	Complete the more information required information request. The requested information will be listed
	under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be
	specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send
	the response back to the health plan select Send Response .
	More Information Required
	NEOMA CLOUGH
	Information Request Date of Service Authorization Id Service Type
	06/30/2022 Outpatient Durable Medical Equipment Purchase
	More information is required for your authorization
	Please upload MD order with correct DOS.
	Added MD order with correct DOS.
	7968 characters left
	+ Add Document
	Document 1- for upload.docx Physician Order
	Cancel Sond Personne

Request for More Information (RFMI) (cont.)



8

8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet

Step	Action
From th	e health plan specific homepage
1.	Select Forms & Dashboards under Workflows for this Plan.
	Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry Claim Submission Forms & Dashboards
2.	Select View Health Risk Assessment Form under Health Risk Assessment. Health Risk Assessment View Health Risk Assessment Form
3.	Select Assessment. AmeriHealth Caritas Care is the heart of our work Assessment Result: The Member Listing page will display.

Providers may want to view assessments for their patients.

Locating Assessments in NaviNet (cont.)

Step	Action					
4.	Assessment					
	Member Listing Page					
	Group:Select Select EAGLE MEDICAL CENTER - CAROLINA MERCY MEDICAL CLINIC FRIENDSHIP MEDICAL CENTER PA -					
5.	Select the Provider from the drop-down. Assessment					
	Member Listing Page					
	Group: CAROLINA MERCY MEDICAL CLINIC - Provider:Select Select CAROLINA MERCY MEDICAL CLINIC -					
	Result: After the Group and the Provider are selected, users will also be able to search for members.					
6.	Members are listed, but users can also search for members by Member ID or Member Name. Select Member ID or Member Name from the drop-down, enter the Member ID or Member Name in the search box, and then select Search .					
	Member Listing Page The list of members Search: Group: CAROLINA MERCY DICAL CLINIC -					
	Action Member MemberID Gender Dat Users can also search using the MemberID or the					
	Physical Care Plan -01 Male Physical Care Plan -01 Male Physical Care Plan -01 Male					
Locating Assessments in NaviNet (cont.)

Step 7.	Action Once the member is located, select Physical Care Plan under Action.						
	Action Physical Care I	Member Plan		MemberID -01	Gender Male	Date Of Birth	
	If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.						
8.	The Assessment Summary is displayed. Users can select the assessment they wish to view. Assessment Summary						
	Assessment				Date		
	Initial Assessment	t-PEDS			02/28/2024		
	Initial Assessment	t-PEDS			02/28/2024		
	Initial Assessment	<u>t - Adult</u>			02/28/2024		
	Initial Assessment - Adult 02/28/2024						
	Result: The assessment questions and answers will be displayed. If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.						

9

9 RESOURCES

Health Plan	UM Phone Number	UM Fax Number
AmeriHealth Caritas Delaware	855-396-5770	866-423-0946
AmeriHealth Caritas District of Columbia	800-408-7510	877-759-6216
AmeriHealth Caritas Florida	855-371-8074	855-236-9285
AmeriHealth Caritas Louisiana	888-913-0350	866-397-4522
AmeriHealth Caritas New Hampshire	833-472-2264	833-469-2264
AmeriHealth Caritas North Carolina	833-900-2262	833-893-2262
AmeriHealth Caritas Northeast	888-498-0504	888-743-5551
AmeriHealth Caritas Pennsylvania	800-521-6622	866-755-9949
Blue Cross Complete of Michigan	888-312-5713	888-989-0019
Keystone First	800-521-6622	215-937-5322
Select Health of South Carolina	888-559-1010	888-824-7788
AmeriHealth Caritas Next	833-702-2262	844-412-7890
AmeriHealth Caritas VIP Care Plus	888-978-0862	866-263-9036
First Choice VIP Care Plus	888-996-0499	855-236-9284
AmeriHealth Caritas VIP Care	866-533-5490	855-707-0847
First Choice VIP Care	888-996-0499	855-236-9284
Keystone First VIP Choice	800-450-1166	855-707-0847
AmeriHealth Caritas Pennsylvania Community HealthChoices	800-521-6007	855-332-0115
Keystone First Community HealthChoices	800-521-6622	855-540-7066

Escalation Process and Training Requests – Account Executives and Providers

If	Then contact
Access Issues and/or Technical Issues related to NaviNet and InterQual	DL-ACFC: Jiva and Client Letter Support (<u>ACFC_JivaCLSupport@amerihealthcaritas.com</u>)
Account Executive Training Requests	Corporate Provider Network Management Training (<u>CPNMT@amerihealthcaritas.com</u>)
Provider Training Requests	Contact your designated Account Executive (AE)
Provider is not listed in NaviNet	Submit an online case in NaviNet via My Account>Customer Support>Open a Case Online
InterQual training or instruction is needed	Reach out to your internal point of contact as this is an internal process