



Leading America in Health Care
Solutions for the Underserved
and Chronically Ill.

NaviNet Medical Authorizations Participant Guide

Corporate Clinical Systems Training Department

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Updated By: Kassandra Borges, &
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1 LOGGING IN TO NAVINET

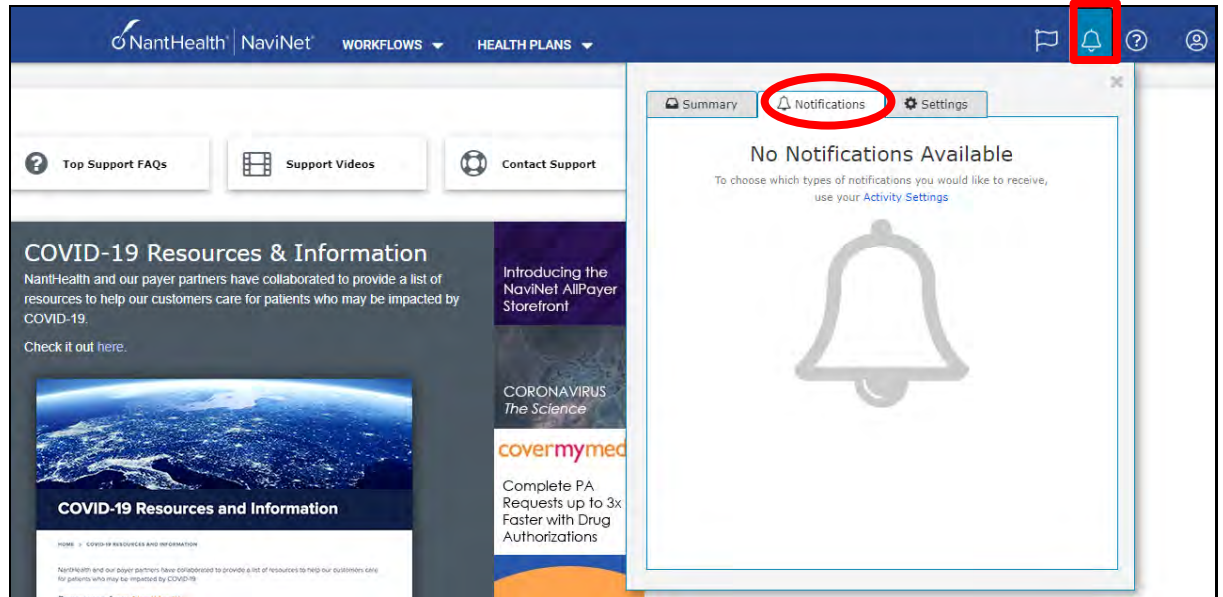
Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 352 1154 1033" data-label="Image"></div>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result: <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont'd)



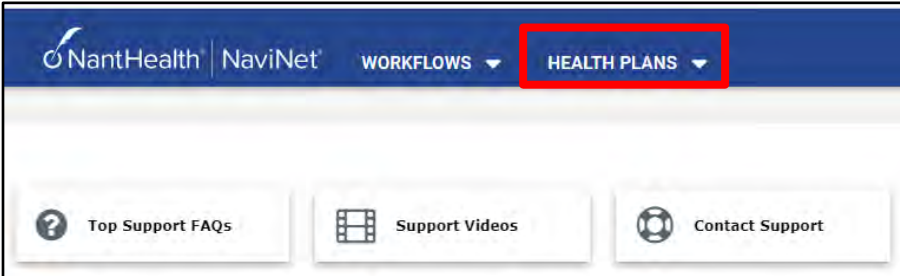

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page. Additional information regarding notification settings can be found in the Request For More Information (RFMI) chapter.



The screenshot shows the NantHealth NaviNet home page. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. In the top right corner, there is a bell icon for notifications, a help icon, and a user profile icon. A red box highlights the bell icon. Below the navigation bar, there are three support-related buttons: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a 'COVID-19 Resources & Information' section with a blue header and a large image of a city at night. To the right, there is a 'CORONAVIRUS The Science' section with the 'covermymed' logo and text about 'Complete PA Requests up to 3x Faster with Drug Authorizations'. An overlay window titled 'No Notifications Available' is open, showing a large bell icon and text: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.' The 'Notifications' tab in the overlay is circled in red.

Logging in to NaviNet (cont'd)

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

Step	Action																												
1.	<p>Click on HEALTH PLANS in the top menu.</p> 																												
2.	<p>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.</p>  <table border="1"> <thead> <tr> <th colspan="4">My Plans</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>AmeriHealth Caritas Next</td> <td>Blue Cross Complete of Michigan</td> <td>Medicare</td> </tr> <tr> <td>AmeriHealth Caritas District of Columbia (ACDC)</td> <td>AmeriHealth Caritas Ohio</td> <td>First Choice Next</td> <td>New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Florida</td> <td>AmeriHealth Caritas PA Community HealthChoices</td> <td>First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td>PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Louisiana</td> <td>AmeriHealth Caritas VIP Care</td> <td>Keystone First</td> <td>Select Health of South Carolina</td> </tr> <tr> <td>AmeriHealth Caritas New Hampshire</td> <td>AmeriHealth Caritas VIP Care Plus</td> <td>Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td>AmeriHealth Caritas North Carolina</td> <td>AmeriHealth PA Medical Assistance Plan</td> <td>Keystone First VIP Choice</td> <td></td> </tr> </tbody> </table>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	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 Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.

Workflows for this Plan

- Medical Authorizations
- Medical Authorizations Log
- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Report Inquiry
- Claim Submission
- Provider Directory

FAQs

- How do I change my password?
- I cannot remember my password.
- How do I set up additional Health Plans?
- What are the roles and responsibilities of a Security Officer?
- How do I enable or disable permissions for users in my office?

Browser requirement: You must use Internet Explorer 10 or 11, or Firefox 26 to use the Jiva 5.6 Provider Portal.

Welcome AmeriHealth Caritas Delaware providers to the **NaviNet Plan Central Page**, your connection between our secure, easy-to-use provider portal and the AmeriHealth tools will enable you to provide the best care possible for our members.

Check out **Latest News and Updates** regularly for new functionalities to make your office more efficient.

Some functionality already available to you includes member eligibility verification, claims submission and status, electronic prior authorization submission, and member panel providers).

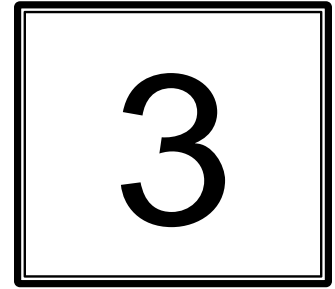
Use Quick Links:

- Provider manual.
- Billing information.
- Provider Quick Reference Guide.

Training Videos

- Claims Investigation
- Intensive Case Management
- Care Gaps
- ADT Alerts

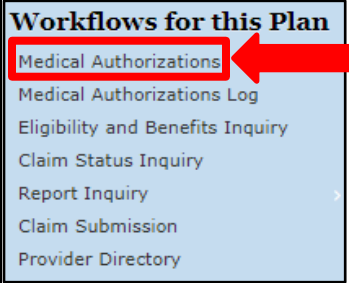
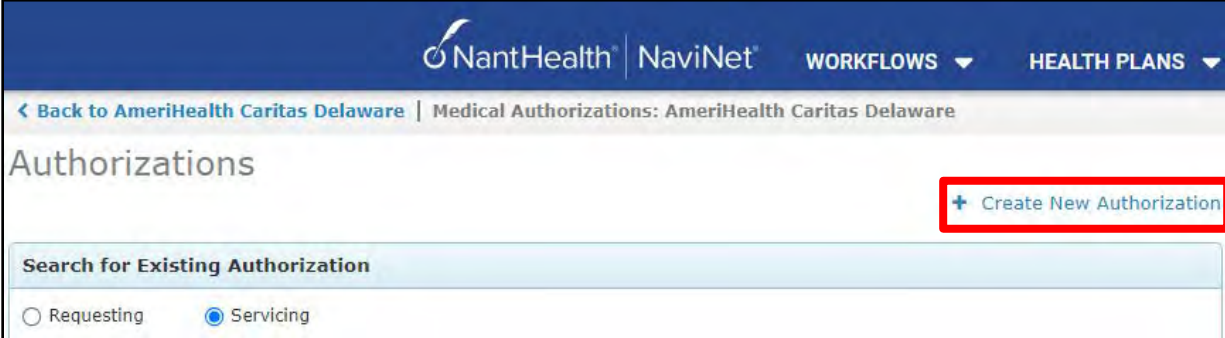
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available to include initiating medical authorizations, inquiries, etc.
FAQs	Frequently Asked Questions	<ul style="list-style-type: none"> Includes answers to questions frequently asked.
Training Videos	Training Videos	<ul style="list-style-type: none"> Instructional videos on system usage.



3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

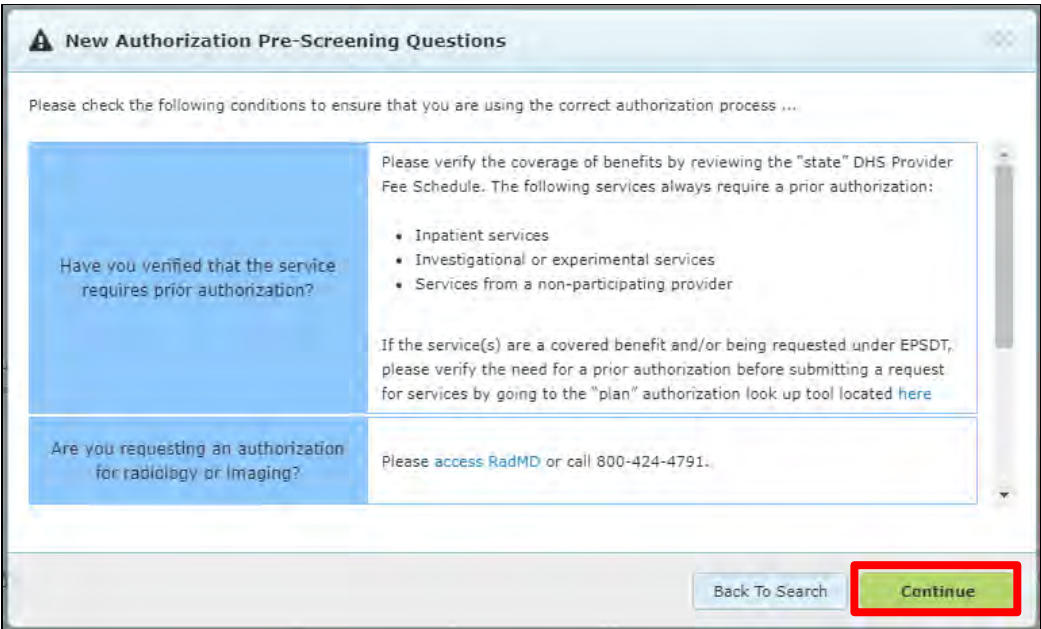
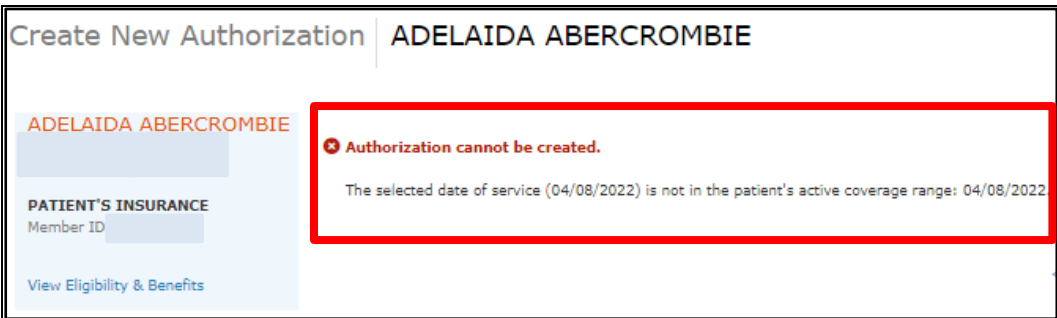
To create a new authorization:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>Workflows for this Plan</p> <ul style="list-style-type: none">Medical AuthorizationsMedical Authorizations LogEligibility and Benefits InquiryClaim Status InquiryReport InquiryClaim SubmissionProvider Directory
2.	<p>Click Create New Authorization</p>  <p>NantHealth NaviNet WORKFLOWS HEALTH PLANS</p> <p>Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p>+ Create New Authorization</p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>

Creating a New Authorization (cont'd)

Step	Action
3.	<p>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.</p> <div data-bbox="240 394 347 499"> </div> <div data-bbox="407 384 1528 516"> <p>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.</p> </div> <div data-bbox="217 527 1125 1283"> </div> <div data-bbox="228 1346 1252 1381"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1545"> </div>


Creating a New Authorization (cont'd)

Step	Action
4.	<p>Address the pre-screening questions pop up box and select Continue.</p> <p>Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>
	<p>If...</p>
<p>The member has active coverage</p>	<p>Then...</p> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p>
<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 

Creating a New Authorization (cont'd)

Step	Action
------	--------

5. Enter service type and place of service, then select **Next**



View Eligibility & Benefits is available to view under the member's demographic information.

Create New Authorization
FRANKIE MOCHRIE
Male born on 11/20/1981 (40 yrs old)

FRANKIE MOCHRIE

PATIENT'S INSURANCE
Member ID: [REDACTED]
Active Coverage
from 11/01/2019 - 12/31/2199

PRIMARY CARE PHYSICIAN
NPI: [REDACTED]

[View Eligibility & Benefits](#)

Service Type

Select service type...

Place of Service

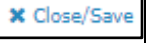
Select place of service...

Eligibility & Benefits
can be viewed here.

Cancel **Next >**

Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.

If...	Then...
Creating an outpatient episode	Continue to the next step (step 6)
Creating an inpatient episode	Continue to step 7

Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.

Close Authorization
✕

You are closing an authorization that has not yet been submitted.

✕ Discard Auth
Cancel
Save As Draft

Discard Auth – deletes the request

Cancel – allows the user to continue

Save As Draft – allows the user to come back and complete the request later



Creating a New Authorization - Outpatient Request

Step	Action																																
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1" data-bbox="207 285 1552 1858"> <tr> <td data-bbox="207 285 462 443">Date of Service</td> <td data-bbox="467 285 1552 443"> This defaults to the current date and is not available to be changed. <div data-bbox="479 342 678 436" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div> </td> </tr> <tr> <td data-bbox="207 449 462 856">Level of Service</td> <td data-bbox="467 449 1552 856"> Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="479 501 964 659" style="border: 1px solid black; padding: 5px;"> Level of Service ? Elective Select Level of Service ... 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The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="479 1635 1422 1808" style="border: 1px solid black; padding: 5px;"> <table border="1" data-bbox="479 1635 1422 1808"> <thead> <tr> <th colspan="4" data-bbox="479 1635 1422 1671">Diagnoses</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 1671 824 1724">Add Diagnoses ...</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="479 1724 592 1759">1 (Primary)</td> <td data-bbox="592 1724 722 1759">M62.81</td> <td data-bbox="722 1724 1328 1759">Muscle weakness (generalized)</td> <td data-bbox="1328 1724 1422 1759" style="text-align: right;">↓ 🗑️</td> </tr> <tr> <td data-bbox="479 1759 592 1795">2</td> <td data-bbox="592 1759 722 1795">T67.01XA</td> <td data-bbox="722 1759 1328 1795">Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div> </td> </tr> </table>	Date of Service	This defaults to the current date and is not available to be changed. <div data-bbox="479 342 678 436" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div>	Level of Service	Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="479 501 964 659" style="border: 1px solid black; padding: 5px;"> Level of Service ? 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Creating a New Authorization - Outpatient (cont'd)

Step	Action
6.	<p>Services</p> <p>From / To</p> <p>From (start date) / To (end date)</p> <div data-bbox="537 310 865 394"> <p>From: 03/11/2022 To: mm/dd/yyyy</p> </div> <p>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 InterQual 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.</p> <div data-bbox="537 646 1490 940"> <p>Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p>Service Type: Outpatient Durable Medical Equipment P...</p> <p>Place of Service: Home</p> </div> <p>Procedure Code</p> <p>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.</p> <div data-bbox="537 1119 740 1220"> <p>Procedure Code</p> </div> <p>Modifiers</p> <p>Free text field. This is not a mandatory field.</p> <div data-bbox="537 1283 816 1371"> <p>Modifiers</p> </div> <p>Units</p> <p>Free text numeric value.</p> <div data-bbox="537 1434 816 1522"> <p>Units: 1 Unit(s)</p> </div> <p>Add New Service Line</p> <p>The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="537 1665 834 1753"> <p>+ Add New Service Line</p> </div>









Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="228 226 410 258">Attachments</p> <p data-bbox="228 279 467 310">+ Add Document</p> <p data-bbox="540 279 1520 499">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.</p> <div data-bbox="540 516 1520 751"> <p data-bbox="565 531 686 552">Attachments</p> <p data-bbox="565 579 711 615">+ Add Document</p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1213"> <p data-bbox="565 783 686 804">Attachments</p> <p data-bbox="565 831 711 867">+ Add Document</p> <p data-bbox="565 888 824 909">  Document 1- for upload.docx </p> <p data-bbox="1003 888 1279 909"> Select document type ... ▼ </p> <p data-bbox="1328 888 1482 930">  Delete </p> <ul data-bbox="1003 930 1295 1203" style="list-style-type: none"> 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 </div>

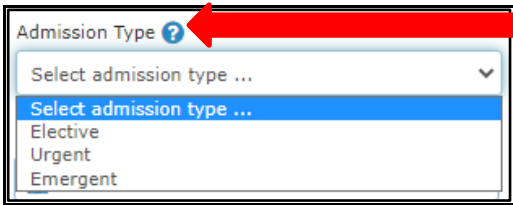
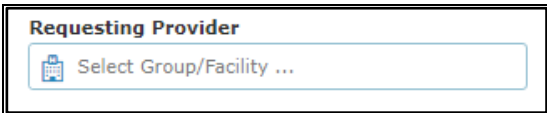

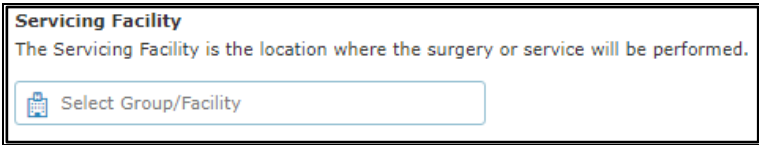
Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p>Notes</p> <p>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.</p> <div data-bbox="565 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>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.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1289"> <p>▼ Contact Information</p> <p>First Name: Beth</p> <p>Last Name: Williams</p> <p>Email Address: Optional</p> <p>Phone Number: (843) 999-9999</p> <p>Fax Number: Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel << Previous Submit</p> </div> <p>***Proceed to Step 8 for InterQual instructions***</p>







Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p>Service Type Select the appropriate service type and place of service according to the request.</p> <div data-bbox="431 306 1068 550" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="431 604 1422 772"> <tr> <td>Service Type</td> <td>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.)</td> </tr> <tr> <td>Place of Service</td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click Next to continue.</p> <div data-bbox="431 877 667 978" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next »</p> </div>	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.
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.				
	<p>Date of Admission/ Date of Discharge 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. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1157 992 1272" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div> <p>Note: The user will receive the message below if the dates of service overlap in the same case.</p> <div data-bbox="431 1373 1097 1671" style="border: 1px solid black; padding: 5px;"> <div style="border: 2px solid red; padding: 2px; text-align: center; color: red; font-weight: bold;"> • Invalid / Missing Date(s) of Service - Please Correct and Resubmit </div> <p>Service Type</p> <p> Inpatient Medical Care</p> <p>Place of Service</p> <p> Inpatient Hospital</p> <p>Date Of Admission Date of Discharge</p> <p> 06/29/2022  06/30/2022</p> </div>				

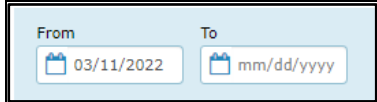
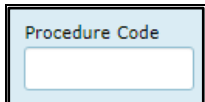

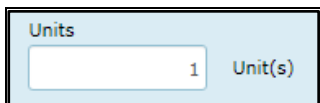
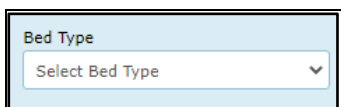
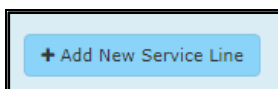
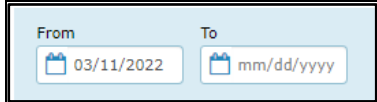
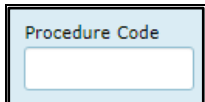

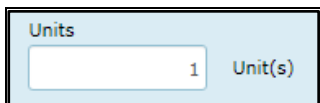
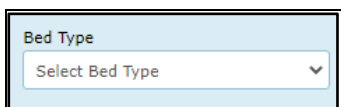
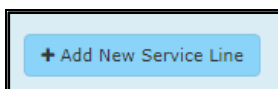
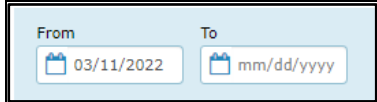
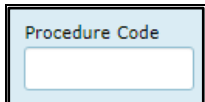

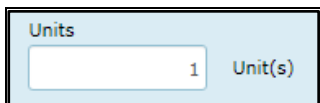
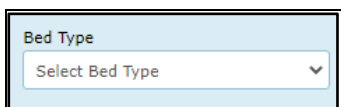
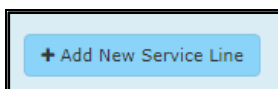
Creating a New Authorization – Inpatient Request (cont'd)

Step	Action								
7.	<p data-bbox="217 228 375 300">Admission Type</p> <p data-bbox="418 228 1495 300">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 300 1411 478" style="border: 1px solid black; padding: 5px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 774"> <thead> <tr> <th data-bbox="423 527 586 554">If</th> <th data-bbox="591 527 1406 554">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 560 586 621">Elective</td> <td data-bbox="591 560 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722">Urgent</td> <td data-bbox="591 627 1406 722">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</td> </tr> <tr> <td data-bbox="423 728 586 764">Emergent</td> <td data-bbox="591 728 1406 764">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	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
If	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								
	<p data-bbox="217 833 375 905">Requesting Provider</p> <p data-bbox="418 833 1479 905">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 915 961 1026">  </div>								
	<p data-bbox="217 1071 375 1142">Servicing Provider</p> <p data-bbox="418 1071 1528 1142">Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="418 1152 961 1264">  </div>								
	<p data-bbox="217 1287 375 1358">Servicing Facility</p> <p data-bbox="418 1287 1341 1318">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1329 1172 1472">  </div>								


Creating a New Authorization – Inpatient (cont'd)

Step	Action								
7.	<p data-bbox="207 224 521 254">Diagnoses</p> <p data-bbox="207 260 521 827">Diagnoses</p> <p data-bbox="537 260 1552 296">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"><p data-bbox="548 317 919 344">Diagnoses</p><input data-bbox="553 359 914 415" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 436 1552 583">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 using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="537 598 1552 783"><p data-bbox="548 604 919 632">Diagnoses</p><input data-bbox="553 646 914 703" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 709 1547 777"><tbody><tr><td data-bbox="553 709 651 737">1 (Primary)</td><td data-bbox="678 709 764 737">M62.81</td><td data-bbox="808 709 1333 737">Muscle weakness (generalized)</td><td data-bbox="1338 709 1547 737"> </td></tr><tr><td data-bbox="553 743 651 770">2</td><td data-bbox="678 743 764 770">T67.01XA</td><td data-bbox="808 743 1333 770">Heatstroke and sunstroke, initial encounter</td><td data-bbox="1338 743 1547 770"></td></tr></tbody></table></div>	1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
1 (Primary)	M62.81	Muscle weakness (generalized)	 						
2	T67.01XA	Heatstroke and sunstroke, initial encounter							

Creating a New Authorization – Inpatient (cont'd)

Step	Action												
7.	<p data-bbox="207 222 326 254">Services</p> <table border="1" data-bbox="207 260 1471 1629"> <tr> <td data-bbox="207 260 527 457">From / To</td> <td data-bbox="532 260 1471 457"> <p data-bbox="540 268 1458 338">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.</p> <div data-bbox="540 348 914 449">  </div> </td> </tr> <tr> <td data-bbox="207 464 527 814">Procedure Code</td> <td data-bbox="532 464 1471 814"> <p data-bbox="540 472 1458 695">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.</p> <div data-bbox="540 705 743 806">  </div> </td> </tr> <tr> <td data-bbox="207 821 527 961">Modifiers</td> <td data-bbox="532 821 1471 961"> <p data-bbox="540 829 1117 861">This is a free text field and is not mandatory.</p> <div data-bbox="540 871 816 951">  </div> </td> </tr> <tr> <td data-bbox="207 968 527 1165">Units</td> <td data-bbox="532 968 1471 1165"> <p data-bbox="540 976 1458 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1056 857 1157">  </div> </td> </tr> <tr> <td data-bbox="207 1171 527 1369">Bed Type</td> <td data-bbox="532 1171 1471 1369"> <p data-bbox="540 1180 1377 1249">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1260 878 1365">  </div> </td> </tr> <tr> <td data-bbox="207 1375 527 1629">+ Add New Service Line</td> <td data-bbox="532 1375 1471 1629"> <p data-bbox="540 1383 1446 1495">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.</p> <div data-bbox="540 1505 816 1593">  </div> </td> </tr> </table>	From / To	<p data-bbox="540 268 1458 338">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.</p> <div data-bbox="540 348 914 449">  </div>	Procedure Code	<p data-bbox="540 472 1458 695">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.</p> <div data-bbox="540 705 743 806">  </div>	Modifiers	<p data-bbox="540 829 1117 861">This is a free text field and is not mandatory.</p> <div data-bbox="540 871 816 951">  </div>	Units	<p data-bbox="540 976 1458 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1056 857 1157">  </div>	Bed Type	<p data-bbox="540 1180 1377 1249">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1260 878 1365">  </div>	+ Add New Service Line	<p data-bbox="540 1383 1446 1495">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.</p> <div data-bbox="540 1505 816 1593">  </div>
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Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 222 386 254">Attachments</p> <p data-bbox="219 264 431 296">Add Document</p> <p data-bbox="537 264 1544 411">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. If the user attaches a document, the document type is mandatory. The user also has the ability to delete any document attached in error.</p> <div data-bbox="537 422 1484 657"> <p data-bbox="558 436 678 457">Attachments</p> <p data-bbox="574 489 704 510">+ Add Document</p> <p data-bbox="829 596 1195 623">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="558 684 678 705">Attachments</p> <p data-bbox="574 737 704 758">+ Add Document</p> <p data-bbox="558 789 813 810">  Document 1- for upload.docx </p> <p data-bbox="992 793 1252 814">Select document type ...</p> <ul data-bbox="992 831 1276 1098" style="list-style-type: none"> 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 <p data-bbox="1365 804 1430 825">Delete</p> </div>

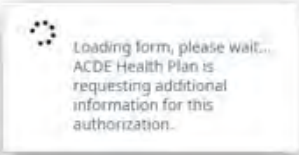
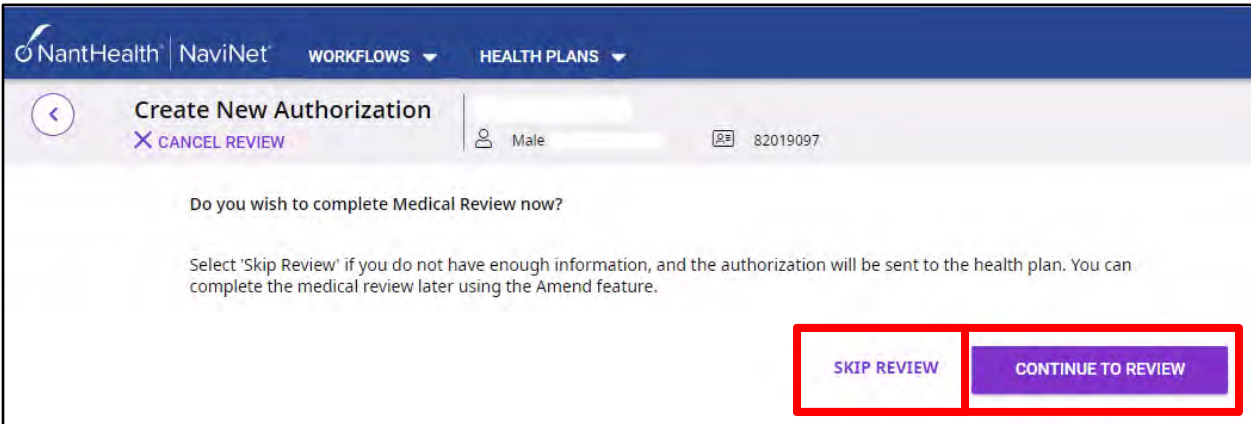
Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p>Notes</p> <p>Notes</p> <p>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.</p> <div data-bbox="537 407 1533 583"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>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.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 848 1533 1283"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel « Previous Submit</p> </div>

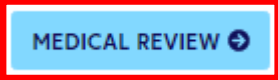
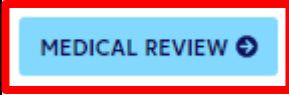
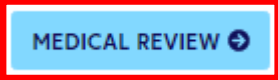
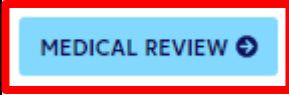
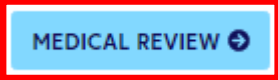
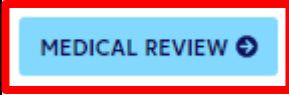
Creating a New Authorization – InterQual – Outpatient and Inpatient



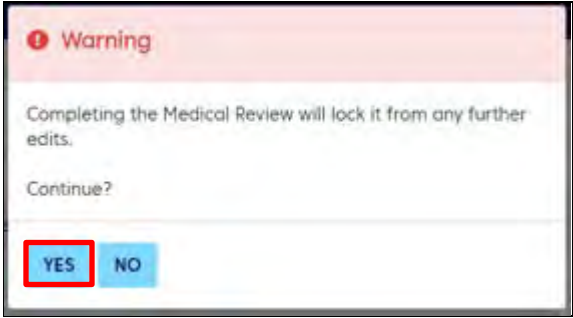
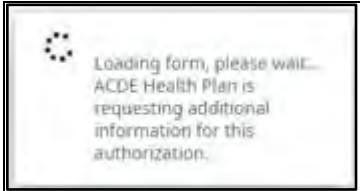
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action
8.	After completion of the previous steps, when the user selects Submit , InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.
9.	<p>The message below will populate indicating the InterQual page is loading.</p> 
10.	<p>Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’</p> 
If...	Then...
Skip Review	<p>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.</p> <p>Note: <i>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.</i></p>
Continue to Review	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>

Creating a New Authorization - InterQual (cont'd)

Step	Action						
11.	<table border="1"><thead><tr><th data-bbox="237 247 415 300">If...</th><th data-bbox="415 247 1401 300">Then...</th></tr></thead><tbody><tr><td data-bbox="237 300 415 579">Outpatient</td><td data-bbox="415 300 1401 579"><p>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.</p><p>Answer the questions as they relate to the patient/member.</p></td></tr><tr><td data-bbox="237 579 415 930">Inpatient</td><td data-bbox="415 579 1401 930"><p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p><p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p></td></tr></tbody></table>	If...	Then...	Outpatient	<p>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.</p>  <p>Answer the questions as they relate to the patient/member.</p>	Inpatient	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>
If...	Then...						
Outpatient	<p>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.</p>  <p>Answer the questions as they relate to the patient/member.</p>						
Inpatient	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>						

Creating a New Authorization - InterQual (cont'd)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1559 632"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="708 264 1559 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 317 703 428">Q&A criteria is used (outpatient)</td> <td data-bbox="708 317 1559 428">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 434 703 632">Decision tree is used (inpatient)</td> <td data-bbox="708 434 1559 632">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.</td> </tr> </tbody> </table>	If....	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.
If....	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.	<p>When the review is complete, click Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red exclamation mark icon. The text reads: "Warning", "Completing the Medical Review will lock it from any further edits.", and "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red box) and "NO".</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular refresh icon. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "Loading form, please wait...".</p>						




Creating a New Authorization - InterQual (cont'd)

Step	Action
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p> <div data-bbox="207 296 1451 873"><p>The screenshot displays the 'Authorization Details' for a patient named FRANKIE MOCHRIE. The page header includes the AmeriHealth Caritas Delaware logo and navigation options: '+ Create New', 'History', 'Authorization Search', and 'View/Print as PDF'. The status is 'Pending' with a clock icon, and the authorization number is 92204002349. The disposition is 'Disposition pending review'. The patient's primary care physician is HEATHER BITTNER-FAGAN. The requesting provider is Ahmed, Mohamed F., located at 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934, with a phone number of (302) 698-4441. The servicing provider is Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. The servicing facility is also Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. The date of admission is 04/13/2022, and the admission type is Emergent. The service type is Inpatient Medical Care, and the place of service is Inpatient Hospital.</p></div>

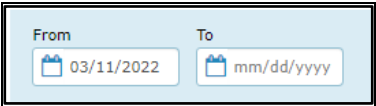
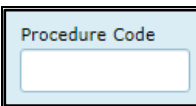

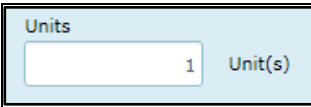
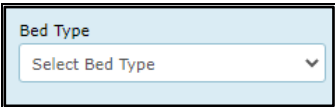
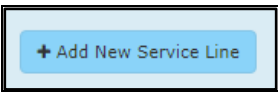
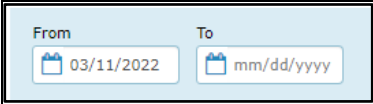
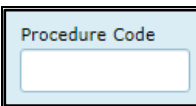

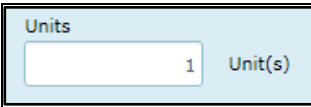
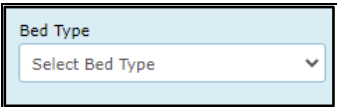
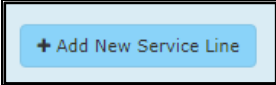
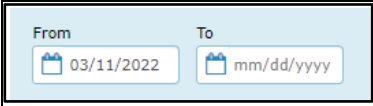
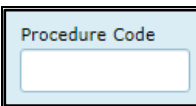
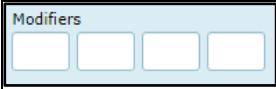
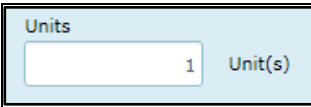
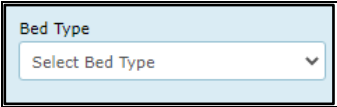
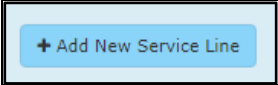
Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action												
6.	<p>Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.</p> <table border="1"> <tr> <td data-bbox="207 317 521 688"> <p>Service Type</p> </td> <td data-bbox="526 317 1552 688"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520"> </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 682"> </div> </td> </tr> <tr> <td data-bbox="207 695 521 909"> <p>Date of Admission/ Date of Discharge</p> </td> <td data-bbox="526 695 1552 909"> <p>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.</p> <div data-bbox="537 789 1101 898"> </div> </td> </tr> <tr> <td data-bbox="207 915 521 1213"> <p>Admission Type</p> </td> <td data-bbox="526 915 1552 1213"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1161"> </div> <div data-bbox="1062 961 1516 1102"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1220 521 1381"> <p>Requesting Provider</p> </td> <td data-bbox="526 1220 1552 1381"> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381"> </div> </td> </tr> <tr> <td data-bbox="207 1388 521 1591"> <p>Servicing Provider</p> </td> <td data-bbox="526 1388 1552 1591"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591"> </div> </td> </tr> <tr> <td data-bbox="207 1598 521 1812"> <p>Servicing Facility</p> </td> <td data-bbox="526 1598 1552 1812"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1791"> </div> </td> </tr> </table>	<p>Service Type</p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520"> </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 682"> </div>	<p>Date of Admission/ Date of Discharge</p>	<p>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.</p> <div data-bbox="537 789 1101 898"> </div>	<p>Admission Type</p>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1161"> </div> <div data-bbox="1062 961 1516 1102"> <p>The question mark provides information regarding the types of admissions.</p> </div>	<p>Requesting Provider</p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381"> </div>	<p>Servicing Provider</p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591"> </div>	<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1791"> </div>
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action								
6.	<p data-bbox="219 222 365 254">Diagnoses</p> <p data-bbox="219 264 381 296">Diagnoses</p> <p data-bbox="548 264 1490 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 348 940 464"><p data-bbox="560 359 669 380">Diagnoses</p><input data-bbox="574 401 919 436" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="548 478 1544 625">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.</p> <div data-bbox="548 642 1560 821"><p data-bbox="560 653 669 674">Diagnoses</p><input data-bbox="574 695 919 730" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="560 737 1544 810"><tbody><tr><td data-bbox="565 743 669 764">1 (Primary)</td><td data-bbox="690 743 781 764">M62.81</td><td data-bbox="813 743 1052 764">Muscle weakness (generalized)</td><td data-bbox="1458 730 1544 779"></td></tr><tr><td data-bbox="565 779 581 800">2</td><td data-bbox="690 779 781 800">T67.01XA</td><td data-bbox="813 779 1149 800">Heatstroke and sunstroke, initial encounter</td><td></td></tr></tbody></table></div>	1 (Primary)	M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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2	T67.01XA	Heatstroke and sunstroke, initial encounter							

Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action												
6.	<p data-bbox="207 226 326 254">Services</p> <table border="1" data-bbox="207 254 1471 1602"> <tr> <td data-bbox="207 254 527 457"> <p data-bbox="219 268 354 296">From / To</p> </td> <td data-bbox="527 254 1471 457"> <p data-bbox="539 268 1459 338">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.</p> <div data-bbox="544 348 914 451">  </div> </td> </tr> <tr> <td data-bbox="207 457 527 814"> <p data-bbox="219 472 446 499">Procedure Code</p> </td> <td data-bbox="527 457 1471 814"> <p data-bbox="539 472 1459 695">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.</p> <div data-bbox="544 709 743 808">  </div> </td> </tr> <tr> <td data-bbox="207 814 527 968"> <p data-bbox="219 829 349 856">Modifiers</p> </td> <td data-bbox="527 814 1471 968"> <p data-bbox="539 829 1203 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="544 871 820 961">  </div> </td> </tr> <tr> <td data-bbox="207 968 527 1171"> <p data-bbox="219 982 293 1010">Units</p> </td> <td data-bbox="527 968 1471 1171"> <p data-bbox="539 982 1459 1052">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1062 857 1165">  </div> </td> </tr> <tr> <td data-bbox="207 1171 527 1339"> <p data-bbox="219 1186 354 1213">Bed Type</p> </td> <td data-bbox="527 1171 1471 1339"> <p data-bbox="539 1186 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1228 878 1333">  </div> </td> </tr> <tr> <td data-bbox="207 1339 527 1602"> <p data-bbox="219 1354 483 1423">+ Add New Service Line</p> </td> <td data-bbox="527 1339 1471 1602"> <p data-bbox="539 1354 1390 1465">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.</p> <div data-bbox="544 1476 820 1560">  </div> </td> </tr> </table>	<p data-bbox="219 268 354 296">From / To</p>	<p data-bbox="539 268 1459 338">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.</p> <div data-bbox="544 348 914 451">  </div>	<p data-bbox="219 472 446 499">Procedure Code</p>	<p data-bbox="539 472 1459 695">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.</p> <div data-bbox="544 709 743 808">  </div>	<p data-bbox="219 829 349 856">Modifiers</p>	<p data-bbox="539 829 1203 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="544 871 820 961">  </div>	<p data-bbox="219 982 293 1010">Units</p>	<p data-bbox="539 982 1459 1052">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1062 857 1165">  </div>	<p data-bbox="219 1186 354 1213">Bed Type</p>	<p data-bbox="539 1186 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1228 878 1333">  </div>	<p data-bbox="219 1354 483 1423">+ Add New Service Line</p>	<p data-bbox="539 1354 1390 1465">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.</p> <div data-bbox="544 1476 820 1560">  </div>
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p>Attachments</p> <p>Add Document</p> <p>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 may be deleted.</p> <div data-bbox="537 443 1484 674"> <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p> </div> <div data-bbox="537 695 1484 1125"> <p>Attachments</p> <p>+ Add Document</p> <p> Document 1- for upload.docx Select document type ... Delete </p> <ul style="list-style-type: none"> 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 </div>

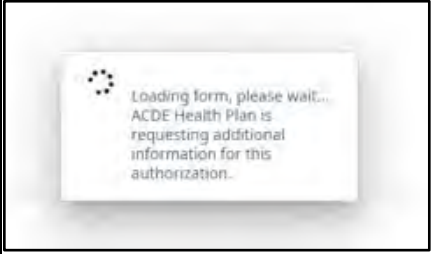
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p>Notes</p> <p>Notes</p> <p>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.</p> <div data-bbox="537 407 1533 583"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>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.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 846 1533 1255"> <p>▼ Contact Information</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Optional</p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>

Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)


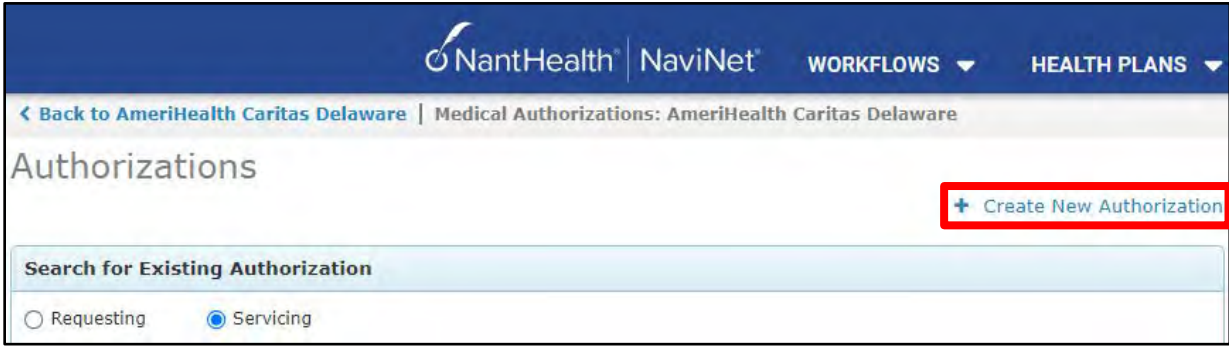


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


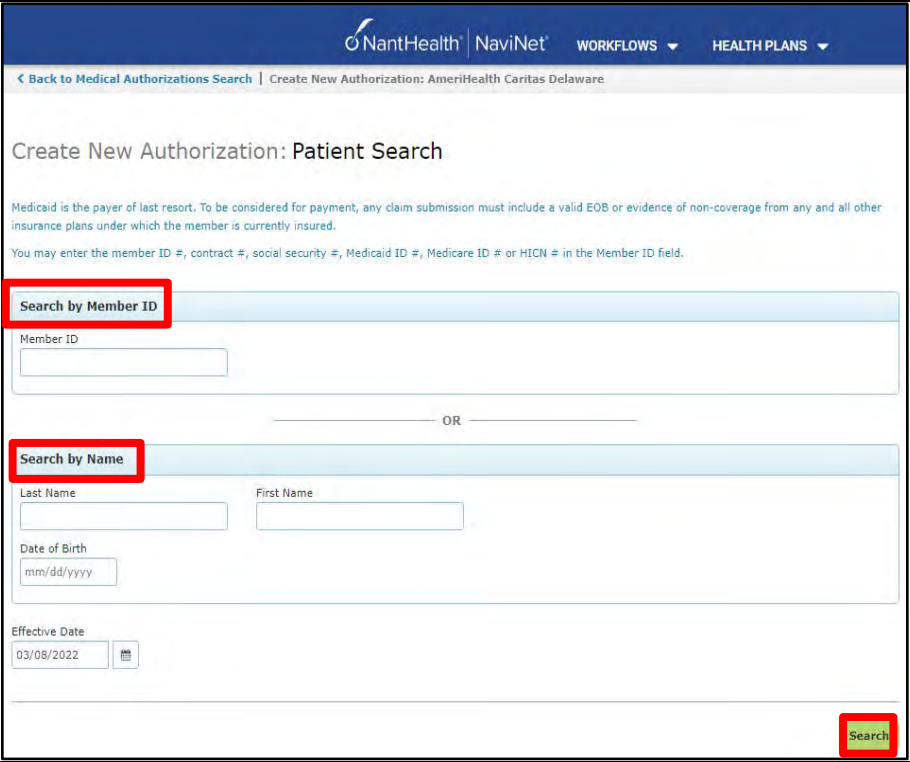
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 338 636 590" style="border: 1px solid black; padding: 10px; text-align: center;"></div>
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select “Skip Review.”</p> <div data-bbox="224 730 1341 1241" style="border: 1px solid black; padding: 10px;"><p>Do you wish to complete Medical Review now?</p><p>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.</p><div data-bbox="886 1171 1333 1236" style="text-align: right;">SKIP REVIEW CONTINUE TO REVIEW</div></div> <p>Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>

Creating a New Authorization – Inpatient Delivery Notification

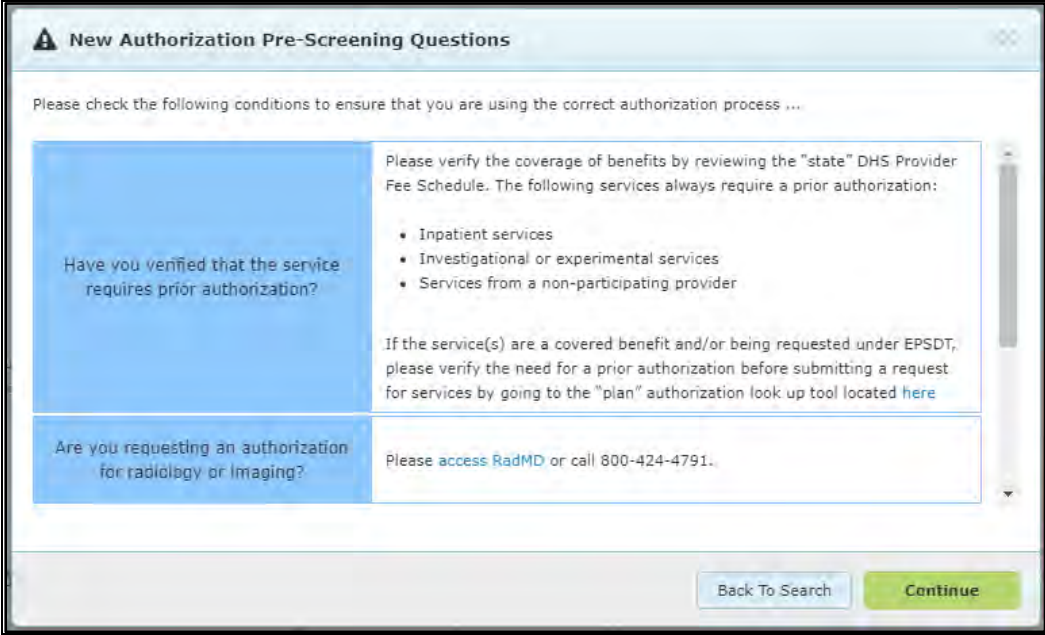
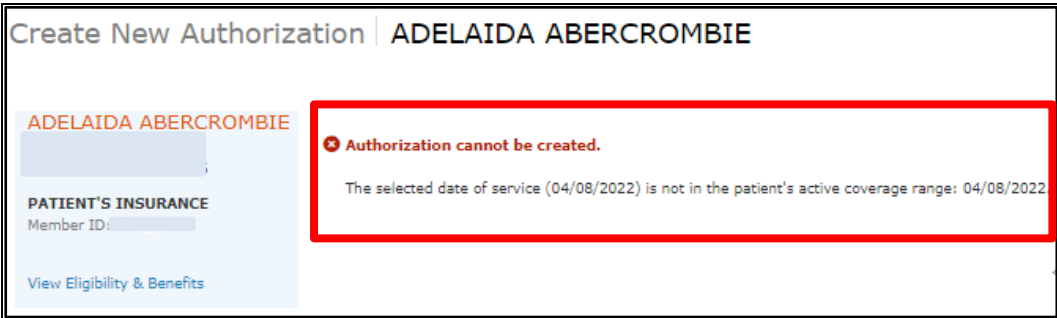
To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>Workflows for this Plan</p> <ul style="list-style-type: none">Medical AuthorizationsMedical Authorizations LogEligibility and Benefits InquiryClaim Status InquiryReport InquiryClaim SubmissionProvider Directory
2.	<p>Click Create New Authorization</p>  <p>NantHealth NaviNet WORKFLOWS HEALTH PLANS</p> <p>< Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p>+ Create New Authorization</p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>

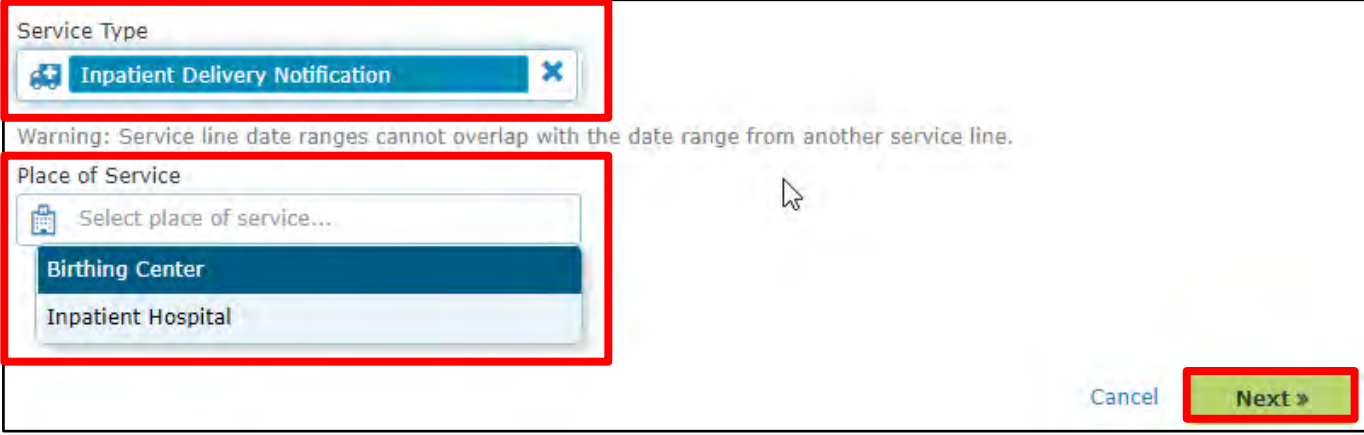
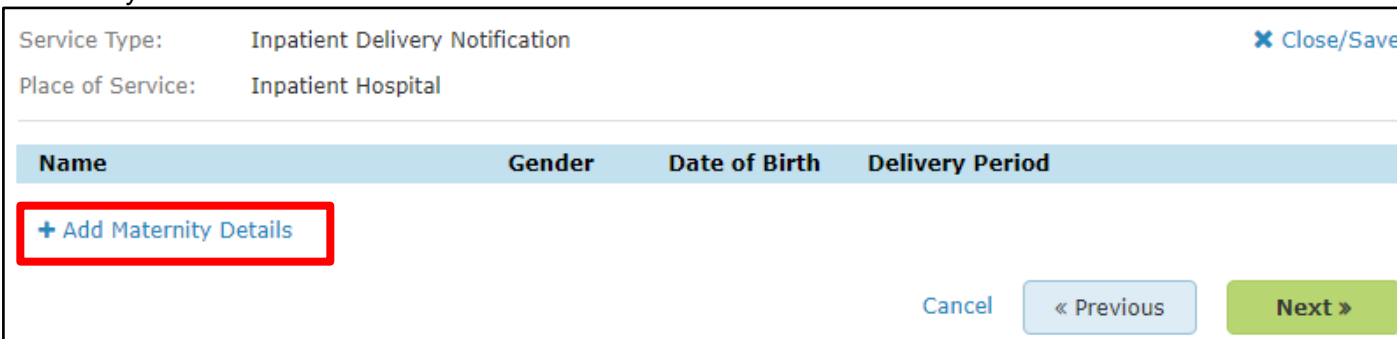
Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action
3.	<p>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.</p> <div data-bbox="220 340 1552 485" style="border: 1px solid black; padding: 5px;">  <p>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 the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="220 495 1125 1251" style="border: 1px solid black; padding: 5px; margin-top: 10px;">  </div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Create New Authorization: Patient Search</p> <div style="border: 2px solid red; padding: 2px; margin-top: 5px;"> ✘ Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </div>

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
4.	<p>Address the pre-screening questions pop up box then select Continue.</p> <p>Note: If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.</p>
If...	Then...
The member has active coverage	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>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.</p>
The member is ineligible	<p>The provider will receive the authorization cannot be created message.</p> 




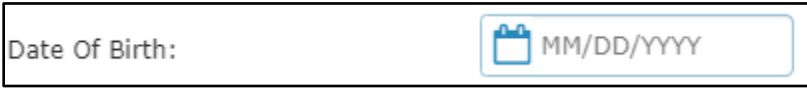
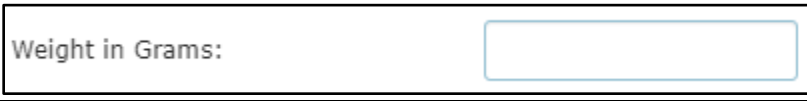

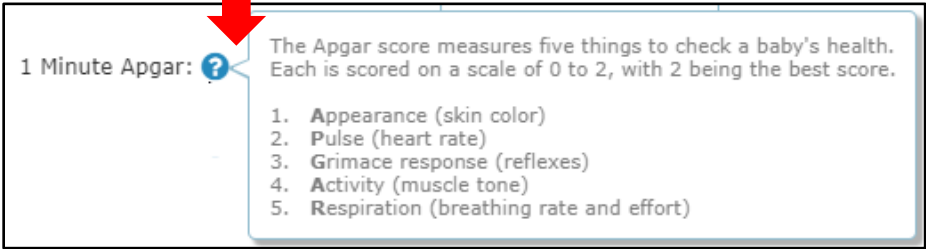
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: Inpatient Delivery Notification Place of Service: Birthing Center or Inpatient Hospital Select Next</p>  <p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p> <p>Cancel Next »</p>								
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p>  <p>Service Type: Inpatient Delivery Notification Close/Save</p> <p>Place of Service: Inpatient Hospital</p> <table border="1"><thead><tr><th>Name</th><th>Gender</th><th>Date of Birth</th><th>Delivery Period</th></tr></thead><tbody><tr><td colspan="4">+ Add Maternity Details</td></tr></tbody></table> <p>Cancel « Previous Next »</p>	Name	Gender	Date of Birth	Delivery Period	+ Add Maternity Details			
Name	Gender	Date of Birth	Delivery Period						
+ Add Maternity Details									



Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
6.	<div data-bbox="207 226 1182 1171"><p>Add Maternity Details ✕</p><p>Baby's Last Name: <input type="text"/></p><p>Baby's First Name: <input type="text"/></p><p>Gender: <input type="text" value="Select"/></p><p>Date Of Birth: <input type="text" value="MM/DD/YYYY"/></p><p>Weight in Grams: <input type="text"/></p><p>1 Minute Apgar: <input type="text" value="Select"/> ?</p><p>5 Minute Apgar: <input type="text" value="Select"/> ?</p><p>Delivery</p><p>Delivery Outcome: <input type="text" value="Select"/></p><p>Delivery Method: <input type="text" value="Select"/></p><p>Delivery Period: <input type="text" value="Select"/></p><p>Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/></p><p><input type="button" value="Cancel"/> <input type="button" value="Save"/></p></div>







Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action	
6.	Baby's Last Name	Free text field. Enter the baby's last name. 
	Baby's First Name	Free text field. Enter the baby's first name. 
	Gender	Drop down field. The options are Male, Female, Unknown 
	Date Of Birth	Select a date from the calendar 
	Weight in Grams	Free text field. Enter the weight in grams 
	1 Minute Apgar	Drop down field - select 1-10. Click on the question mark for clarification.  

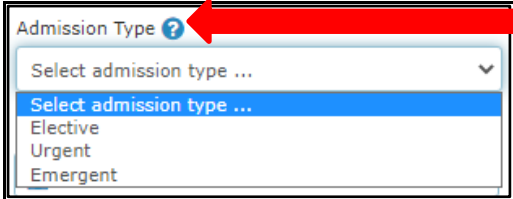
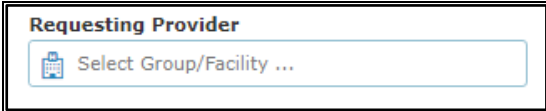

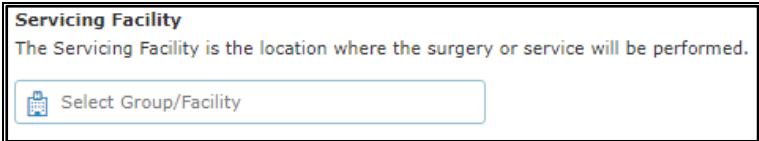
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
6.	5 Minute Apgar Drop down field - select 1-10. 5 Minute Apgar:  <input type="text" value="Select"/>								
	Delivery Outcome Drop down field – select live birth or non live birth. Delivery Outcome: <input type="text" value="Select"/>								
	Delivery Method Drop down field – select c-section or normal vaginal delivery. Delivery Method: <input type="text" value="Select"/>								
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. Delivery Period: <input type="text" value="Select"/>								
	Estimated Gestational Age Select the appropriate values from the drop down fields. Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days								
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. Estimated Confinement Date:  MM/DD/YYYY								
	Nursery type Drop down field – select well baby or NICU. Nursery type: <input type="text" value="Select"/>								
7.	Select Save when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select + Add Maternity Details to complete the additional details, then select Next .								
<table border="1"> <thead> <tr> <th>Name</th> <th>Gender</th> <th>Date of Birth</th> <th>Delivery Period</th> </tr> </thead> <tbody> <tr> <td>JESSICA BODLEY</td> <td>Female</td> <td>09/29/2022</td> <td>Day of admission</td> </tr> </tbody> </table> <p> <input type="button" value="+ Add Maternity Details"/> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/> </p>		Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission
Name	Gender	Date of Birth	Delivery Period						
JESSICA BODLEY	Female	09/29/2022	Day of admission						




Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action		
8.	<p data-bbox="228 226 402 386">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">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).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 359 667 449">Date Of Admission  03/09/2022</td><td data-bbox="667 359 976 449">Date of Discharge  Optional</td></tr></table></div> <p data-bbox="418 485 1536 518">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1385 617"><ul style="list-style-type: none"><li data-bbox="483 562 1338 592">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission  03/09/2022	Date of Discharge  Optional
Date Of Admission  03/09/2022	Date of Discharge  Optional		

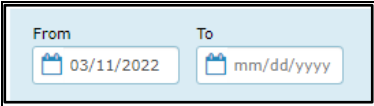
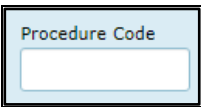

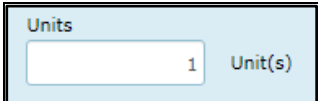
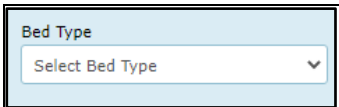
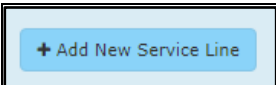
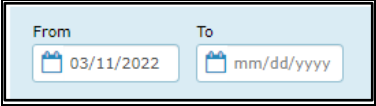
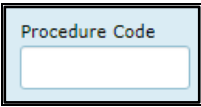
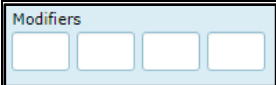

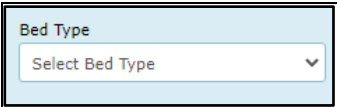
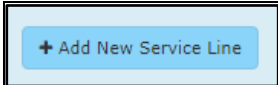
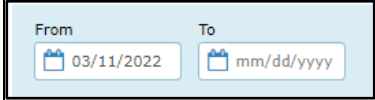
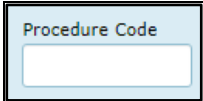

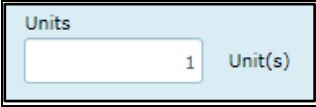
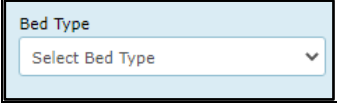
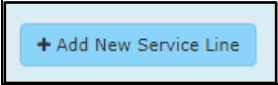
Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<div data-bbox="215 222 521 783" style="background-color: #e0e0e0; padding: 5px;">Admission Type</div> <p data-bbox="537 222 1547 268">Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1047 474" style="border: 1px solid black; padding: 5px;"> <p>Admission Type ? </p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> <div data-bbox="1144 275 1531 443" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="537 527 1531 783" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Elective</td> <td>Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td>Urgent</td> <td>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</td> </tr> <tr> <td>Emergent</td> <td>Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> <div data-bbox="215 789 521 1020" style="background-color: #e0e0e0; padding: 5px;">Requesting Provider</div> <p data-bbox="537 789 1547 867">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 877 1079 989" style="border: 1px solid black; padding: 5px;"> <p>Requesting Provider</p> <p> Select Group/Facility ...</p> </div> <div data-bbox="215 1026 521 1236" style="background-color: #e0e0e0; padding: 5px;">Servicing Provider</div> <p data-bbox="537 1026 1547 1104">Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="537 1115 1079 1226" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div> <div data-bbox="215 1243 521 1474" style="background-color: #e0e0e0; padding: 5px;">Servicing Facility</div> <p data-bbox="537 1243 1547 1278">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1289 1291 1430" style="border: 1px solid black; padding: 5px;"> <p>Servicing Facility</p> <p>The Servicing Facility is the location where the surgery or service will be performed.</p> <p> Select Group/Facility</p> </div>	If	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
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Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action							
9.	<p data-bbox="207 222 370 254">Diagnoses</p> <p data-bbox="207 260 370 296">Diagnoses</p> <p data-bbox="537 260 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 346 930 459"> <p data-bbox="548 359 659 384">Diagnoses</p> <p data-bbox="565 407 735 432">Add Diagnoses ...</p> </div> <p data-bbox="537 478 1536 625">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.</p> <div data-bbox="537 638 1544 821"> <p data-bbox="548 651 659 676">Diagnoses</p> <p data-bbox="565 699 735 724">Add Diagnoses ...</p> <table border="1" data-bbox="553 737 1533 806"> <tbody> <tr> <td data-bbox="558 743 574 764">1</td> <td data-bbox="591 743 656 764">(Primary) M62.81</td> <td data-bbox="802 743 1040 764">Muscle weakness (generalized)</td> <td data-bbox="1451 730 1533 785" rowspan="2">  </td> </tr> <tr> <td data-bbox="558 779 574 800">2</td> <td data-bbox="680 779 761 800">T67.01XA</td> <td data-bbox="802 779 1135 800">Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter
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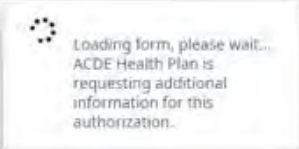
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action												
9.	<p>Services</p> <table border="1"> <tr> <td data-bbox="201 254 526 495">From / To</td> <td data-bbox="531 254 1471 495"> <p>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.</p>  </td> </tr> <tr> <td data-bbox="201 501 526 852">Procedure Code</td> <td data-bbox="531 501 1471 852"> <p>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.</p>  </td> </tr> <tr> <td data-bbox="201 858 526 999">Modifiers</td> <td data-bbox="531 858 1471 999"> <p>This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="201 1005 526 1209">Units</td> <td data-bbox="531 1005 1471 1209"> <p>Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="201 1215 526 1419">Bed Type</td> <td data-bbox="531 1215 1471 1419"> <p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="201 1425 526 1673">+ Add New Service Line</td> <td data-bbox="531 1425 1471 1673"> <p>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.</p>  </td> </tr> </table>	From / To	<p>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.</p> 	Procedure Code	<p>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.</p> 	Modifiers	<p>This is a free text field and is not mandatory.</p> 	Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p>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.</p> 
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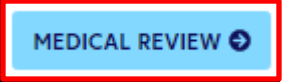
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247">Attachments</p> <p data-bbox="201 260 521 289">Add Document</p> <p data-bbox="526 260 1562 407">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.</p> <div data-bbox="537 422 1484 653"> <p data-bbox="558 436 678 457">Attachments</p> <p data-bbox="558 485 716 520">+ Add Document</p> <p data-bbox="829 596 1198 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="558 688 678 709">Attachments</p> <p data-bbox="558 737 716 772">+ Add Document</p> <p data-bbox="558 793 813 814">  Document 1- for upload.docx </p> <p data-bbox="992 793 1252 827">Select document type ...</p> <ul data-bbox="992 827 1279 1094" style="list-style-type: none"> 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 <p data-bbox="1312 800 1458 827">Delete</p> </div>

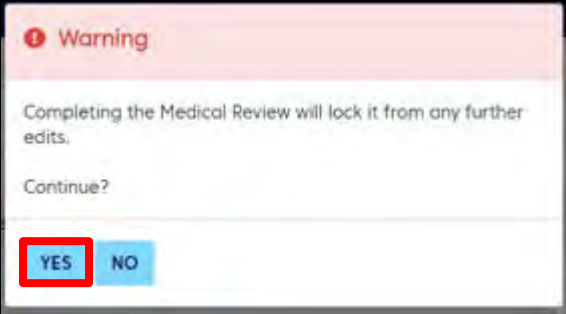
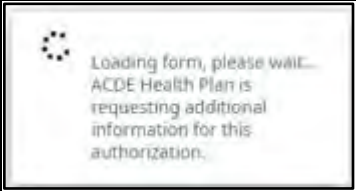
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p>Notes</p> <p>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.</p> <div data-bbox="537 390 1533 562" style="border: 1px solid black; padding: 5px;"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p>Contact Information</p> <p>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.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 831 1533 1234" style="border: 1px solid black; padding: 5px;"> <p>▼ Contact Information</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Optional</p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;">Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>
9.	<p>Selecting Submit may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 1461 634 1713" style="border: 1px solid black; padding: 10px; text-align: center;">  <p>Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization.</p> </div>

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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

Creating a New Authorization – Inpatient Delivery Notification (cont'd)

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.  A warning dialog box with a red header containing a warning icon and the word "Warning". The main text reads: "Completing the Medical Review will lock it from any further edits." Below this is the question "Continue?". At the bottom are two buttons: "YES" (highlighted with a red border) and "NO".
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.  A loading notice with a circular progress indicator on the left. The text reads: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."


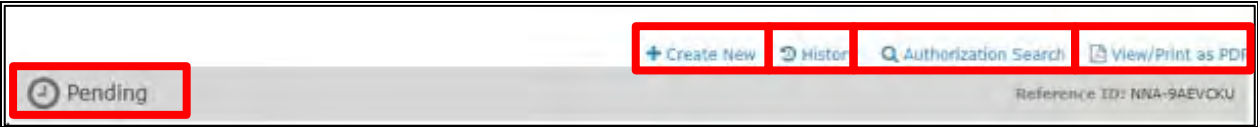
Creating a New Authorization - Inpatient Delivery Notification (cont'd)

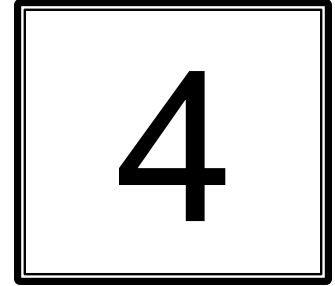
Step	Action
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' for FRANKIE MOCHRIE. At the top right is the AmeriHealth Caritas Delaware logo. Below the header, there are navigation links: '+ Create New', 'History', 'Authorization Search', and 'View/Print as PDF'. A 'Pending' status indicator is highlighted with a red box. Below this, a grey bar indicates 'Disposition pending review' and shows the 'Authorization #: 92204002349'. The main content area is divided into three columns: <ul style="list-style-type: none"> Requesting Provider: FRANKIE MOCHRIE (with a red box around the name), Ahmed, Mohamed F., 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934--1365, (302) 698-4441. Servicing Provider: Alfred I Dupont Hospital, 1600 Rockland Rd, Wilmington, DE 19803--3607. Date of Admission: 04/13/2022, Admission Type: Emergent, Service Type: Inpatient Medical Care, Place of Service: Inpatient Hospital. Servicing Facility: Alfred I Dupont Hospital, 1600 Rockland Rd, Wilmington, DE 19803--3607. Patient's Insurance: (Redacted) Primary Care Physician: HEATHER BITTNER-FAGAN, NPI: (Redacted). A link 'View Eligibility & Benefits' is provided. </p>

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.


If...	Then it will look like this...										
Approved	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1528 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization										
Create New	Creating a new request										
Attach	Attaching a document										
Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										
Pending	<div data-bbox="277 921 1528 1047" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Pending status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended.</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1215 1528 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
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Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										



4 AMENDING AN AUTHORIZATION


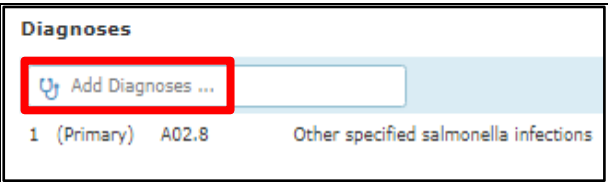
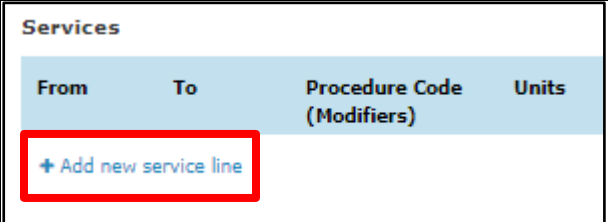
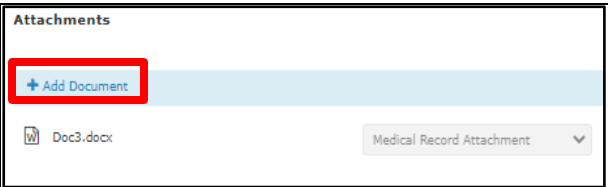
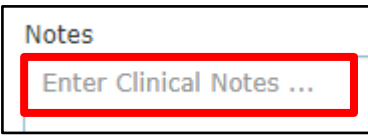
Amending an Authorization Request

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.

	<p>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.</p>
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Step	Action									
<p>1.</p>	<p>Locate the existing request under Workflows for this Plan.</p> <div data-bbox="240 611 597 751" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" data-bbox="240 762 1559 978"> <thead> <tr> <th data-bbox="240 762 894 810">If...</th> <th data-bbox="894 762 1559 810">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 810 894 858">The request was created in NaviNet</td> <td data-bbox="894 810 1559 858">Select Medical Authorizations Log</td> </tr> <tr> <td data-bbox="240 858 894 978">The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td data-bbox="894 858 1559 978">Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	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)			
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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)									
<p>2.</p>	<p>Select Auth Details on the request that needs to be amended.</p> <div data-bbox="240 1041 1354 1188" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">GRETA EMERSON</td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: ✔ Approved as of 03/18/2022</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> 🔍 Auth Details + Create New 🕒 History 📎 Attach 🔄 Refresh Status </td> </tr> </table> </div>	GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: ✔ Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		🔍 Auth Details + Create New 🕒 History 📎 Attach 🔄 Refresh Status		
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AmeriHealth Caritas	Auth #: 92203003350									
🔍 Auth Details + Create New 🕒 History 📎 Attach 🔄 Refresh Status										
<p>3.</p>	<p>Select Amend.</p> <div data-bbox="240 1255 1539 1381" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"> ✎ Amend + Create New 🕒 History 📎 Attach 🔍 Authorization Search 🖨️ View/Print as PDF </td> </tr> <tr> <td style="width: 30%;">✔ Approved</td> <td style="width: 40%; text-align: center;">Authorization #: 92203003026</td> <td style="width: 30%; text-align: right;">Effective: 03/31/2022</td> </tr> </table> </div>	✎ Amend + Create New 🕒 History 📎 Attach 🔍 Authorization Search 🖨️ View/Print as PDF			✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022			
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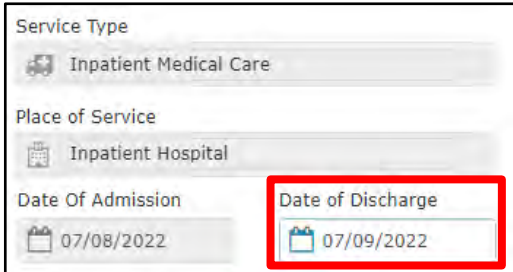
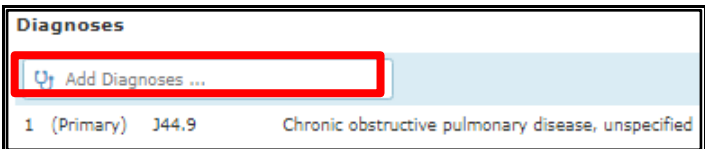
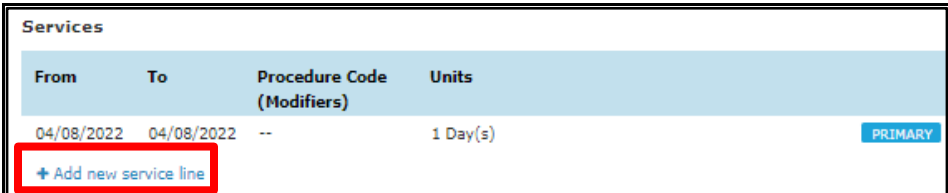
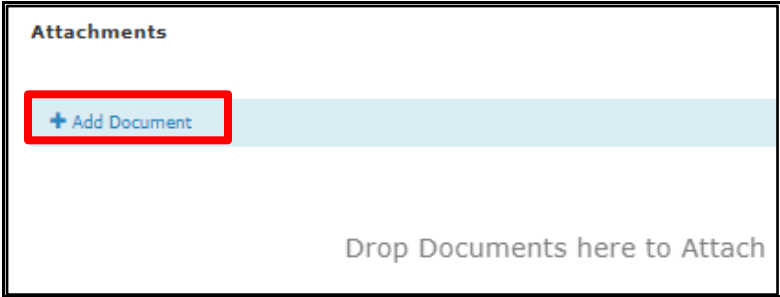
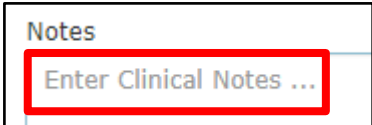
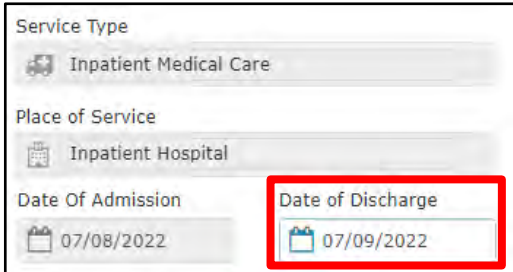
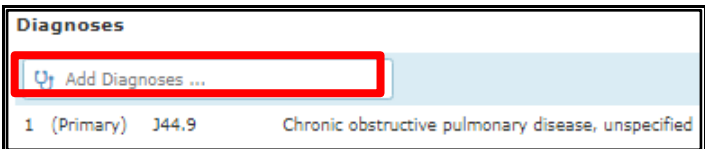
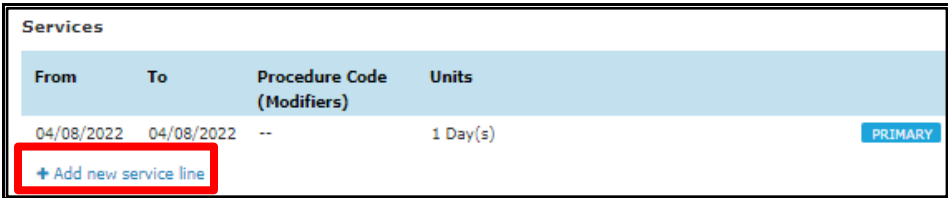
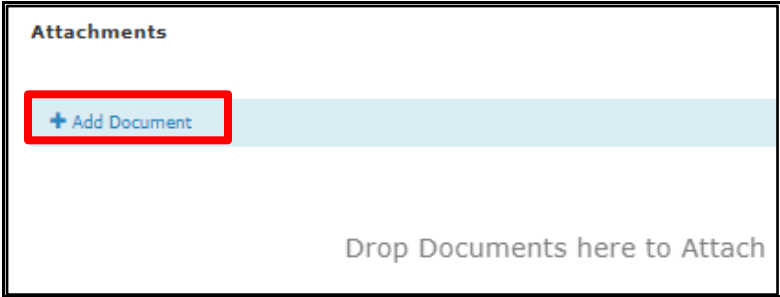
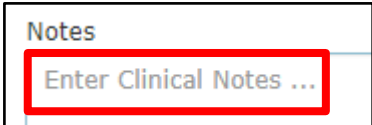
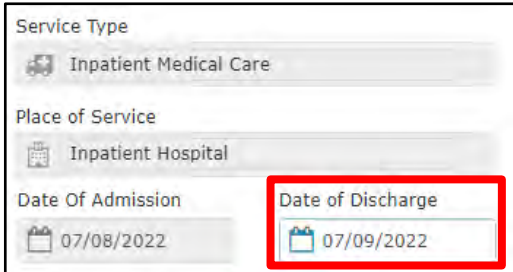
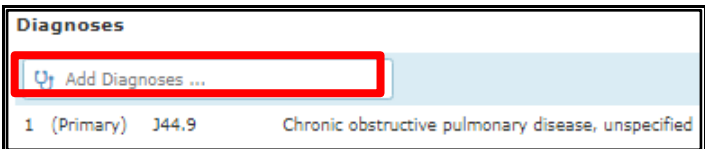
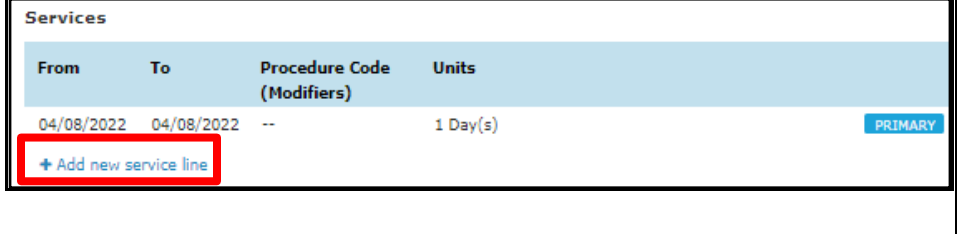
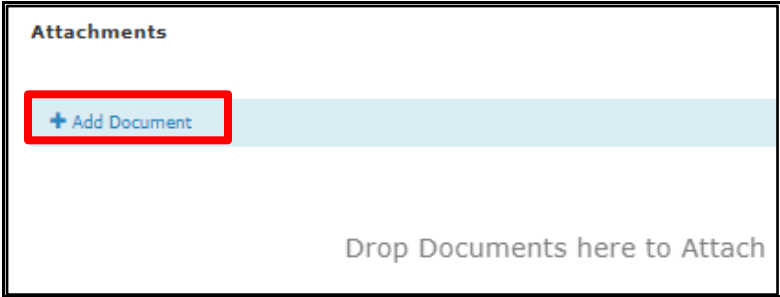
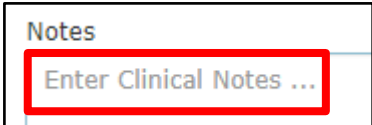
Amending an Authorization Request (cont'd)

Step	Action				
4.	<table border="1"> <thead> <tr> <th data-bbox="228 275 548 325">If...</th> <th data-bbox="548 275 1563 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="228 325 548 405">Amending an outpatient request</td> <td data-bbox="548 325 1563 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> </tbody> </table>	If...	Then....	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.
	If...	Then....			
	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.			
	Address the Date of Service				
	Add additional diagnoses if applicable				
	Add new service line				
Add attachments if applicable					
Add notes if applicable					

Amending an Authorization Request (cont'd)

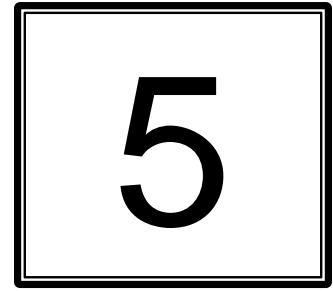
Step	Action												
4. (cont.)	<p>Amending an outpatient request</p> <p>Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 331 1563 703"><p>▼ Contact Information</p><table><tr><td>First Name</td><td>Phone Number</td></tr><tr><td>Beth</td><td>(843) 999-9999</td></tr><tr><td>Last Name</td><td>Fax Number</td></tr><tr><td>Williams</td><td>Optional</td></tr><tr><td>Email Address</td><td><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr><tr><td>Optional</td><td></td></tr></table><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel « Previous Submit</p></div>	First Name	Phone Number	Beth	(843) 999-9999	Last Name	Fax Number	Williams	Optional	Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations	Optional	
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Amending an Authorization Request (cont'd)

Step	Action																						
5.	<p data-bbox="240 239 639 268">Amending an inpatient request</p> <table border="1" data-bbox="240 275 1567 411"> <thead> <tr> <th data-bbox="240 281 488 321">If...</th> <th data-bbox="493 281 1567 321">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 327 488 405">Amending an inpatient request</td> <td data-bbox="493 327 1567 405">The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information</td> </tr> </tbody> </table> <table border="1" data-bbox="240 457 1567 743"> <tr> <td data-bbox="240 464 597 737">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="602 464 1567 737">  <p data-bbox="618 470 1127 737">Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date of Admission: 07/08/2022 Date of Discharge: 07/09/2022</p> </td> </tr> </table> <table border="1" data-bbox="240 749 1567 909"> <tr> <td data-bbox="240 756 597 903">Add additional diagnoses if applicable</td> <td data-bbox="602 756 1567 903">  <p data-bbox="607 762 1312 903">Diagnoses Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p> </td> </tr> </table> <table border="1" data-bbox="240 915 1567 1159"> <tr> <td data-bbox="240 921 597 1152">Add new service line</td> <td data-bbox="602 921 1567 1159">  <p data-bbox="607 928 1562 1159">Services</p> <table border="1" data-bbox="618 974 1550 1066"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p data-bbox="618 1073 1550 1108">+ Add new service line</p> </td> </tr> </table> <table border="1" data-bbox="240 1165 1567 1472"> <tr> <td data-bbox="240 1171 597 1472">Add attachments if applicable</td> <td data-bbox="602 1171 1567 1472">  <p data-bbox="607 1178 1386 1472">Attachments + Add Document Drop Documents here to Attach</p> </td> </tr> </table> <table border="1" data-bbox="240 1478 1567 1610"> <tr> <td data-bbox="240 1484 597 1604">Add notes if applicable</td> <td data-bbox="602 1484 1567 1604">  <p data-bbox="607 1491 980 1604">Notes Enter Clinical Notes ...</p> </td> </tr> </table>	If...	Then....	Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information	Providers can enter the date of discharge for members that have discharged.	 <p data-bbox="618 470 1127 737">Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date of Admission: 07/08/2022 Date of Discharge: 07/09/2022</p>	Add additional diagnoses if applicable	 <p data-bbox="607 762 1312 903">Diagnoses Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p>	Add new service line	 <p data-bbox="607 928 1562 1159">Services</p> <table border="1" data-bbox="618 974 1550 1066"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p data-bbox="618 1073 1550 1108">+ Add new service line</p>	From	To	Procedure Code (Modifiers)	Units	04/08/2022	04/08/2022	--	1 Day(s)	Add attachments if applicable	 <p data-bbox="607 1178 1386 1472">Attachments + Add Document Drop Documents here to Attach</p>	Add notes if applicable	 <p data-bbox="607 1491 980 1604">Notes Enter Clinical Notes ...</p>
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Amending an Authorization Request (cont'd)

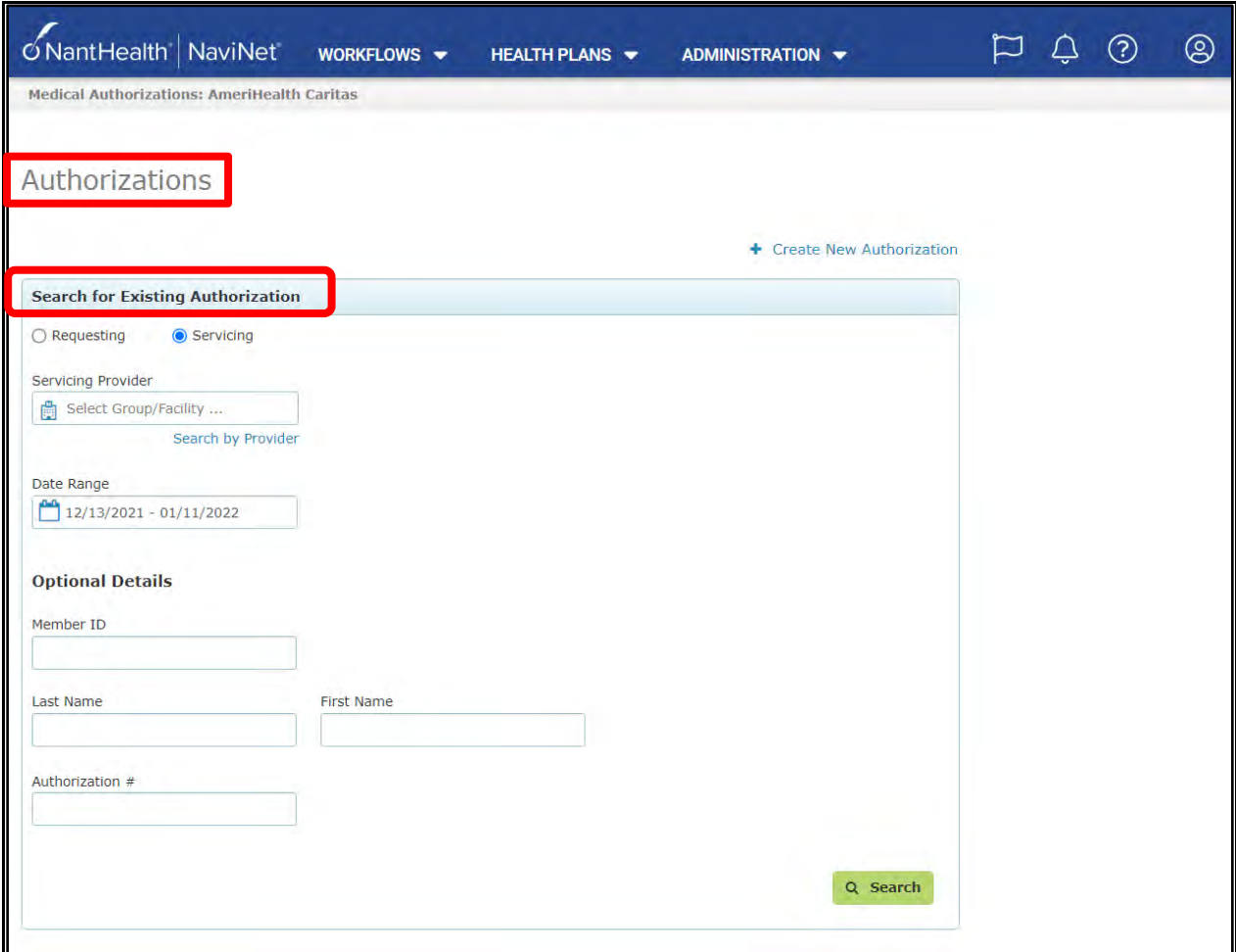
Step	Action
5. (cont.)	<p>Amending an inpatient request</p> <p>Enter contact information, check the Declaration box, and Submit</p> <div data-bbox="565 283 1568 703"><p>▼ Contact Information</p><p>First Name Beth</p><p>Last Name Williams</p><p>Email Address Optional</p><p>Phone Number (843) 999-9999</p><p>Fax Number Optional</p><p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel « Previous Submit</p></div>



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.

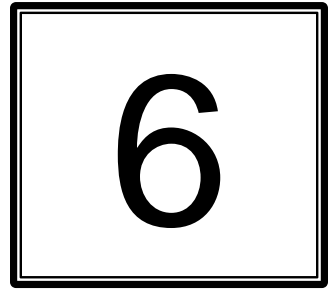
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 394 636 493"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div>  <p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'NantHealth NaviNet', 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The main content area is titled 'Medical Authorizations: AmeriHealth Caritas'. A red box highlights the 'Authorizations' tab. Below it, a red box highlights the 'Search for Existing Authorization' section. This section contains radio buttons for 'Requesting' and 'Servicing' (selected), a dropdown for 'Servicing Provider' with a 'Select Group/Facility ...' option and a 'Search by Provider' link, a 'Date Range' field with a calendar icon and the range '12/13/2021 - 01/11/2022', and an 'Optional Details' section with fields for 'Member ID', 'Last Name', 'First Name', and 'Authorization #'. A green 'Search' button is located at the bottom right of the form.</p>

Search: Search for an Existing Authorization (cont'd)

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 268 1455 1245" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Search for Existing Authorization</p> <p> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> <p>Optional Details</p> <p>Member ID <input type="text"/></p> <p>Last Name <input type="text"/> First Name <input type="text"/></p> <p>Authorization # <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Q Search"/></p> </div> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1442 1604" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="Q Filter Results ..."/></p> <table border="1"> <thead> <tr> <th>Authorization #</th> <th>Patient (Member ID) ^</th> <th>Status</th> <th>Requesting Provider</th> <th>Servicing Provider</th> <th>Proc.</th> <th>Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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Search: Search for an Existing Authorization (cont'd)


Step	Action										
4.	<p>The user will be directed to the authorization details of the authorization that was selected in the previous step.</p> <div data-bbox="240 289 1511 554" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Additional actions may be accessed from the authorization details to include amending (only available for approved or partially approved requests), create new, attach, authorization search, and view/print as PDF.</p> <table border="1" data-bbox="240 663 1539 940"> <tbody> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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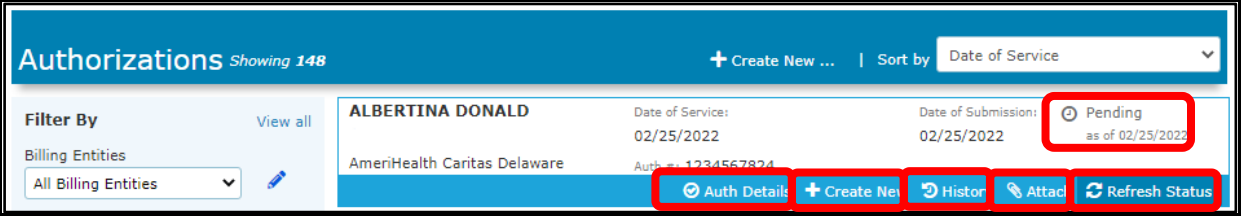

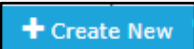




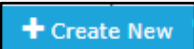




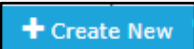



6 MEDICAL AUTHORIZATION LOG

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).

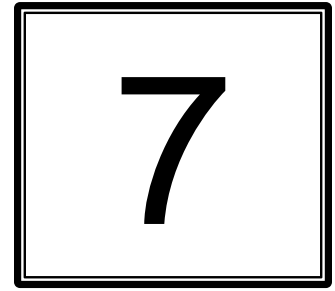
Step	Action																																
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <ul style="list-style-type: none"> Medical Authorizations Medical Authorizations Log  </div>																																
2.	<p>The user can +Create New, Sort by and Filter By. To see Authorizations created by you, check the box in front of Authorizations Created By Me.</p> <div data-bbox="240 730 1565 1360" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070c0; color: white; padding: 5px;"> Authorizations <i>Showing 148</i> + Create New ... Sort by Date of Service ▼ </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; border: 1px solid red; padding: 5px;">Filter By</th> <th style="width: 40%; padding: 5px;">View all</th> <th style="width: 15%; padding: 5px;"></th> <th style="width: 20%; padding: 5px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Billing Entities All Billing Entities ▼ </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⌚ Pending as of 02/25/2022 </td> </tr> <tr> <td style="padding: 5px;"> Patient Details Search for name or ID... </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⚠ Required as of 02/25/2022 </td> </tr> <tr> <td style="padding: 5px;"> Authorization # [] </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⚠ Required as of 02/25/2022 </td> </tr> <tr> <td style="padding: 5px;"> Servicing Provider Search for name or ID... </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⚠ Required as of 02/25/2022 </td> </tr> <tr> <td style="padding: 5px;"> Date of service 12/11/2021-03/10/2022 </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⚠ Required as of 02/25/2022 </td> </tr> <tr> <td style="padding: 5px; border: 1px solid red;"> <input type="checkbox"/> Authorizations Created By Me </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⚠ Required as of 02/25/2022 </td> </tr> <tr> <td style="padding: 5px;"> Status </td> <td style="padding: 5px;"> ALBERTINA DONALD AmeriHealth Caritas Delaware </td> <td style="padding: 5px;"> Date of Service: 02/25/2022 </td> <td style="padding: 5px;"> Date of Submission: ⚠ Required as of 02/25/2022 </td> </tr> </tbody> </table> </div>	Filter By	View all			Billing Entities All Billing Entities ▼	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⌚ Pending as of 02/25/2022	Patient Details Search for name or ID...	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	Authorization # []	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	Servicing Provider Search for name or ID...	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	Date of service 12/11/2021-03/10/2022	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	<input type="checkbox"/> Authorizations Created By Me	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	Status	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022
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Search: Medical Authorization Log (cont'd)

Step	Action												
3.	<p>Once the user selects the desired authorization for review they have the ability to view the following if the request is in pending status: Auth Details, +Create New, History, Attach, and Refresh Status.</p>  <p>The screenshot shows the 'Authorizations' interface with the following details:</p> <ul style="list-style-type: none"> Header: Authorizations Showing 148, + Create New ..., Sort by Date of Service Filter By: View all, Billing Entities (All Billing Entities) Member: ALBERTINA DONALD Date of Service: 02/25/2022 Date of Submission: 02/25/2022 Status: Pending as of 02/25/2022 Buttons: Auth Details, + Create New, History, Attach, Refresh Status <table border="1" data-bbox="240 596 1526 982"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td></td> <td>Details related to the authorization</td> </tr> <tr> <td></td> <td>Create New Authorization for the member</td> </tr> <tr> <td></td> <td>Provides detailed history of the request</td> </tr> <tr> <td></td> <td>Ability to attach documents</td> </tr> <tr> <td></td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function		Details related to the authorization		Create New Authorization for the member		Provides detailed history of the request		Ability to attach documents		Allows the user to refresh the status for any updates.
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Search: Medical Authorization Log (cont'd)

Step	Action										
<p>3. (cont.)</p>	<p>If the request is in draft status different fields are available. Continue, Delete, Create New, and History</p> <div data-bbox="256 338 1546 527" style="border: 1px solid black; padding: 5px;"> <p> GRETA EMERSON Date of Service: 03/16/2022 Date of Submission: Draft <small>as of 11:29am Today</small> AmeriHealth Caritas Delaware Reference Id: -- </p> <p style="text-align: right;"> → Continue 🗑 Delete + Create New ↺ History </p> </div> <table border="1" data-bbox="256 573 1546 894" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">→ Continue</td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;">🗑 Delete</td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;">+ Create New</td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;">↺ History</td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	→ Continue	Allows the user to continue working on the request	🗑 Delete	Allows the user to delete the request	+ Create New	Allows the user to create a new authorization for the member	↺ History	Provides detailed history of the request
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↺ History	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

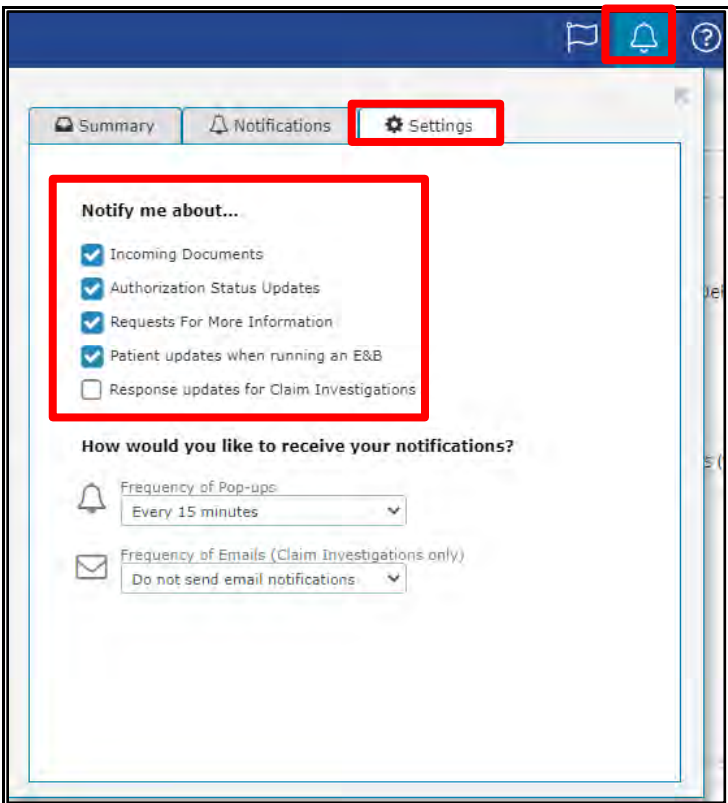
Request for More Information (RFMI)

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 pending 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 pending authorization requests via the 'more information required' screen.

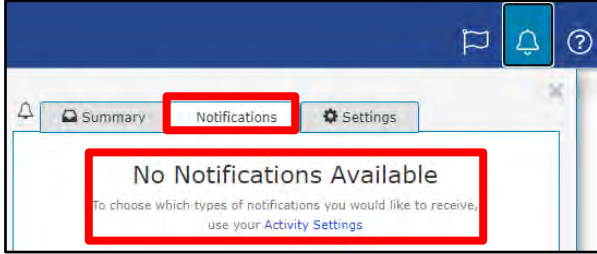
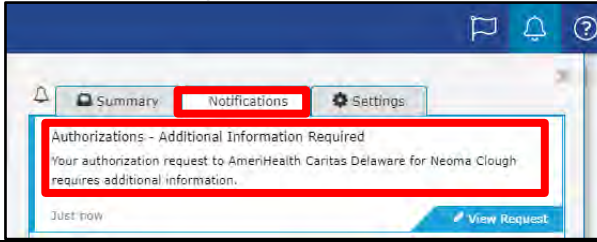
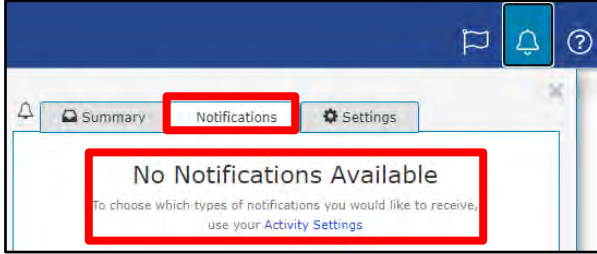
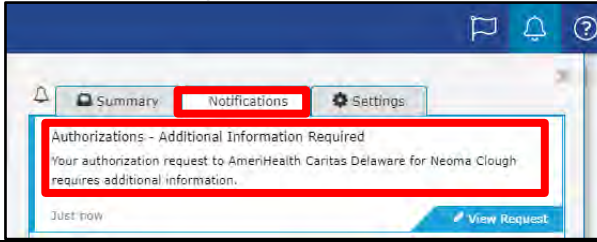
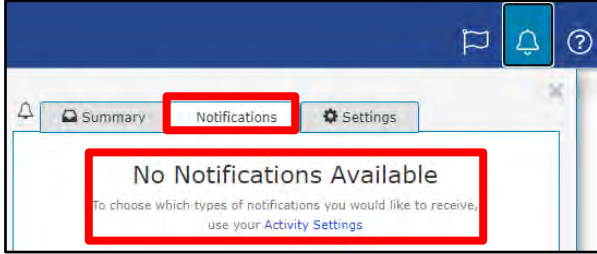
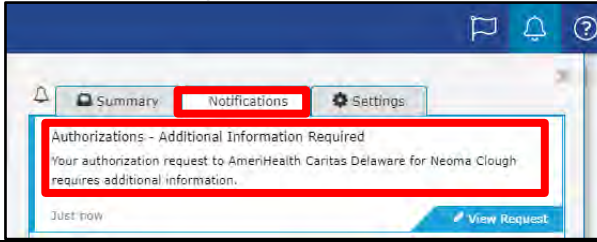
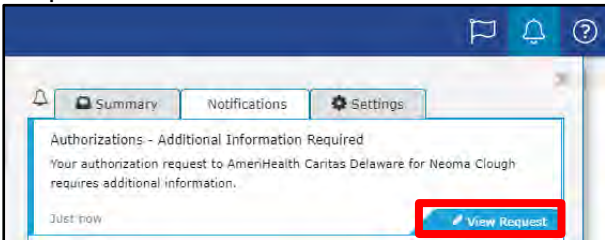
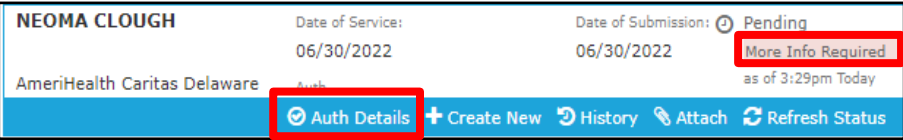


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page. 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.


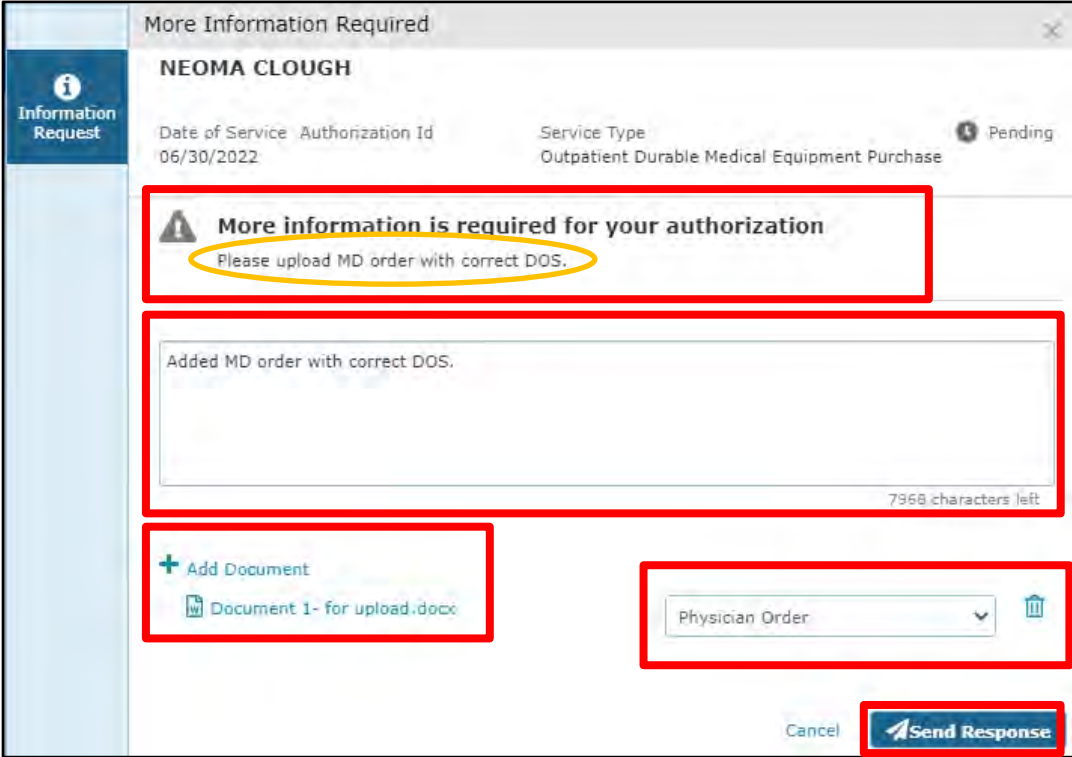
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	<p>Select the bell icon in the top right corner in NaviNet, then from the Settings tab, specify the notifications you would like to receive.</p>  <p>The screenshot shows the NaviNet interface. In the top right corner, a bell icon is highlighted with a red box. Below it, the 'Settings' tab is also highlighted with a red box. The 'Settings' tab contains a section titled 'Notify me about...' with four checked items: 'Incoming Documents', 'Authorization Status Updates', 'Requests For More Information', and 'Patient updates when running an E&B'. The fifth item, 'Response updates for Claim Investigations', is unchecked. Below this section, there are two dropdown menus: 'Frequency of Pop-ups' set to 'Every 15 minutes' and 'Frequency of Emails (Claim Investigations only)' set to 'Do not send email notifications'.</p>


Request for More Information (RFMI) (cont'd)

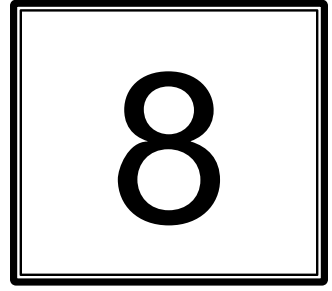
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 947"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 638">No notifications exist</td> <td data-bbox="618 310 1312 638"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 638 618 947">Notifications are available</td> <td data-bbox="618 638 1312 947"> <p>The user will see Authorizations – Additional Information Required.</p>  </td> </tr> </tbody> </table>	If...	Then...	No notifications exist	<p>The user will see No Notifications Available message.</p> 	Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 
If...	Then...						
No notifications exist	<p>The user will see No Notifications Available message.</p> 						
Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 						
3.	<p>There are 3 ways for the user to see RFMI from the health plan.</p> <ol style="list-style-type: none"> <li data-bbox="240 1045 1568 1352"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="240 1352 1568 1638"> <p>From the Medical Auth Log if More Info Required is listed the user will select Auth Details then select More Information Required to activate the More Information Required area.</p>  						

Request for More Information (RFMI) (cont'd)

Step	Action
<p>3. (cont'd)</p>	<p>3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area.</p>  <p>The screenshot shows the 'Authorization Details' for NEOMA CLOUGH. At the bottom, there is a 'Pending' status and a link labeled 'More Information Required' which is highlighted with a red rectangular box. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons.</p>
<p>4.</p>	<p>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.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. A warning message states 'More information is required for your authorization' with the instruction 'Please upload MD order with correct DOS.' The text area contains 'Added MD order with correct DOS.' Below this is an 'Add Document' section with a file named 'Document 1- for upload.docx'. A dropdown menu is set to 'Physician Order'. At the bottom right, there is a 'Send Response' button highlighted with a red box.</p>

Request for More Information (RFMI) (cont'd)

Step	Action
5.	<p>To see that the requested information has been sent back to the health plan, select History.</p>  <p>The screenshot shows the 'Authorization Details' page for NEOMA CLOUGH. The status is 'Pending'. A 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <ul style="list-style-type: none"> Attached Physician Order (07/27/2022 7:35pm) Response Sent (07/27/2022 7:35pm) More Information Required (07/27/2022 3:16pm) Pending (06/30/2022 9:10am) <p>The 'Response Sent' event is highlighted in blue, indicating it is the selected item.</p>



8 RESOURCES

Plan Contact Information

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 (ACFC_JivaCLSupport@amerihealthcaritas.com)
Account Executive Training Requests	Corporate Provider Network Management Training (CPNMT@amerihealthcaritas.com)
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