



NaviNet Medical Authorizations Participant Guide

Corporate Clinical Systems Training Department

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1 LOGGING IN TO NAVINET

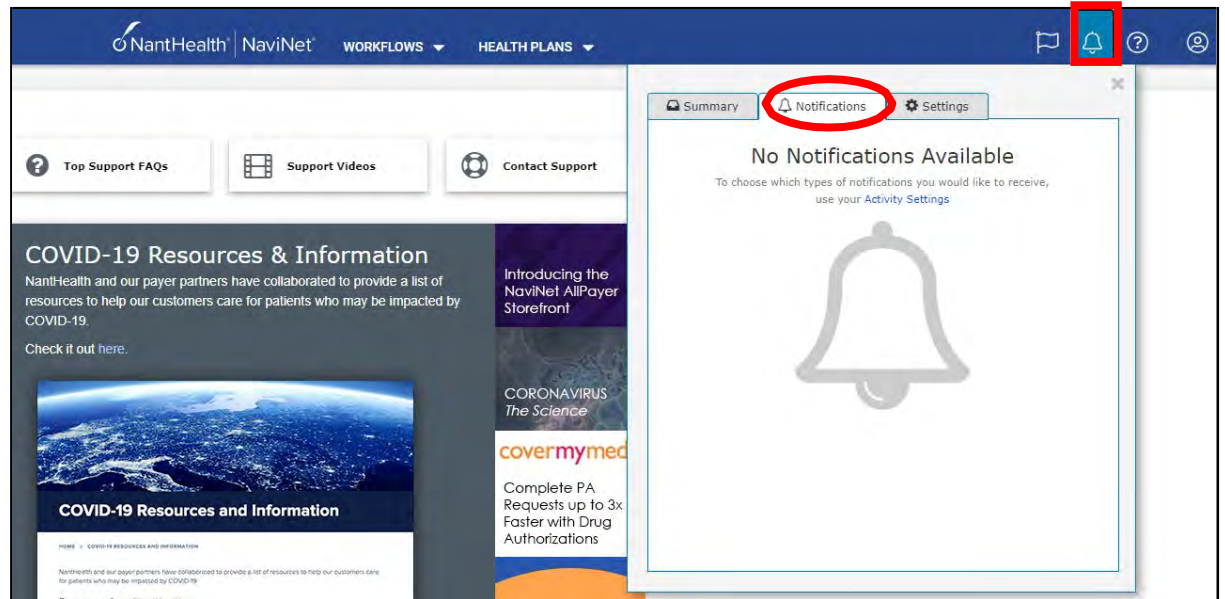
Logging in to NaviNet

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="602 352 1154 1031" style="border: 1px solid black; padding: 10px; text-align: center;"></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)



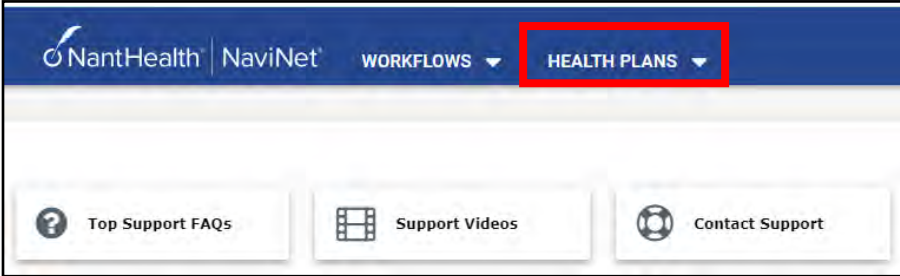
Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page. 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 dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there is a bell icon (notifications), a question mark icon (help), and a user profile icon. A red box highlights the bell icon. Below the navigation bar, there are three main sections: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a large banner for 'COVID-19 Resources & Information' with a blue and white image of a globe. To the right of this banner, there is a vertical sidebar with 'Introducing the NaviNet AllPayer Storefront' and 'CORONAVIRUS The Science' by covermymed. A dialog box is open in the foreground, titled 'No Notifications Available'. The dialog box has tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and circled in red. The dialog box contains a large bell icon and the text: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.'

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" data-bbox="207 737 1567 1119"> <thead> <tr> <th colspan="4" data-bbox="215 747 305 772">My Plans</th> </tr> </thead> <tbody> <tr> <td data-bbox="237 800 483 821">AmeriHealth Caritas Delaware</td> <td data-bbox="586 800 792 821">AmeriHealth Caritas Next</td> <td data-bbox="935 800 1198 821">Blue Cross Complete of Michigan</td> <td data-bbox="1284 800 1360 821">Medicare</td> </tr> <tr> <td data-bbox="237 846 483 888">AmeriHealth Caritas District of Columbia (ACDC)</td> <td data-bbox="586 852 792 873">AmeriHealth Caritas Ohio</td> <td data-bbox="935 852 1073 873">First Choice Next</td> <td data-bbox="1284 840 1544 905">New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td data-bbox="237 911 459 932">AmeriHealth Caritas Florida</td> <td data-bbox="586 898 802 940">AmeriHealth Caritas PA Community HealthChoices</td> <td data-bbox="935 894 1214 957">First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td data-bbox="1284 919 1390 940">PerformCare</td> </tr> <tr> <td data-bbox="237 963 483 984">AmeriHealth Caritas Louisiana</td> <td data-bbox="586 963 821 984">AmeriHealth Caritas VIP Care</td> <td data-bbox="935 974 1049 995">Keystone First</td> <td data-bbox="1284 974 1536 995">Select Health of South Carolina</td> </tr> <tr> <td data-bbox="237 1008 443 1050">AmeriHealth Caritas New Hampshire</td> <td data-bbox="586 1016 862 1037">AmeriHealth Caritas VIP Care Plus</td> <td data-bbox="935 1016 1146 1058">Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td data-bbox="237 1073 524 1094">AmeriHealth Caritas North Carolina</td> <td data-bbox="586 1060 870 1102">AmeriHealth PA Medical Assistance Plan</td> <td data-bbox="935 1083 1138 1104">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

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.


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?


[More](#) ▾

Training Videos


Claims Investigation




Intensive Case Management



Care Gaps



ADT Alerts



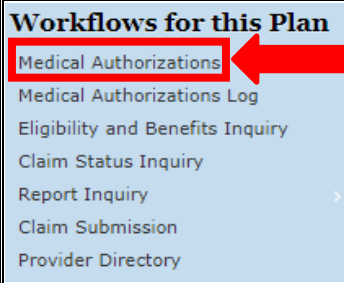
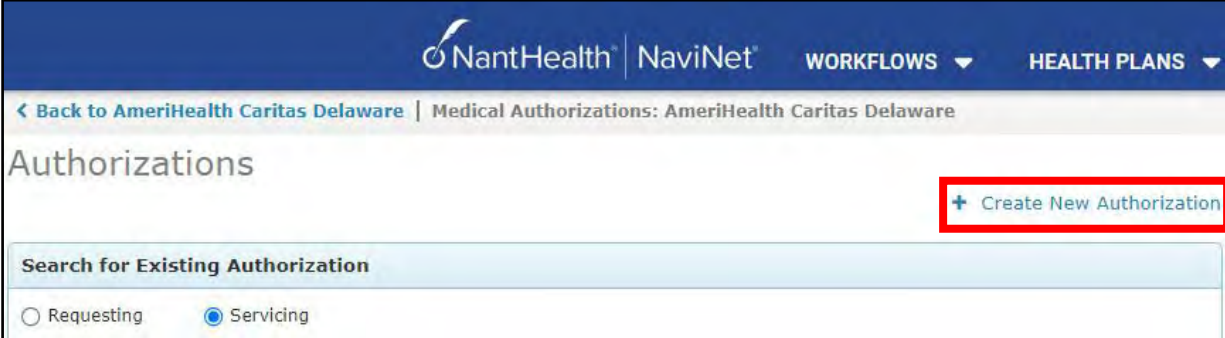
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> • Various functionalities are available to include initiating medical authorizations, inquiries, etc.
FAQs	Frequently Asked Questions	<ul style="list-style-type: none"> • Includes answers to 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

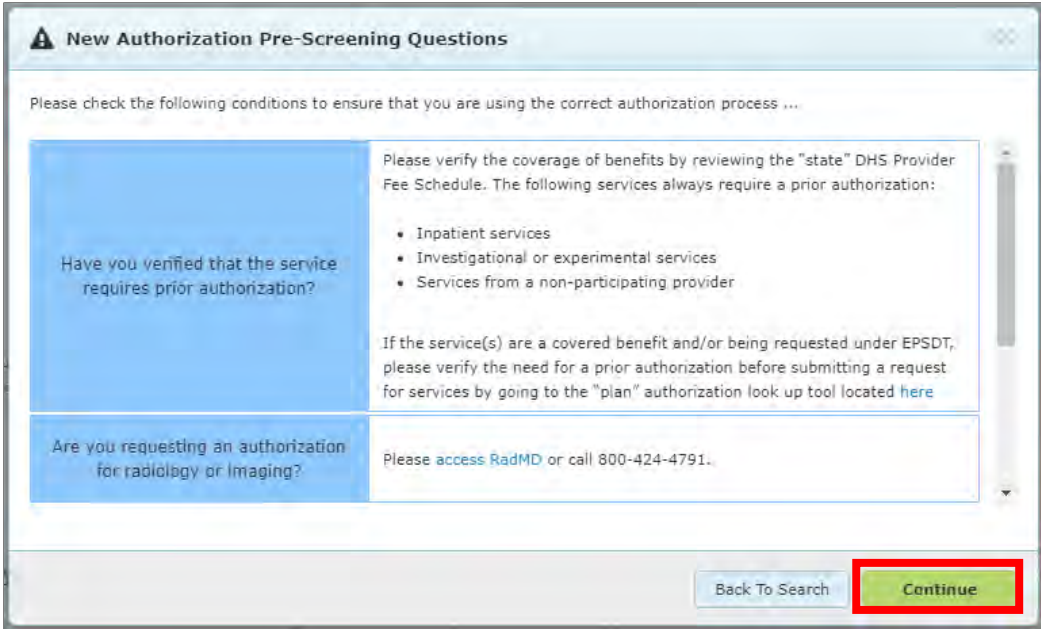
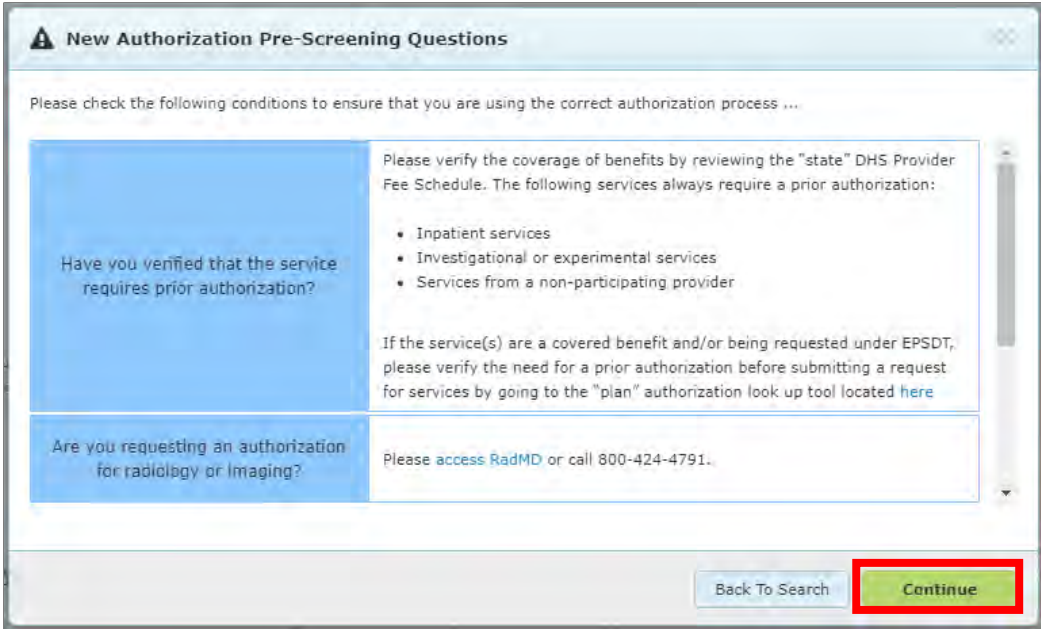
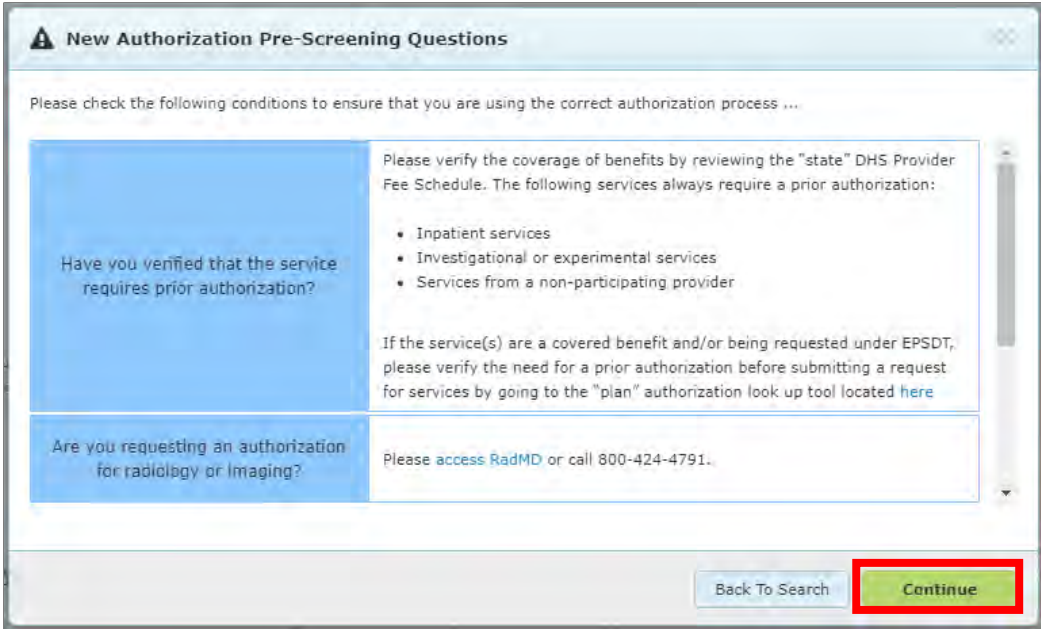



To create a new authorization:

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>




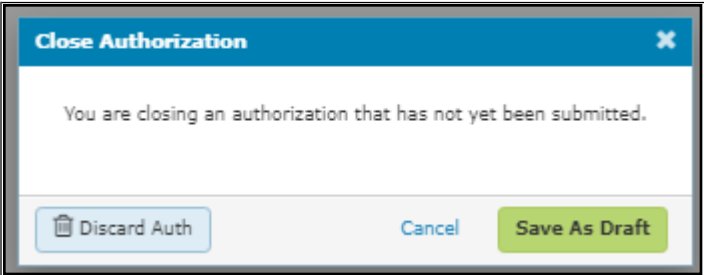
Creating a New Authorization (cont'd)

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="240 394 349 504"> </div> <div data-bbox="407 380 1552 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 1127 1283"> </div> <div data-bbox="228 1339 1252 1379"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1547"> </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>				
	<table border="1"> <thead> <tr> <th data-bbox="196 350 391 392">If...</th> <th data-bbox="391 350 1555 392">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="196 392 391 1234"> <p>The member has active coverage</p> </td> <td data-bbox="391 392 1555 1234"> <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> </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</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>
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Creating a New Authorization (cont'd)

Step	Action						
5.	<p>Enter service type and place of service, then select Next</p> <div data-bbox="224 268 1539 382">  <p>View Eligibility & Benefits is available to view under the member's demographic information.</p> </div> <div data-bbox="207 394 1526 898">  </div> <p>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.</p> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Creating an outpatient episode</td> <td>Continue to the next step (step 6)</td> </tr> <tr> <td>Creating an inpatient episode</td> <td>Continue to step 7</td> </tr> </tbody> </table> <p>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.</p> <div data-bbox="207 1537 906 1810">  </div> <div data-bbox="938 1537 1502 1810"> <p>Discard Auth – deletes the request</p> <p>Cancel – allows the user to continue</p> <p>Save As Draft – allows the user to come back and complete the request later</p> </div>	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 7
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Creating an outpatient episode	Continue to the next step (step 6)						
Creating an inpatient episode	Continue to step 7						


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 443"> <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> </table> <table border="1" data-bbox="207 449 1552 856"> <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 ... Elective Urgent </div> <table border="1" data-bbox="479 665 1468 856"> <thead> <tr> <th data-bbox="479 665 646 701">If</th> <th data-bbox="651 665 1468 701">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 707 646 764">Elective</td> <td data-bbox="651 707 1468 764">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="479 770 646 827">Urgent</td> <td data-bbox="651 770 1468 827">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table> </td> </tr> </table> <table border="1" data-bbox="207 863 1552 1052"> <tr> <td data-bbox="207 863 462 1052">Requesting Provider</td> <td data-bbox="467 863 1552 1052"> Choose the appropriate selection from the drop-down list. 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Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="479 1344 868 1457" style="border: 1px solid black; padding: 5px;"> Diagnoses Add Diagnoses ... </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="479 1633 1422 1808" style="border: 1px solid black; padding: 5px;"> <table border="1" data-bbox="479 1633 1422 1808"> <thead> <tr> <th colspan="4" data-bbox="479 1633 1422 1669">Diagnoses</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 1675 824 1724">Add Diagnoses ...</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="479 1730 597 1759">1 (Primary)</td> <td data-bbox="602 1730 727 1759">M62.81</td> <td data-bbox="732 1730 1328 1759">Muscle weakness (generalized)</td> <td data-bbox="1328 1717 1422 1772" style="text-align: right;">   </td> </tr> <tr> <td data-bbox="479 1766 597 1795">2</td> <td data-bbox="602 1766 727 1795">T67.01XA</td> <td data-bbox="732 1766 1328 1795">Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter																	
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Creating a New Authorization - Outpatient (cont'd)

Step	Action										
6.	<p data-bbox="203 216 527 247">Services</p> <table border="1" data-bbox="203 247 1563 1759"> <tr> <td data-bbox="203 247 527 940">From / To</td> <td data-bbox="527 247 1563 940"> <p data-bbox="539 262 966 294">From (start date) / To (end date)</p> <div data-bbox="539 304 868 394" style="border: 1px solid black; height: 43px; width: 203px;"></div> <p data-bbox="539 405 1534 625">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="539 646 1485 934" style="border: 1px solid black; padding: 5px;"> <div data-bbox="592 672 1388 724" style="border: 2px solid red; padding: 2px;"> <ul style="list-style-type: none"> • Invalid / Missing Date(s) of Service - Please Correct and Resubmit </div> <p data-bbox="609 735 738 766">Service Type</p> <div data-bbox="609 766 1136 814" style="border: 1px solid gray; padding: 2px;"> + Outpatient Durable Medical Equipment P... </div> <p data-bbox="609 829 771 861">Place of Service</p> <div data-bbox="609 861 1136 913" style="border: 1px solid gray; padding: 2px;"> + Home </div> </div> </td> </tr> <tr> <td data-bbox="203 940 527 1224">Procedure Code</td> <td data-bbox="527 940 1563 1224"> <p data-bbox="539 955 1526 1102">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="539 1113 738 1218" style="border: 1px solid gray; padding: 5px;"> <p data-bbox="552 1123 690 1155">Procedure Code</p> <div data-bbox="552 1155 722 1207" style="border: 1px solid gray; height: 25px; width: 105px;"></div> </div> </td> </tr> <tr> <td data-bbox="203 1224 527 1371">Modifiers</td> <td data-bbox="527 1224 1563 1371"> <p data-bbox="539 1234 1104 1266">Free text field. This is not a mandatory field.</p> <div data-bbox="539 1276 812 1371" style="border: 1px solid gray; padding: 5px;"> <p data-bbox="544 1281 625 1312">Modifiers</p> <div data-bbox="544 1312 803 1365" style="display: flex; gap: 10px;"> <div style="border: 1px solid gray; width: 30px; height: 25px;"></div> <div style="border: 1px solid gray; width: 30px; height: 25px;"></div> <div style="border: 1px solid gray; width: 30px; height: 25px;"></div> <div style="border: 1px solid gray; width: 30px; height: 25px;"></div> </div> </div> </td> </tr> <tr> <td data-bbox="203 1371 527 1528">Units</td> <td data-bbox="527 1371 1563 1528"> <p data-bbox="539 1381 852 1413">Free text numeric value.</p> <div data-bbox="539 1423 812 1528" style="border: 1px solid gray; padding: 5px;"> <p data-bbox="552 1428 609 1459">Units</p> <div data-bbox="552 1459 803 1512" style="display: flex; align-items: center;"> <div style="border: 1px solid gray; width: 80px; height: 25px; text-align: center;">1</div> Unit(s) </div> </div> </td> </tr> <tr> <td data-bbox="203 1528 527 1759">Add New Service Line</td> <td data-bbox="527 1528 1563 1759"> <p data-bbox="539 1539 1518 1654">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. 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Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="228 226 410 258">Attachments</p> <p data-bbox="228 275 467 306">+ Add Document</p> <p data-bbox="540 275 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 1205"> <p data-bbox="565 779 686 800">Attachments</p> <p data-bbox="565 827 711 863">+ Add Document</p> <p data-bbox="565 884 824 915">  Document 1- for upload.docx </p> <p data-bbox="1003 890 1279 921">Select document type ...</p> <ul data-bbox="1003 926 1295 1199" 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="1328 890 1482 926">Delete</p> </div>

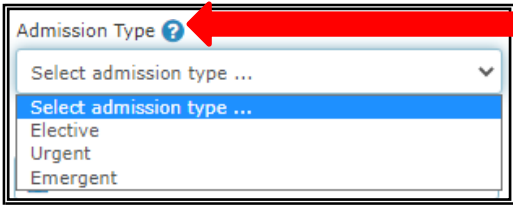
Creating a New Authorization – Outpatient (cont'd)

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 548" 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="565 863 1544 1287" style="border: 1px solid black; padding: 5px;"> <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 style="text-align: right;">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="435 310 1068 552" 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="435 604 1425 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="435 877 662 982" 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="435 1157 995 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="435 1371 1101 1671" style="border: 1px solid black; padding: 5px;"> <div style="border: 2px solid red; padding: 2px; margin-bottom: 5px;"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> </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.	<div data-bbox="217 226 375 296"> <p>Admission Type</p> </div> <div data-bbox="418 226 1495 296"> <p>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> </div> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 302 1411 478"> <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="423 520 586 552">If</th> <th data-bbox="591 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 586 621">Elective</td> <td data-bbox="591 558 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="423 728 586 760">Emergent</td> <td data-bbox="591 728 1406 760">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
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Emergent	Concurrent review, enrollee is currently admitted								
<p>Requesting Provider</p>	<p>Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p>								
<p>Servicing Provider</p>	<p>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>								
<p>Servicing Facility</p>	<p>The servicing facility is the location where the service will be performed.</p>								

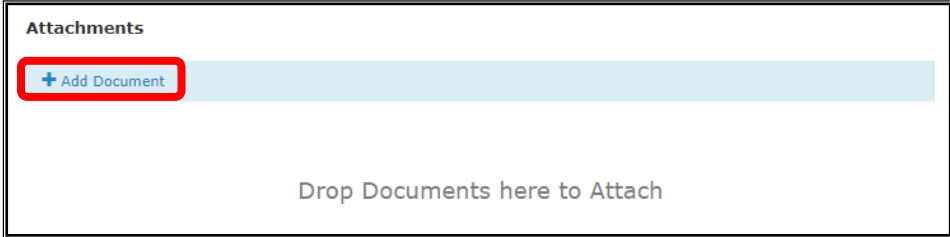
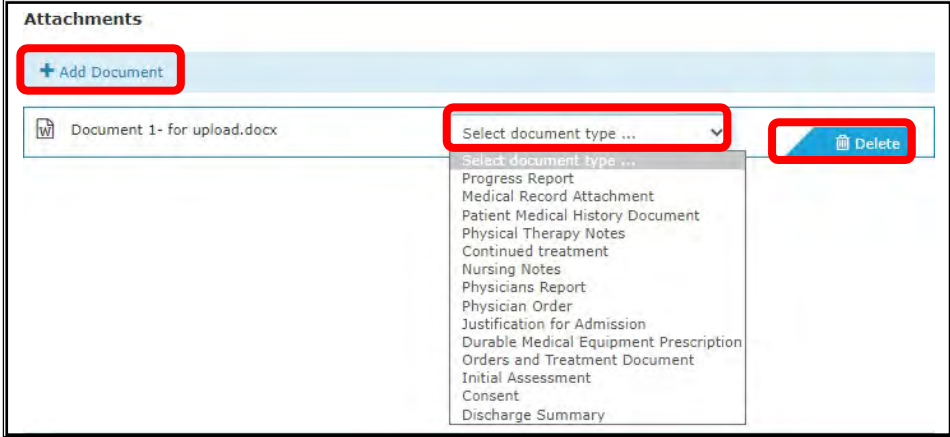
Creating a New Authorization – Inpatient (cont'd)

Step	Action								
7.	<p>Diagnoses</p> <p>Diagnoses</p> <p>Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"> <p>Diagnoses</p> <input type="text" value="Add Diagnoses ..."/> </div> <p>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="526 600 1550 779"> <p>Diagnoses</p> <input type="text" value="Add Diagnoses ..."/> <table border="1"> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td> </td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>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	
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> <p data-bbox="219 264 354 296">From / To</p> <p data-bbox="540 264 1455 333">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="540 348 914 453"> <p>The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022'. The 'To' field contains a placeholder 'mm/dd/yyyy'.</p> </div> <p data-bbox="219 470 448 501">Procedure Code</p> <p data-bbox="540 470 1455 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 bokup 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="540 705 743 810"> <p>The screenshot shows a text input field with the label 'Procedure Code' above it.</p> </div> <p data-bbox="219 827 350 858">Modifiers</p> <p data-bbox="540 827 1114 858">This is a free text field and is not mandatory.</p> <div data-bbox="540 869 818 963"> <p>The screenshot shows a text input field with the label 'Modifiers' above it.</p> </div> <p data-bbox="219 980 293 1012">Units</p> <p data-bbox="540 980 1455 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1060 857 1165"> <p>The screenshot shows a text input field with the label 'Units' above it. The field contains the number '1' and the text 'Unit(s)' to its right.</p> </div> <p data-bbox="219 1182 350 1213">Bed Type</p> <p data-bbox="540 1182 1377 1251">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1262 878 1367"> <p>The screenshot shows a dropdown menu with the label 'Bed Type' above it. The selected option is 'Select Bed Type'.</p> </div> <p data-bbox="219 1388 483 1457">+ Add New Service Line</p> <p data-bbox="540 1388 1455 1499">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 1514 818 1598"> <p>The screenshot shows a blue button with a plus sign and the text '+ Add New Service Line'.</p> </div>

Creating a New Authorization – Inpatient (cont'd)

Step	Action	
7.	<p>Attachments</p> <p>Add Document</p>	<p>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>  <p>The first screenshot shows the 'Attachments' section with a '+ Add Document' button highlighted in red. Below the button is a light blue area with the text 'Drop Documents here to Attach'.</p>  <p>The second screenshot shows the 'Attachments' section with a document 'Document 1- for upload.docx' attached. The '+ Add Document' button is highlighted in red. A dropdown menu is open for 'Select document type ...', listing various document types such as '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', and 'Discharge Summary'. The 'Delete' button is also highlighted in red.</p>

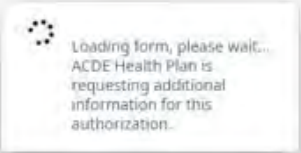
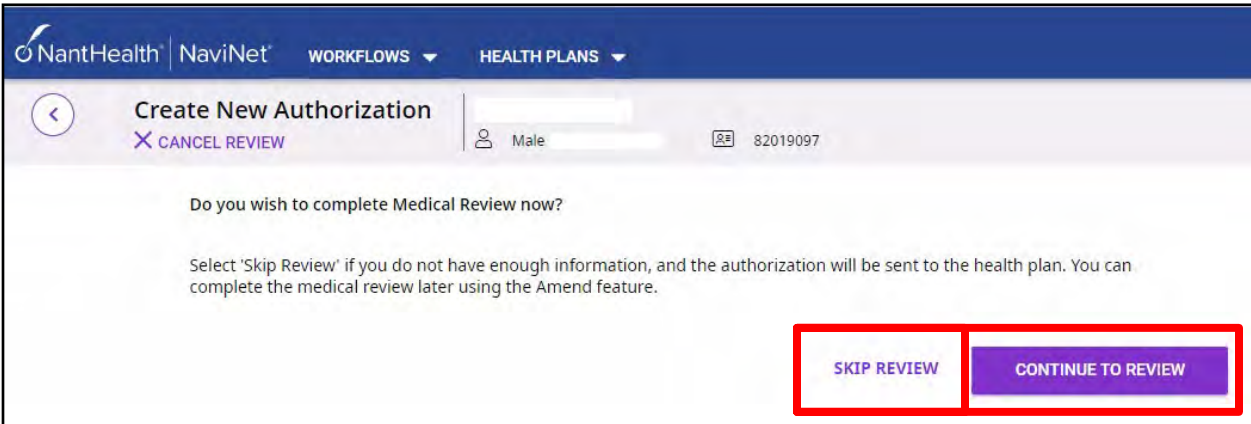
Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<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 579"> <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 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>


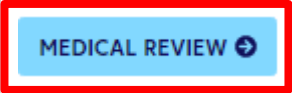

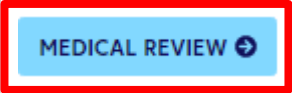

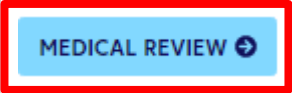
Creating a New Authorization – InterQual – Outpatient and Inpatient



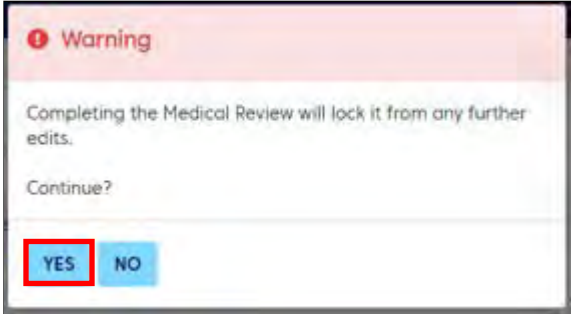
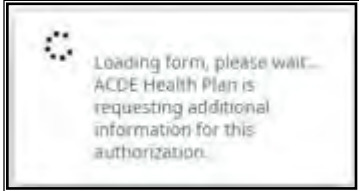
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

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>  <table border="1" data-bbox="207 1369 1468 1898"> <thead> <tr> <th data-bbox="207 1369 522 1415">If...</th> <th data-bbox="522 1369 1468 1415">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1415 522 1688">Skip Review</td> <td data-bbox="522 1415 1468 1688">The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <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></td> </tr> <tr> <td data-bbox="207 1688 522 1898">Continue to Review</td> <td data-bbox="522 1688 1468 1898">The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></td> </tr> </tbody> </table>	If...	Then...	Skip Review	The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <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>	Continue to Review	The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i>
If...	Then...						
Skip Review	The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <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>						
Continue to Review	The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i>						

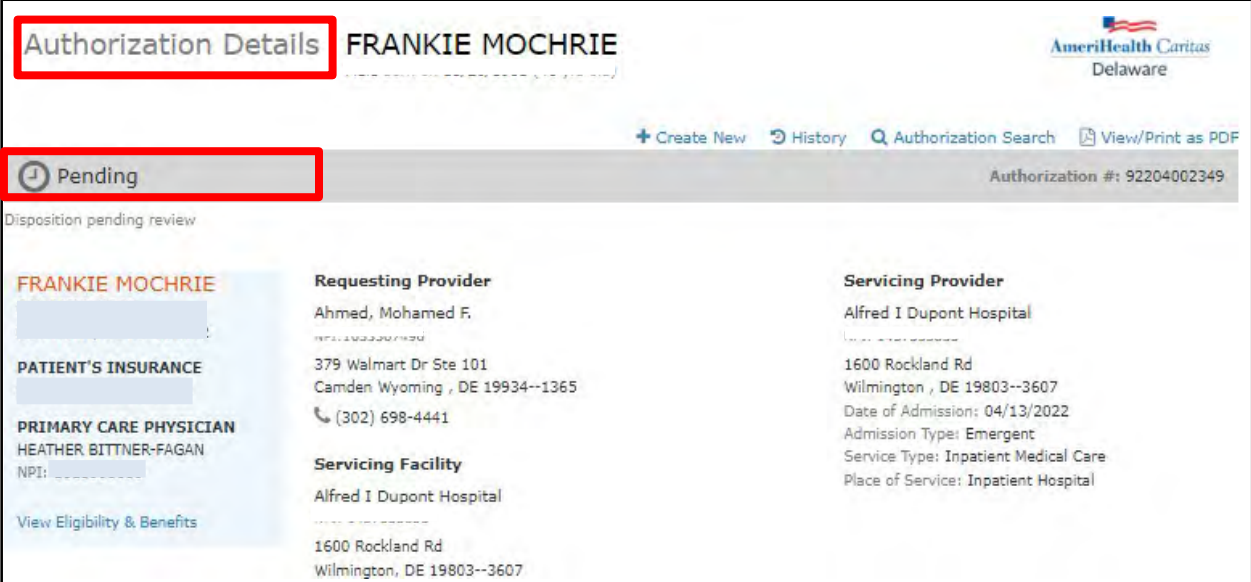
Creating a New Authorization - InterQual (cont'd)

Step	Action				
11.	<table border="1"><tr><td data-bbox="237 306 412 579">Outpatient</td><td data-bbox="412 306 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="237 579 412 932">Inpatient</td><td data-bbox="412 579 1401 932"><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></table>	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>
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 1555 632"> <thead> <tr> <th data-bbox="204 264 699 304">If....</th> <th data-bbox="699 264 1555 304">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 304 699 428">Q&A criteria is used (outpatient)</td> <td data-bbox="699 304 1555 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="204 428 699 632">Decision tree is used (inpatient)</td> <td data-bbox="699 428 1555 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 progress indicator. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "Authorization ID: 123456789".</p>						


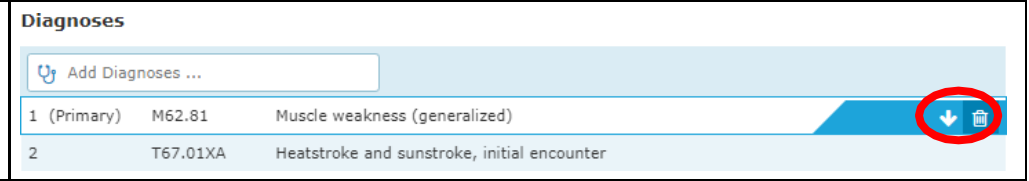






Creating a New Authorization - InterQual (cont'd)

Step	Action						
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p>  <p>The screenshot displays the 'Authorization Details' for a patient named FRANKIE MOCHRIE. The status is 'Pending'. The screen is divided into three main sections: Patient Information, Requesting Provider, and Servicing Provider.</p> <table border="1"> <thead> <tr> <th data-bbox="217 562 487 590">FRANKIE MOCHRIE</th> <th data-bbox="516 562 695 583">Requesting Provider</th> <th data-bbox="1040 562 1203 583">Servicing Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="217 590 487 646"> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p> </td> <td data-bbox="516 590 781 722"> <p>Ahmed, Mohamed F.</p> <p>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365</p> <p>(302) 698-4441</p> </td> <td data-bbox="1040 590 1305 785"> <p>Alfred I Dupont Hospital</p> <p>1600 Rockland Rd Wilmington , DE 19803--3607</p> <p>Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p> </td> </tr> </tbody> </table>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	<p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p>	<p>Ahmed, Mohamed F.</p> <p>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365</p> <p>(302) 698-4441</p>	<p>Alfred I Dupont Hospital</p> <p>1600 Rockland Rd Wilmington , DE 19803--3607</p> <p>Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>
FRANKIE MOCHRIE	Requesting Provider	Servicing Provider					
<p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p>	<p>Ahmed, Mohamed F.</p> <p>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365</p> <p>(302) 698-4441</p>	<p>Alfred I Dupont Hospital</p> <p>1600 Rockland Rd Wilmington , DE 19803--3607</p> <p>Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>					

Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action
6.	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>Service Type</p> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="540 415 1161 520" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Inpatient Emergent Admission Notificati... </p> </div> <p>Click Next to continue.</p> <div data-bbox="540 583 776 682" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next ></p> </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="540 789 1101 898" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div>
	<p>Admission Type</p> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="540 968 1044 1161" 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="1060 961 1518 1102" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <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="540 1272 1079 1381" style="border: 1px solid black; padding: 5px;"> <p>Requesting Provider</p> <p> Select Group/Facility ...</p> </div>
	<p>Servicing Provider</p> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="540 1482 1079 1591" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div>
	<p>Servicing Facility</p> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="540 1650 1291 1791" 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>

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

Step	Action							
6.	<p data-bbox="219 220 381 252">Diagnoses</p> <div data-bbox="219 262 527 871" style="background-color: #cccccc; padding: 5px;"> <p data-bbox="235 262 381 294">Diagnoses</p> </div> <p data-bbox="544 262 1567 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="544 346 941 462" style="border: 1px solid black; padding: 5px;"> <p data-bbox="560 357 673 378">Diagnoses</p> <div data-bbox="560 399 925 451" style="border: 1px solid #ccc; padding: 2px;">  Add Diagnoses ... </div> </div> <p data-bbox="544 472 1567 630">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="544 640 1567 819" style="border: 1px solid black; padding: 5px;"> <p data-bbox="560 651 673 672">Diagnoses</p> <div data-bbox="560 682 917 735" style="border: 1px solid #ccc; padding: 2px;">  Add Diagnoses ... </div> <table border="1" data-bbox="560 735 1542 808"> <tbody> <tr> <td data-bbox="568 745 584 766">1</td> <td data-bbox="609 745 673 766">(Primary) M62.81</td> <td data-bbox="812 745 1055 766">Muscle weakness (generalized)</td> <td data-bbox="1347 724 1542 787" rowspan="2" style="background-color: #0070c0; color: white; text-align: center; vertical-align: middle;">   </td> </tr> <tr> <td data-bbox="568 777 584 798">2</td> <td data-bbox="690 777 771 798">T67.01XA</td> <td data-bbox="812 777 1144 798">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
1	(Primary) M62.81	Muscle weakness (generalized)	 					
2	T67.01XA	Heatstroke and sunstroke, initial encounter						

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

Step	Action
6.	<p data-bbox="207 222 326 254">Services</p> <p data-bbox="540 260 1458 331">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="540 348 914 453"><p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p></div> <p data-bbox="540 470 1458 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="540 709 743 814"><p>Procedure Code <input type="text"/></p></div> <p data-bbox="540 827 1203 858">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 873 816 961"><p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/></p></div> <p data-bbox="540 978 1458 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1064 857 1169"><p>Units <input type="text" value="1"/> Unit(s)</p></div> <p data-bbox="540 1186 1386 1218">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1232 878 1337"><p>Bed Type <input type="text" value="Select Bed Type"/></p></div> <p data-bbox="540 1354 1386 1461">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="540 1476 816 1564"><p><input type="button" value="+ Add New Service Line"/></p></div>

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

Step	Action
6.	<p data-bbox="201 233 521 264">Attachments</p> <p data-bbox="217 275 431 306">Add Document</p> <p data-bbox="537 275 1534 422">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 1479 674"> <p data-bbox="558 457 678 478">Attachments</p> <p data-bbox="558 499 711 531">+ Add Document</p> <p data-bbox="829 615 1195 646">Drop Documents here to Attach</p> </div> <div data-bbox="537 695 1479 1125"> <p data-bbox="558 701 678 722">Attachments</p> <p data-bbox="558 743 711 774">+ Add Document</p> <p data-bbox="558 806 813 837">Document 1- for upload.docx</p> <p data-bbox="987 806 1252 848">Select document type ...</p> <ul data-bbox="987 848 1276 1115" 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="1300 806 1455 848">Delete</p> </div>

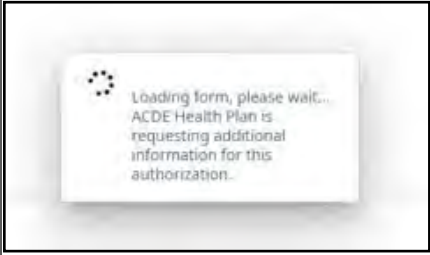
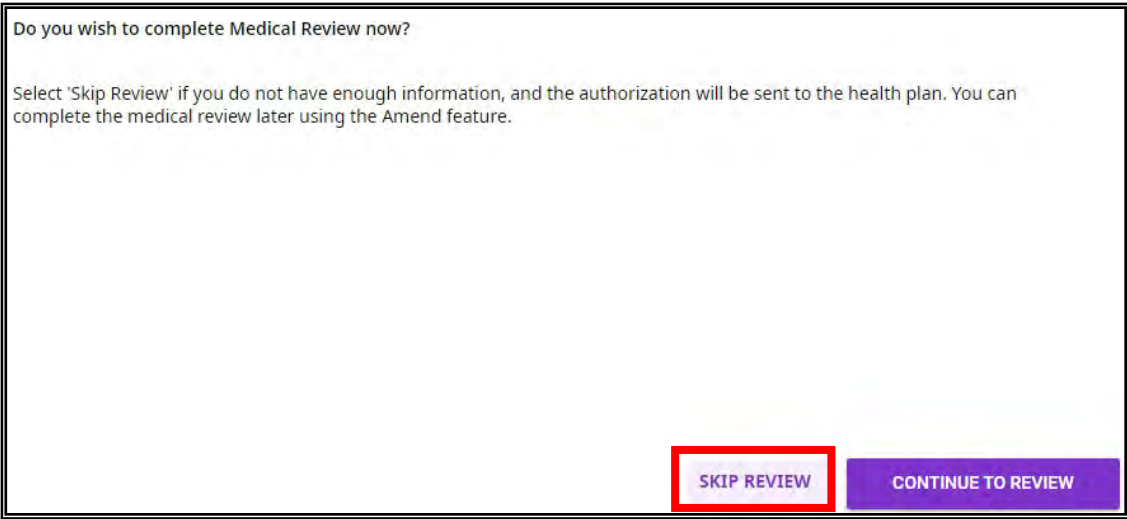
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

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="537 407 1533 579"> <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 « Previous Submit</p> </div>

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


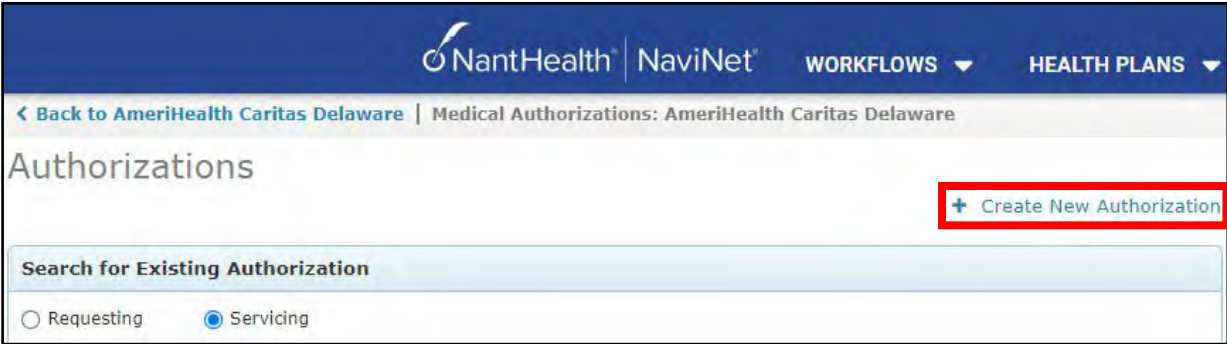


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


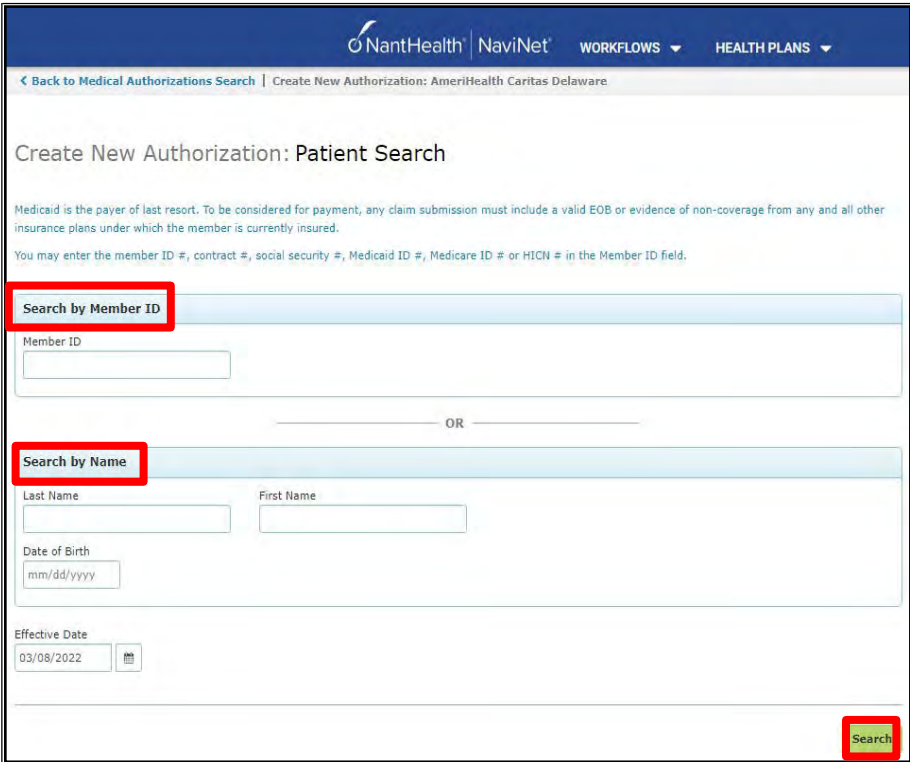
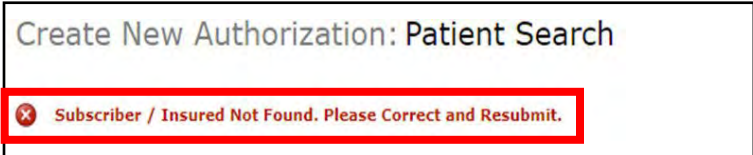
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a light gray border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."</p>
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>  <p>A white rectangular dialog box with a light gray border. It contains the following text: "Do you wish to complete Medical Review now?" followed by "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." At the bottom right, there are two buttons: a light gray button labeled "SKIP REVIEW" which is highlighted with a red border, and a purple button labeled "CONTINUE TO REVIEW".</p> <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>The screenshot shows a dropdown menu titled "Workflows for this Plan". The menu items are: "Medical Authorizations" (highlighted with a red box and a red arrow), "Medical Authorizations Log", "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Report Inquiry", "Claim Submission", and "Provider Directory".</p>
2.	<p>Click Create New Authorization</p>  <p>The screenshot shows the NantHealth NaviNet interface. The header includes the NantHealth logo and "NaviNet" text, along with "WORKFLOWS" and "HEALTH PLANS" dropdown menus. Below the header, there is a breadcrumb trail: "< Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware". The main heading is "Authorizations". On the right side, there is a button labeled "+ Create New Authorization" which is highlighted with a red box. Below the heading, there is a search bar labeled "Search for Existing Authorization" and two radio buttons: "Requesting" and "Servicing" (which is selected).</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="240 338 347 468"></div> <div data-bbox="407 338 1552 485"><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="217 491 1122 1249"></div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="217 1312 966 1465"></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>						
	<table border="1"> <thead> <tr> <th data-bbox="196 354 391 390">If...</th> <th data-bbox="391 354 1542 390">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="196 390 391 1251"> <p>The member has active coverage</p> </td> <td data-bbox="391 390 1542 1251"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <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> </td> </tr> <tr> <td data-bbox="196 1251 391 1619"> <p>The member is ineligible</p> </td> <td data-bbox="391 1251 1542 1619"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1455 1619" data-label="Image"> </div> </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <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>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1455 1619" data-label="Image"> </div>
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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> <div data-bbox="186 430 1542 856"> <p>Service Type</p> <p>Inpatient Delivery Notification</p> <p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p> <p>Place of Service</p> <p>Select place of service...</p> <p>Birthing Center</p> <p>Inpatient Hospital</p> <p>Cancel Next »</p> </div>								
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> <div data-bbox="186 982 1588 1312"> <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" style="text-align: center;">+ Add Maternity Details</td> </tr> </tbody> </table> <p>Cancel « Previous Next »</p> </div>	Name	Gender	Date of Birth	Delivery Period	+ Add Maternity Details			
Name	Gender	Date of Birth	Delivery Period						
+ Add Maternity Details									



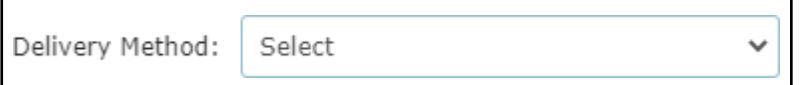

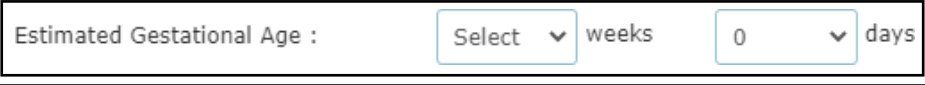


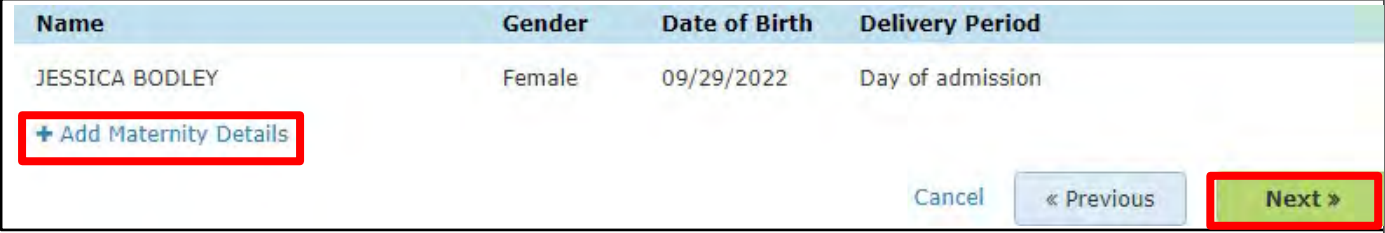
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
6.	<div data-bbox="203 220 1177 1165"><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 style="text-align: right;"><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.   <div data-bbox="545 1197 1461 1440" style="border: 1px solid gray; padding: 5px;"> <p>1 Minute Apgar: ? The Apgar score measures five things to check a baby's health. Each is scored on a scale of 0 to 2, with 2 being the best score.</p> <ol style="list-style-type: none"> 1. Appearance (skin color) 2. Pulse (heart rate) 3. Grimace response (reflexes) 4. Activity (muscle tone) 5. Respiration (breathing rate and effort) </div>

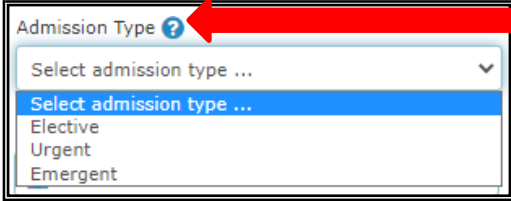
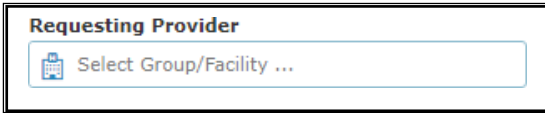

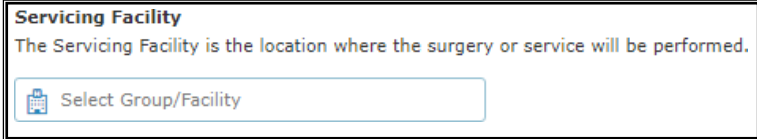
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
6.	5 Minute Apgar Drop down field - select 1-10. 
	Delivery Outcome Drop down field – select live birth or non live birth. 
	Delivery Method Drop down field – select c-section or normal vaginal delivery. 
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. 
	Estimated Gestational Age Select the appropriate values from the drop down fields. 
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. 
	Nursery type Drop down field – select well baby or NICU. 
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 . 

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

Step	Action		
8.	<p data-bbox="228 226 402 384">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="418 352 982 470"><table border="1"><tr><td data-bbox="423 359 669 449">Date Of Admission  03/09/2022</td><td data-bbox="669 359 977 449">Date of Discharge  Optional</td></tr></table></div> <p data-bbox="418 485 1536 516">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 594">• 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="217 226 516 779"> <p>Admission Type</p> </div> <div data-bbox="537 226 1528 779"> <p>Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1045 474">  </div> <div data-bbox="1143 275 1528 438"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="537 527 1528 779"> <thead> <tr> <th>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>	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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Emergent	Concurrent review, enrollee is currently admitted								
<p>Requesting Provider</p>	<p>Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 879 1078 989">  </div>								
<p>Servicing Provider</p>	<p>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 1078 1220">  </div>								
<p>Servicing Facility</p>	<p>The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1293 1289 1430">  </div>								

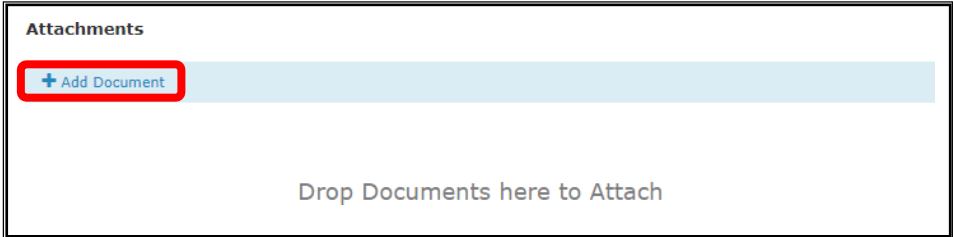
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
9.	<p data-bbox="207 222 370 254">Diagnoses</p> <div data-bbox="207 260 521 865" style="background-color: #cccccc; padding: 5px;"> <p data-bbox="219 268 370 300">Diagnoses</p> </div> <p data-bbox="537 268 1479 338">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 352 927 464" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 363 657 384">Diagnoses</p> <div data-bbox="553 401 911 453" style="border: 1px solid #ccc; padding: 2px;"> + Add Diagnoses ... </div> </div> <p data-bbox="537 478 1533 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="537 646 1533 821" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 657 657 678">Diagnoses</p> <div data-bbox="553 695 902 726" style="border: 1px solid #ccc; padding: 2px;"> + Add Diagnoses ... </div> <table border="1" data-bbox="553 741 1533 810"> <tbody> <tr> <td data-bbox="553 741 578 762">1</td> <td data-bbox="586 741 651 762">(Primary) M62.81</td> <td data-bbox="805 741 1040 762">Muscle weakness (generalized)</td> <td data-bbox="1446 741 1533 783" style="text-align: right;"> ↓ 🗑️ </td> </tr> <tr> <td data-bbox="553 783 578 804">2</td> <td data-bbox="675 783 756 804">T67.01XA</td> <td data-bbox="805 783 1130 804">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	
1	(Primary) M62.81	Muscle weakness (generalized)	↓ 🗑️						
2	T67.01XA	Heatstroke and sunstroke, initial encounter							

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

Step	Action
9.	<p data-bbox="207 222 326 254">Services</p> <p data-bbox="207 260 354 291">From / To</p> <p data-bbox="542 260 1406 369">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> <div data-bbox="542 384 914 489"> </div> <p data-bbox="207 506 448 537">Procedure Code</p> <p data-bbox="542 506 1446 730">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> <div data-bbox="542 741 743 846"> </div> <p data-bbox="207 863 350 894">Modifiers</p> <p data-bbox="542 863 1114 894">This is a free text field and is not mandatory.</p> <div data-bbox="542 905 818 999"> </div> <p data-bbox="207 1016 293 1047">Units</p> <p data-bbox="542 1016 1455 1089">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1094 857 1199"> </div> <p data-bbox="207 1220 354 1251">Bed Type</p> <p data-bbox="542 1220 1377 1293">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1297 878 1402"> </div> <p data-bbox="207 1423 483 1497">+ Add New Service Line</p> <p data-bbox="542 1423 1446 1539">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="542 1549 818 1633"> </div>

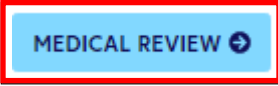
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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="532 260 1560 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 657"> <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 1100" style="list-style-type: none"> 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="1317 800 1458 833">Delete</p> </div>

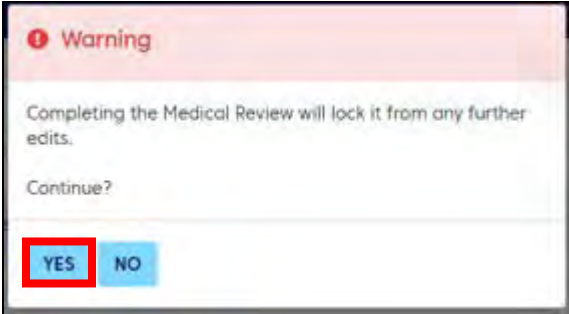
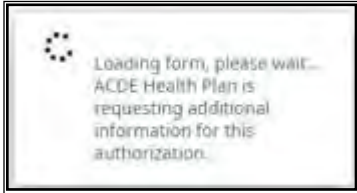
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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="537 386 1544 562"> <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="537 827 1544 1241"> <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 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 box 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."

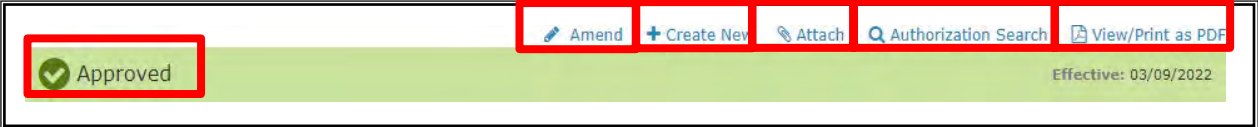

Creating a New Authorization - Inpatient Delivery Notification (cont'd)

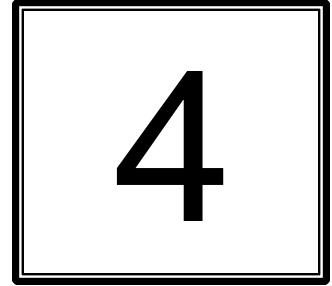
Step	Action
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' page for a patient named FRANKIE MOCHRIE. The page header includes the AmeriHealth Caritas Delaware logo and navigation options: '+ Create New', 'History', 'Authorization Search', and 'View/Print as PDF'. The authorization number is 92204002349. A 'Pending' status is highlighted with a red box, and a 'Disposition pending review' message is shown. The main content area is divided into three columns: 'Requesting Provider' (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), and 'Servicing Facility' (Alfred I Dupont Hospital, 1600 Rockland Rd, Wilmington, DE 19803--3607). A 'View Eligibility & Benefits' link is also present.</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	 <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 1539 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	 <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 1213 1539 1383"> <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		
Create New	Creating a new request										
History	Detailed history of the request										
Authorization Search	Searching for an authorization										
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4 AMENDING AN AUTHORIZATION

Amending an Authorization Request



















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



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

Step	Action									
1.	<p>Locate the existing request under Workflows for this Plan.</p> <div data-bbox="243 613 594 756" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If...</th> <th style="width: 50%;">Then...</th> </tr> </thead> <tbody> <tr> <td>The request was created in NaviNet</td> <td>Select Medical Authorizations Log</td> </tr> <tr> <td>The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td>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)			
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)									
2.	<p>Select Auth Details on the request that needs to be amended.</p> <div data-bbox="243 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		
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										
3.	<p>Select Amend.</p> <div data-bbox="243 1255 1539 1381" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"> ✎ Amend + Create New 🕒 History 📎 Attach 🔍 Authorization Search 📄 View/Print as PDF </td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center; color: green;">✔ Approved</td> <td style="text-align: center;">Authorization #: 92203003026</td> <td style="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			
	✎ Amend + Create New 🕒 History 📎 Attach 🔍 Authorization Search 📄 View/Print as PDF									
✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022								

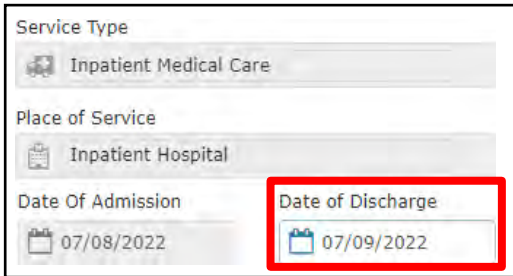
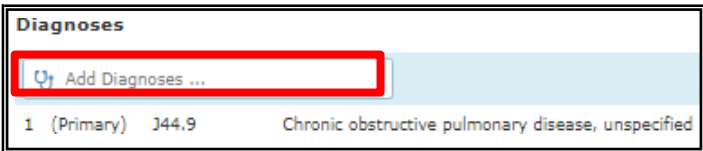
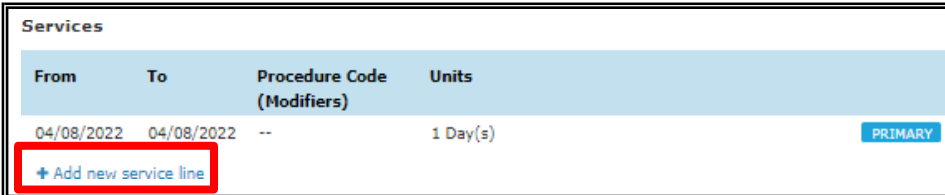
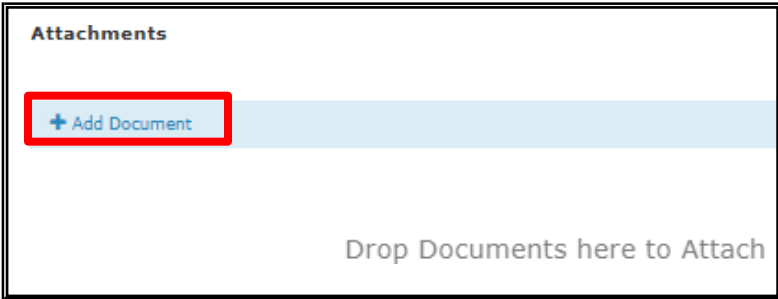
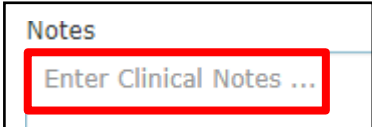
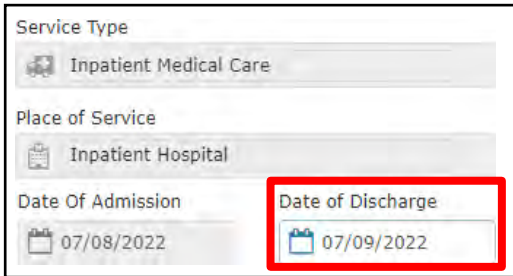
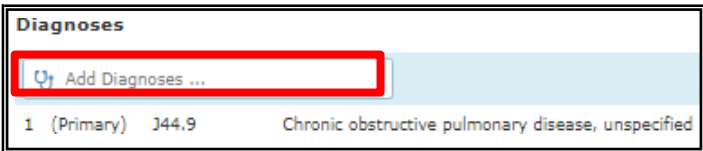
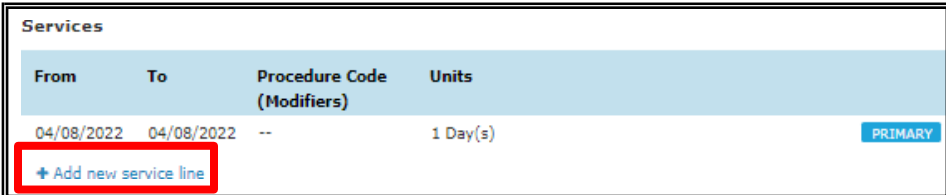
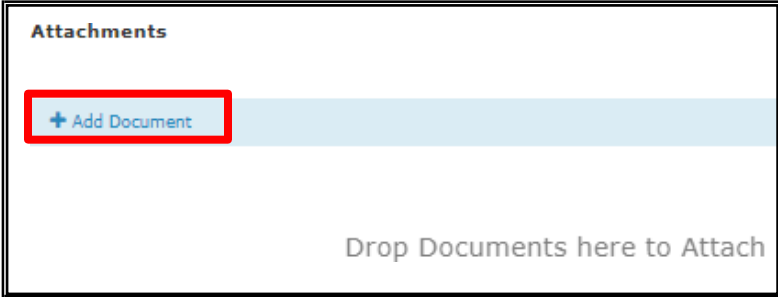
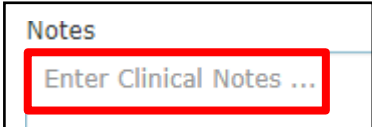
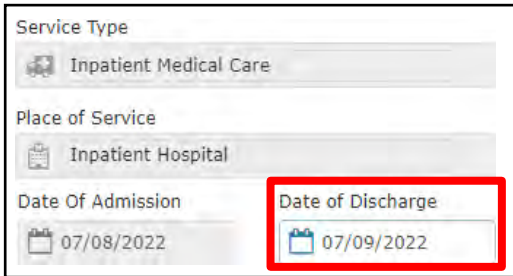
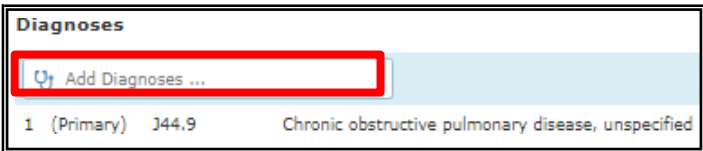
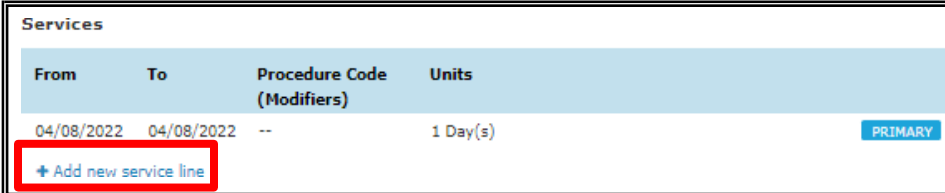
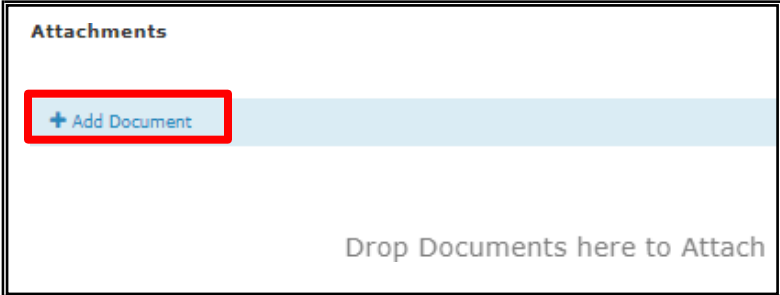
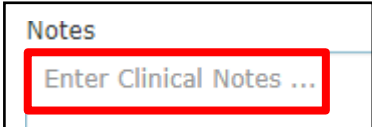
Amending an Authorization Request (cont'd)

Step	Action																				
4.	<table border="1"> <tr> <td data-bbox="240 327 548 407">Amending an outpatient request</td> <td data-bbox="548 327 1555 407">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> <tr> <td data-bbox="240 457 667 596">Address the Date of Service</td> <td data-bbox="667 457 1555 596"> <div data-bbox="683 470 1019 588"> <p>Date Of Service</p> <p> 09/01/2022</p> </div> </td> </tr> <tr> <td data-bbox="240 596 667 793">Add additional diagnoses if applicable</td> <td data-bbox="667 596 1555 793"> <div data-bbox="683 604 1284 785"> <p>Diagnoses</p> <p> Add Diagnoses ... <input type="text"/></p> <p>1 (Primary) A02.8 Other specified salmonella infections</p> </div> </td> </tr> <tr> <td data-bbox="240 793 667 1037">Add new service line</td> <td data-bbox="667 793 1555 1037"> <div data-bbox="683 806 1284 1029"> <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td colspan="4"> Add new service line</td> </tr> </tbody> </table> </div> </td> </tr> <tr> <td data-bbox="240 1037 667 1234">Add attachments if applicable</td> <td data-bbox="667 1037 1555 1234"> <div data-bbox="683 1050 1284 1226"> <p>Attachments</p> <p> Add Document</p> <p> Doc3.docx Medical Record Attachment <input type="text"/></p> </div> </td> </tr> <tr> <td data-bbox="240 1234 667 1381">Add notes if applicable</td> <td data-bbox="667 1234 1555 1381"> <div data-bbox="683 1247 1052 1373"> <p>Notes</p> <p><input type="text" value="Enter Clinical Notes ..."/></p> </div> </td> </tr> </table>	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	<div data-bbox="683 470 1019 588"> <p>Date Of Service</p> <p> 09/01/2022</p> </div>	Add additional diagnoses if applicable	<div data-bbox="683 604 1284 785"> <p>Diagnoses</p> <p> Add Diagnoses ... <input type="text"/></p> <p>1 (Primary) A02.8 Other specified salmonella infections</p> </div>	Add new service line	<div data-bbox="683 806 1284 1029"> <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td colspan="4"> Add new service line</td> </tr> </tbody> </table> </div>	From	To	Procedure Code (Modifiers)	Units	 Add new service line				Add attachments if applicable	<div data-bbox="683 1050 1284 1226"> <p>Attachments</p> <p> Add Document</p> <p> Doc3.docx Medical Record Attachment <input type="text"/></p> </div>	Add notes if applicable	<div data-bbox="683 1247 1052 1373"> <p>Notes</p> <p><input type="text" value="Enter Clinical Notes ..."/></p> </div>
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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="695 327 1563 682"><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>

Amending an Authorization Request (cont'd)

Step	Action														
5.	<p>Amending an inpatient request</p> <table border="1" data-bbox="240 275 1555 411"> <thead> <tr> <th data-bbox="240 275 488 321">If...</th> <th data-bbox="488 275 1555 321">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 321 488 411">Amending an inpatient request</td> <td data-bbox="488 321 1555 411">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 1555 743"> <tr> <td data-bbox="240 457 597 743">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="597 457 1555 743">  </td> </tr> </table> <table border="1" data-bbox="240 743 1555 909"> <tr> <td data-bbox="240 743 597 909">Add additional diagnoses if applicable</td> <td data-bbox="597 743 1555 909">  </td> </tr> </table> <table border="1" data-bbox="240 909 1555 1159"> <tr> <td data-bbox="240 909 597 1159">Add new service line</td> <td data-bbox="597 909 1555 1159">  </td> </tr> </table> <table border="1" data-bbox="240 1159 1555 1472"> <tr> <td data-bbox="240 1159 597 1472">Add attachments if applicable</td> <td data-bbox="597 1159 1555 1472">  </td> </tr> </table> <table border="1" data-bbox="240 1472 1555 1614"> <tr> <td data-bbox="240 1472 597 1614">Add notes if applicable</td> <td data-bbox="597 1472 1555 1614">  </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.		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
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Amending an Authorization Request (cont'd)

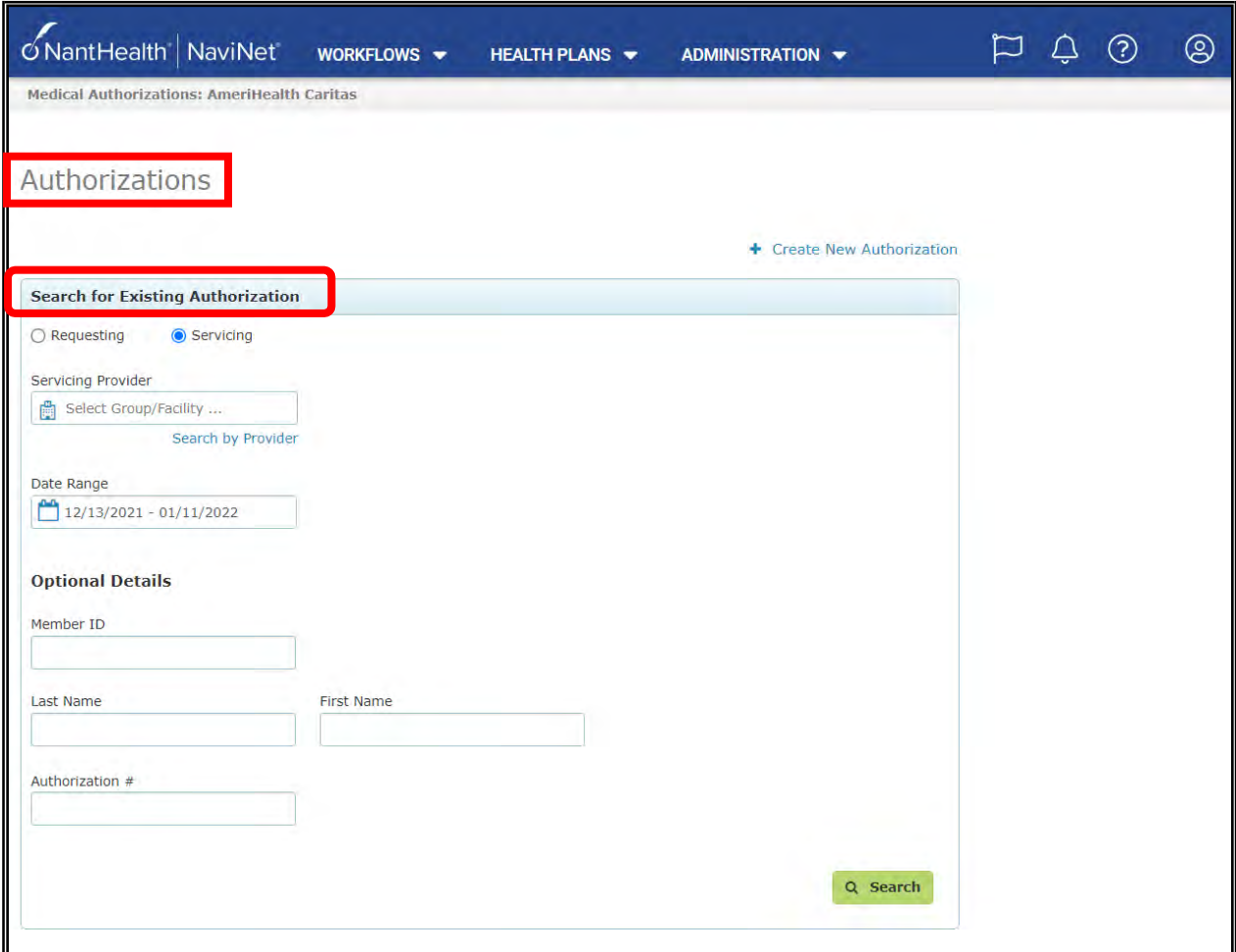
Step	Action
5. (cont.)	<p data-bbox="250 237 651 268">Amending an inpatient request</p> <p data-bbox="250 285 529 432">Enter contact information, check the Declaration box, and Submit</p> <div data-bbox="553 285 1568 684"><p data-bbox="565 296 781 317">▼ Contact Information</p><p data-bbox="565 331 889 394">First Name Beth</p><p data-bbox="565 411 889 474">Last Name Williams</p><p data-bbox="565 491 889 554">Email Address Optional</p><p data-bbox="1068 331 1256 394">Phone Number (843) 999-9999</p><p data-bbox="1068 411 1256 474">Fax Number Optional</p><p data-bbox="1068 491 1398 537"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="565 569 1568 632">DECLARATION <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1230 653 1568 684">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.

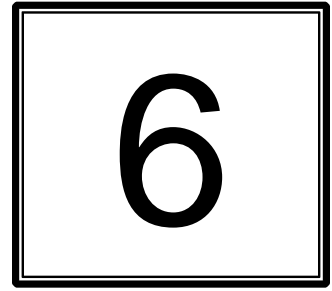
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p>Workflows for this Plan</p><p>Medical Authorizations</p></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' section. Below it, a '+ Create New Authorization' link is visible. A red box highlights the 'Search for Existing Authorization' form, which contains the following fields and options:</p> <ul style="list-style-type: none"><input type="radio"/> Requesting <input checked="" type="radio"/> ServicingServicing Provider: Select Group/Facility ... (with a 'Search by Provider' link)Date Range: 12/13/2021 - 01/11/2022Optional Details:<ul style="list-style-type: none">Member ID: [Text Field]Last Name: [Text Field] First Name: [Text Field]Authorization #: [Text Field][Search] button

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 1453 1243" 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> </div> <p>Optional Details</p> <p>Member ID</p> <p><input type="text"/></p> <p>Last Name First Name</p> <p><input type="text"/> <input type="text"/></p> <p>Authorization #</p> <p><input type="text"/></p> <p style="text-align: right;"><input type="button" value="Q Search"/></p> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1437 1598" 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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92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022																
92204001069	SOMER ABERDEEN ()	○ Pending	CUTTING	CUTTING	31365	05/07/2022																

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 1513 552" 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="240 661 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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View/Print as PDF	View and print authorization status request as PDF										



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).

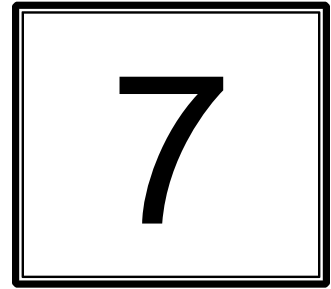
Step	Action																																
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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="240 737 1560 1346" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Authorizations Showing 148 + Create New ... Sort by Date of Service </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Filter By</th> <th style="width: 35%;">ALBERTINA DONALD</th> <th style="width: 15%;">Date of Service:</th> <th style="width: 20%;">Date of Submission:</th> </tr> </thead> <tbody> <tr> <td>Billing Entities All Billing Entities</td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>02/25/2022 Pending <small>as of 02/25/2022</small></td> </tr> <tr> <td>Patient Details <input type="text" value="Search for name or ID..."/></td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- Required <small>as of 02/25/2022</small></td> </tr> <tr> <td>Authorization # <input type="text"/></td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- Required <small>as of 02/25/2022</small></td> </tr> <tr> <td>Servicing Provider <input type="text" value="Search for name or ID..."/></td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- Required <small>as of 02/25/2022</small></td> </tr> <tr> <td>Date of service <input type="text" value="12/11/2021-03/10/2022"/></td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- Required <small>as of 02/25/2022</small></td> </tr> <tr> <td><input checked="" type="checkbox"/> Authorizations Created By Me</td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- Required <small>as of 02/25/2022</small></td> </tr> <tr> <td>Status</td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- Required <small>as of 02/25/2022</small></td> </tr> </tbody> </table> </div>	Filter By	ALBERTINA DONALD	Date of Service:	Date of Submission:	Billing Entities All Billing Entities	AmeriHealth Caritas Delaware	02/25/2022	02/25/2022 Pending <small>as of 02/25/2022</small>	Patient Details <input type="text" value="Search for name or ID..."/>	AmeriHealth Caritas Delaware	02/25/2022	-- Required <small>as of 02/25/2022</small>	Authorization # <input type="text"/>	AmeriHealth Caritas Delaware	02/25/2022	-- Required <small>as of 02/25/2022</small>	Servicing Provider <input type="text" value="Search for name or ID..."/>	AmeriHealth Caritas Delaware	02/25/2022	-- Required <small>as of 02/25/2022</small>	Date of service <input type="text" value="12/11/2021-03/10/2022"/>	AmeriHealth Caritas Delaware	02/25/2022	-- Required <small>as of 02/25/2022</small>	<input checked="" type="checkbox"/> Authorizations Created By Me	AmeriHealth Caritas Delaware	02/25/2022	-- Required <small>as of 02/25/2022</small>	Status	AmeriHealth Caritas Delaware	02/25/2022	-- Required <small>as of 02/25/2022</small>
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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> <div data-bbox="240 338 1471 548" style="border: 1px solid black; padding: 5px;"> <p>The screenshot shows a user interface for 'Authorizations' with 148 items shown. It includes a filter section for 'Billing Entities' (set to 'All Billing Entities') and a 'View all' link. The main content area displays a record for 'ALBERTINA DONALD' with a 'Date of Service' of '02/25/2022' and a 'Date of Submission' of '02/25/2022'. The status is 'Pending as of 02/25/2022'. Below the record are five action buttons: 'Auth Details', '+ Create New', 'History', 'Attach', and 'Refresh Status'. Red boxes highlight the 'Auth Details' button, the 'Pending' status, and the bottom row of buttons.</p> </div> <table border="1" data-bbox="240 596 1523 978"> <thead> <tr> <th data-bbox="240 596 472 642">Field</th> <th data-bbox="472 596 1523 642">Function</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 642 472 695">Auth Details</td> <td data-bbox="472 642 1523 695">Details related to the authorization</td> </tr> <tr> <td data-bbox="240 695 472 762">+ Create New</td> <td data-bbox="472 695 1523 762">Create New Authorization for the member</td> </tr> <tr> <td data-bbox="240 762 472 835">History</td> <td data-bbox="472 762 1523 835">Provides detailed history of the request</td> </tr> <tr> <td data-bbox="240 835 472 905">Attach</td> <td data-bbox="472 835 1523 905">Ability to attach documents</td> </tr> <tr> <td data-bbox="240 905 472 978">Refresh Status</td> <td data-bbox="472 905 1523 978">Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function	Auth Details	Details related to the authorization	+ Create New	Create New Authorization for the member	History	Provides detailed history of the request	Attach	Ability to attach documents	Refresh Status	Allows the user to refresh the status for any updates.
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Attach	Ability to attach documents												
Refresh Status	Allows the user to refresh the status for any updates.												

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 1544 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 1539 892" 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)

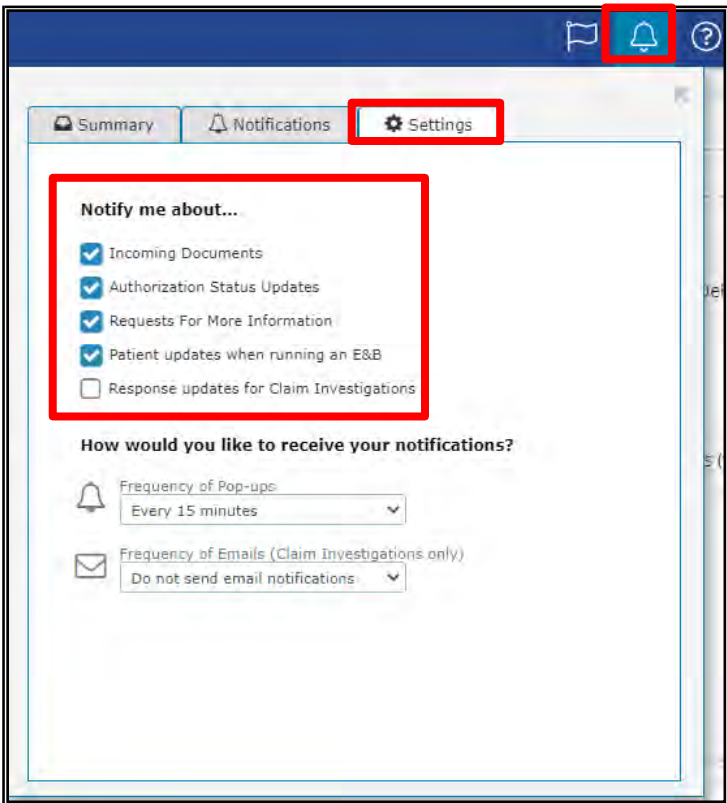
Request for More Information (RFMI)

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.

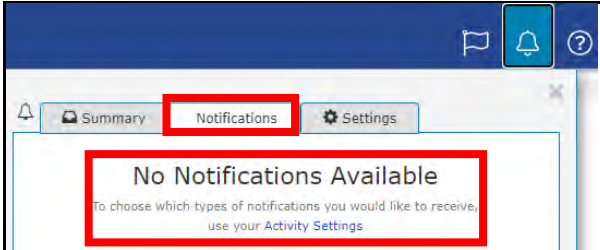
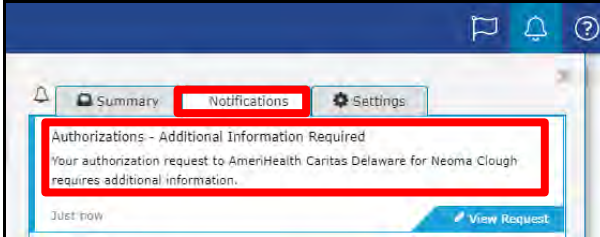
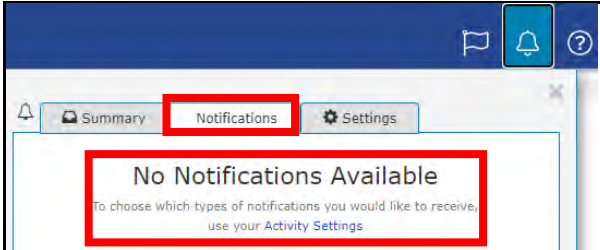
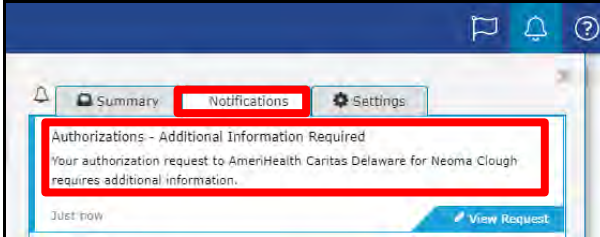
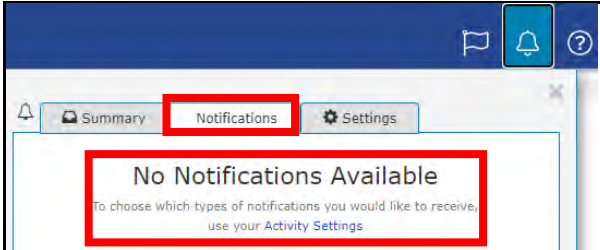
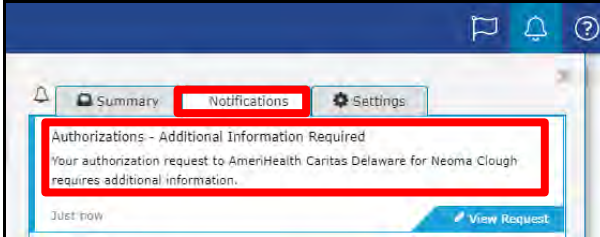
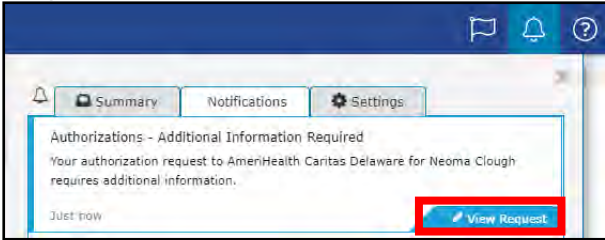
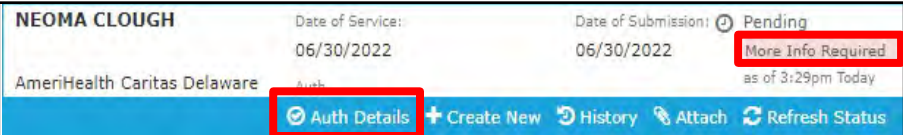


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


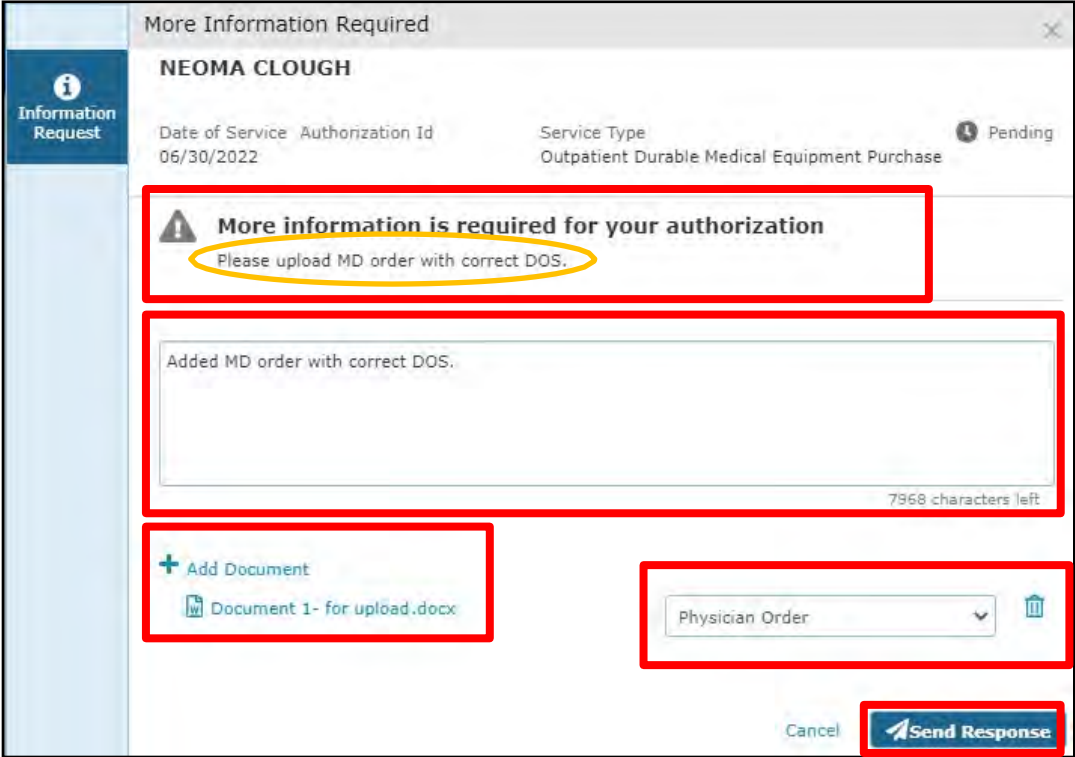
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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 'Notify me about...' section contains a list of notification types with checkboxes: 'Incoming Documents', 'Authorization Status Updates', 'Requests For More Information', 'Patient updates when running an E&B', and 'Response updates for Claim Investigations'. The first four are checked, and the last one is unchecked. Below this, the 'How would you like to receive your notifications?' section has 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'. A red box highlights the 'Notify me about...' section.</p>


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

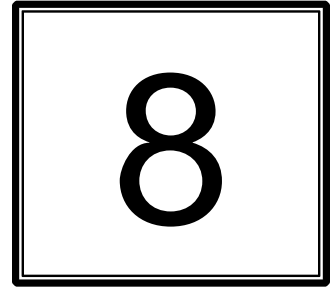
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 940"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 632">No notifications exist</td> <td data-bbox="618 310 1312 632"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 632 618 940">Notifications are available</td> <td data-bbox="618 632 1312 940"> <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="245 1045 1567 1354"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="245 1354 1567 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 top right is the AmeriHealth Caritas Delaware logo. Below the name are links for '+ Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF'. At the bottom, there is a status bar with 'Pending' and a red box around the 'More Information Required >' link. Other details include 'Authorization #: 92206016951', 'Effective: 06/30/2022', and 'Expires: 09/02/2022'.</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. It includes fields for 'Date of Service' (06/30/2022), 'Authorization Id', and 'Service Type' (Outpatient Durable Medical Equipment Purchase). A warning message states: 'More information is required for your authorization. Please upload MD order with correct DOS.' Below this is a text area with 'Added MD order with correct DOS.' and '7968 characters left'. There is an 'Add Document' section with a file named 'Document 1- for upload.docx' and a dropdown menu set to 'Physician Order'. At the bottom right, there are 'Cancel' and 'Send Response' buttons, with the latter highlighted in 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' dropdown menu is open, displaying the following events:</p> <table border="1"> <thead> <tr> <th>Event</th> <th>By</th> <th>Date/Time</th> </tr> </thead> <tbody> <tr> <td>Attached Physician Order</td> <td>by Jessica Williams</td> <td>07/27/2022 7:35pm</td> </tr> <tr> <td>Response Sent</td> <td>by Jessica Williams</td> <td>07/27/2022 7:35pm</td> </tr> <tr> <td>More Information Required</td> <td>from Health Plan</td> <td>07/27/2022 3:16pm</td> </tr> <tr> <td>Pending</td> <td>from Health Plan</td> <td>06/30/2022 9:10am</td> </tr> </tbody> </table>	Event	By	Date/Time	Attached Physician Order	by Jessica Williams	07/27/2022 7:35pm	Response Sent	by Jessica Williams	07/27/2022 7:35pm	More Information Required	from Health Plan	07/27/2022 3:16pm	Pending	from Health Plan	06/30/2022 9:10am
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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