



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

# NaviNet Medical Authorizations Participant Guide

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## Population Health Training

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Updated By: Jessica Williams  
Next Review Date: 05/24/2025  
Review Cycle: Annually

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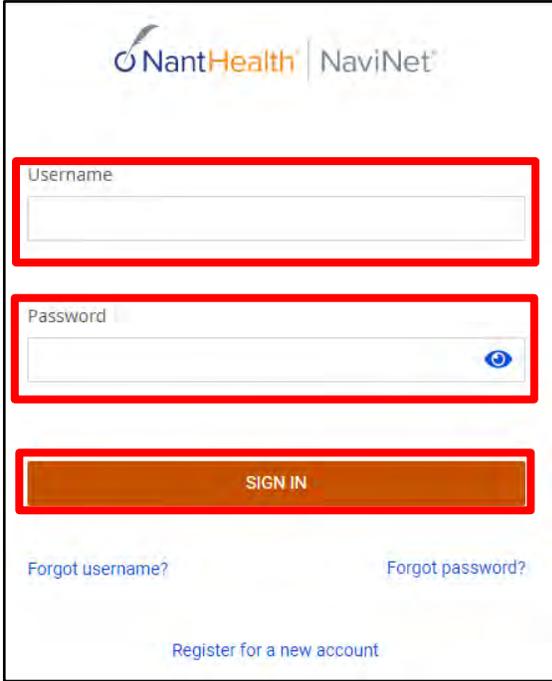
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# **1 LOGGING IN TO NAVINET**

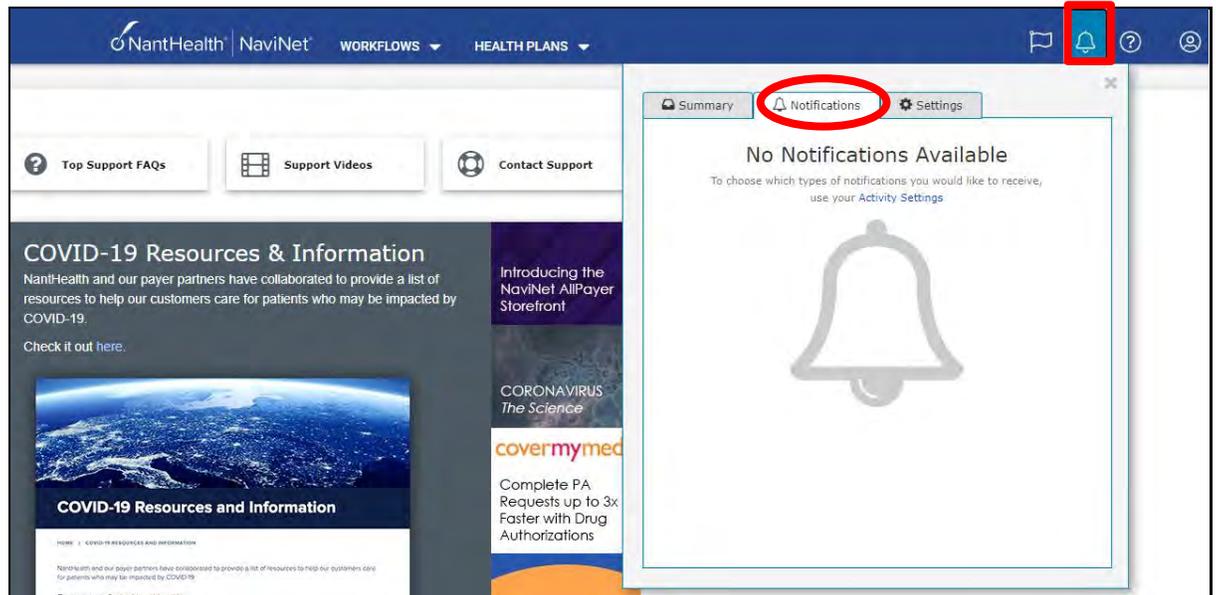
## Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: <a href="https://navinet.navimedix.com">https://navinet.navimedix.com</a>. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p>  <p>The screenshot shows the NantHealth NaviNet login interface. At the top, the NantHealth logo and 'NaviNet' text are visible. Below the logo, there are three input fields: 'Username', 'Password', and a 'SIGN IN' button. The 'Username' and 'Password' fields are highlighted with red boxes. The 'SIGN IN' button is also highlighted with a red box. Below the input fields, there are three links: 'Forgot username?', 'Forgot password?', and 'Register for a new account'.</p>
2.	Enter your <b>Username</b>
3.	Enter your <b>Password</b>
4.	Click <b>Sign In</b> <b>Result</b> <i>The NaviNet Home screen will be displayed</i>

## Logging in to NaviNet (cont.)



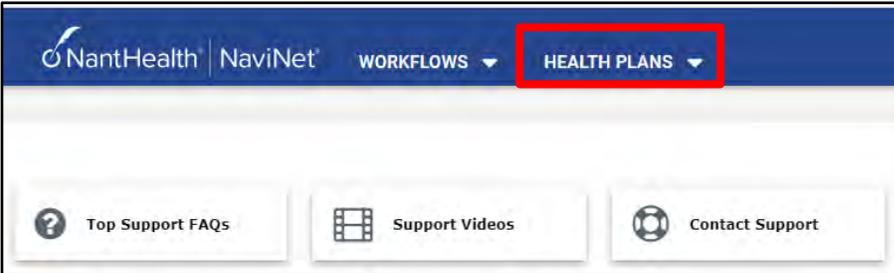
Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot shows the NantHealth NaviNet home page. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. In the top right corner, there is a bell icon for notifications, a help icon, and a user profile icon. A notification settings dialog box is open, showing 'No Notifications Available' and a large bell icon. The dialog box has tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and circled in red. The main content area features a 'COVID-19 Resources & Information' section with a video player and a 'covermymed' advertisement.

## Logging in to NaviNet (cont.)

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

Step	Action																												
1.	<p>Click on <b>HEALTH PLANS</b> 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 1563 1119"> <thead> <tr> <th colspan="4">My Plans</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>AmeriHealth Caritas Next</td> <td>Blue Cross Complete of Michigan</td> <td>Medicare</td> </tr> <tr> <td>AmeriHealth Caritas District of Columbia (ACDC)</td> <td>AmeriHealth Caritas Ohio</td> <td>First Choice Next</td> <td>New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Florida</td> <td>AmeriHealth Caritas PA Community HealthChoices</td> <td>First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td>PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Louisiana</td> <td>AmeriHealth Caritas VIP Care</td> <td>Keystone First</td> <td>Select Health of South Carolina</td> </tr> <tr> <td>AmeriHealth Caritas New Hampshire</td> <td>AmeriHealth Caritas VIP Care Plus</td> <td>Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td>AmeriHealth Caritas North Carolina</td> <td>AmeriHealth PA Medical Assistance Plan</td> <td>Keystone First VIP Choice</td> <td></td> </tr> </tbody> </table>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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## **2 PLAN CENTRAL**

# Plan Central Overview

Plan Central is the health plan specific homepage.

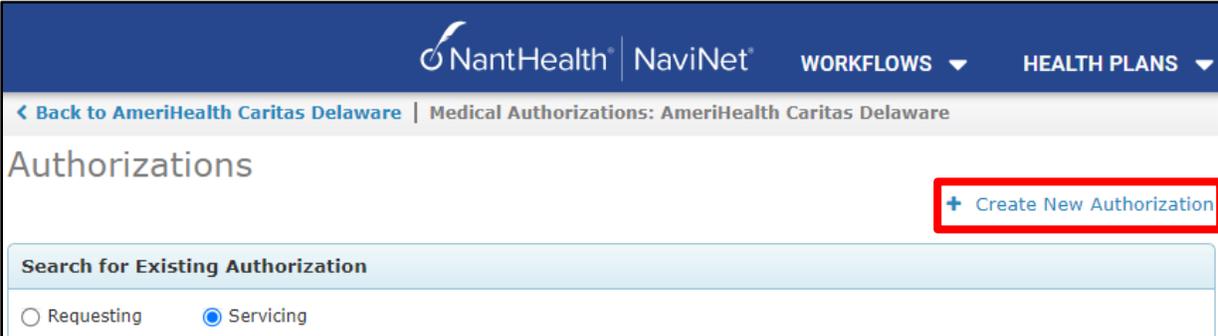
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> <li>Various functionalities are available to include initiating medical authorizations, inquiries, etc.</li> </ul>
Training Videos	Training Videos	<ul style="list-style-type: none"> <li>Instructional videos on system usage.</li> </ul>
Latest Updates	Latest News and Updates	<ul style="list-style-type: none"> <li>New functionalities to make your experience more efficient.</li> </ul>



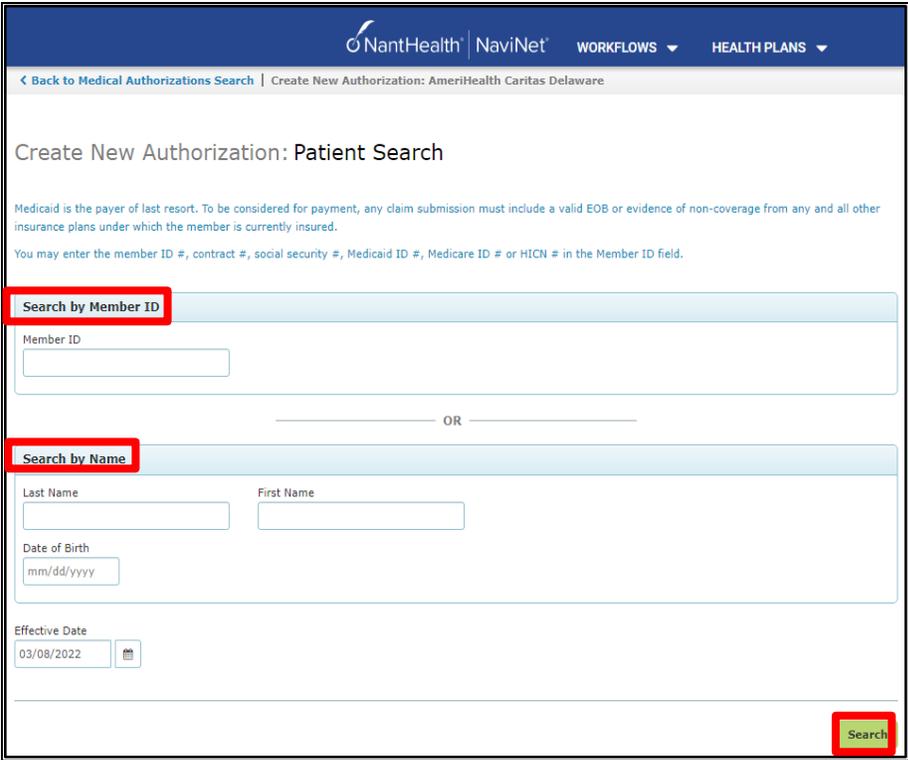
## **3 CREATING A NEW AUTHORIZATION**

# Creating a New Authorization

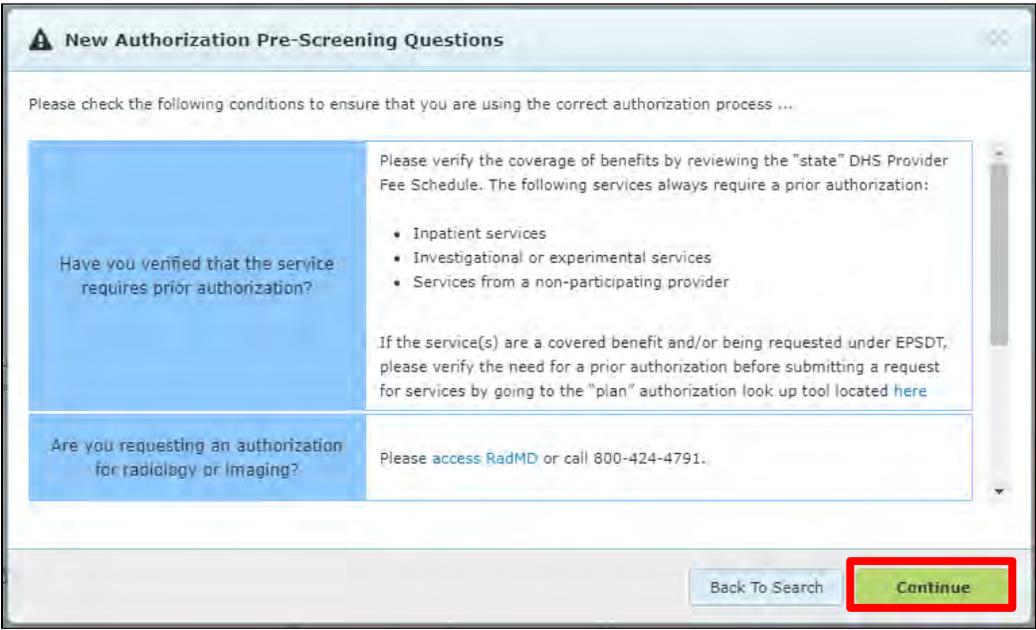
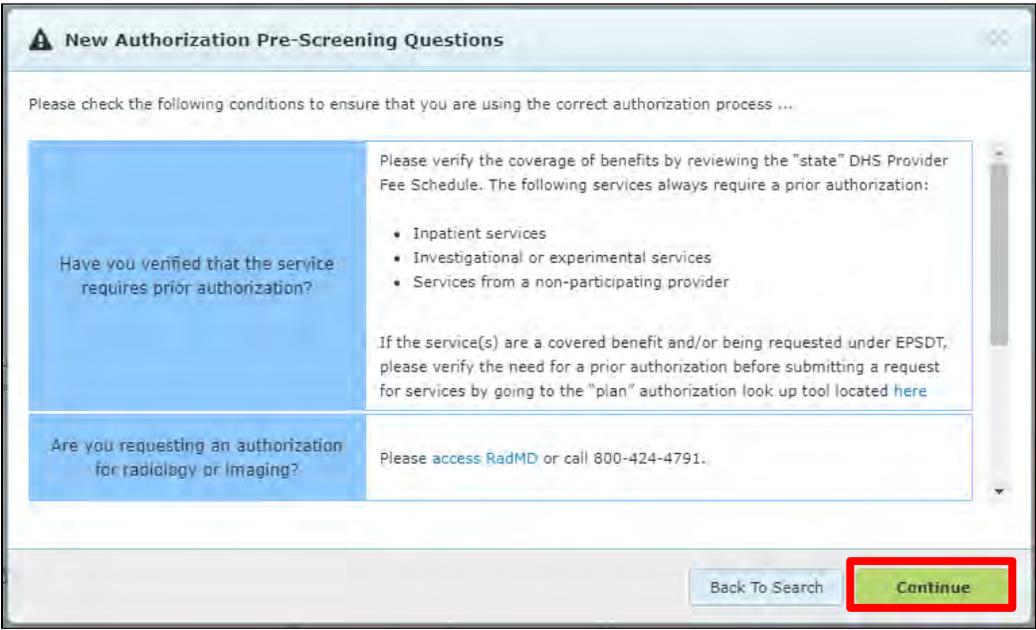
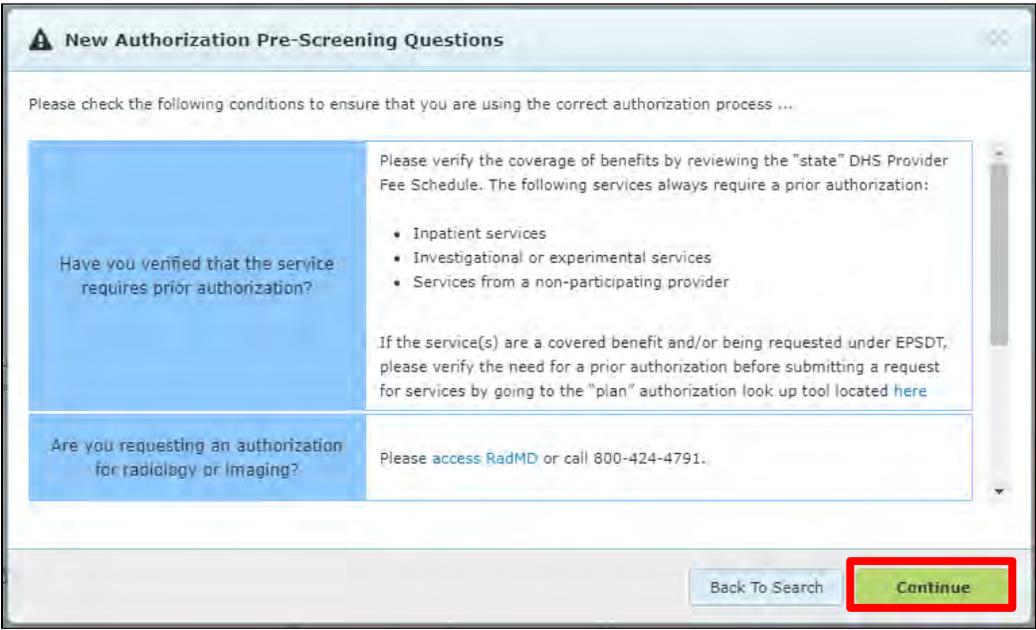
To create a new authorization:

Step	Action
1.	<p>Launch <b>Medical Authorizations</b> under Workflows for this Plan.</p>  <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"><li>Medical Authorizations</li><li>Medical Authorizations Log</li><li>Eligibility and Benefits Inquiry</li><li>Claim Status Inquiry</li><li>Report Inquiry</li><li>Claim Submission</li><li>Provider Directory</li></ul>
2.	<p>Click <b>Create New Authorization</b></p>  <p>NantHealth   NaviNet WORKFLOWS HEALTH PLANS</p> <p><a href="#">Back to AmeriHealth Caritas Delaware</a>   Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p><a href="#">+ Create New Authorization</a></p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>

## Creating a New Authorization (cont.)

Step	Action
3.	<p>Enter patient search criteria information then select <b>Search</b>. 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="224 380 1552 520" style="border: 1px solid black; padding: 5px;">  <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, the user selects the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="217 527 1125 1287" style="border: 1px solid black; padding: 10px;">  </div> <div data-bbox="217 1339 1287 1549" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><b>Note:</b> If you enter an incorrect/invalid member ID you will receive the following:</p> <div data-bbox="237 1398 956 1549" style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Create New Authorization: Patient Search</p> <div data-bbox="237 1482 792 1528" style="border: 1px solid red; padding: 2px; margin-top: 5px;"> <span style="color: red; font-weight: bold;">✘ Subscriber / Insured Not Found. Please Correct and Resubmit.</span> </div> </div> </div>

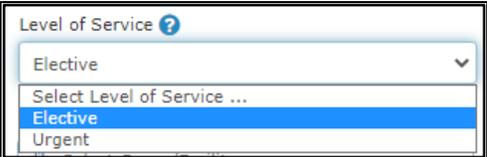
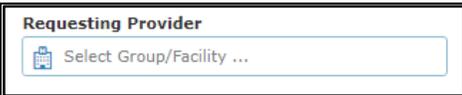
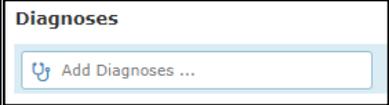
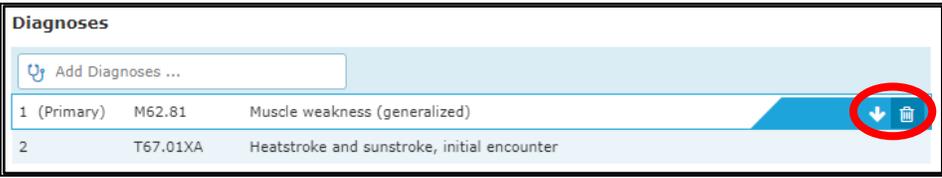
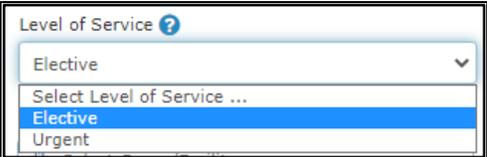
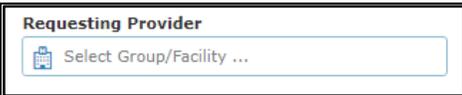
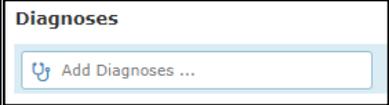
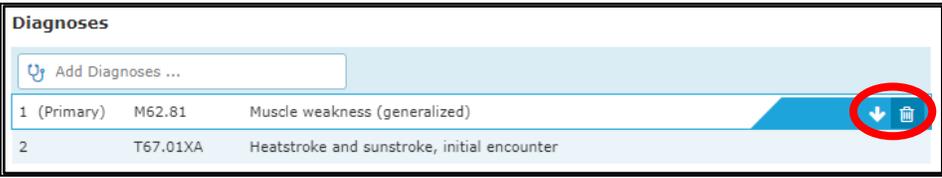
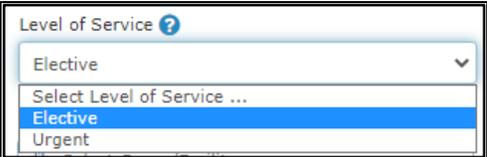
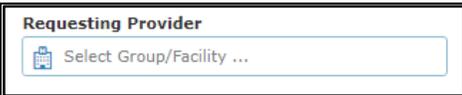
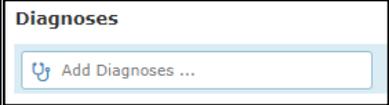
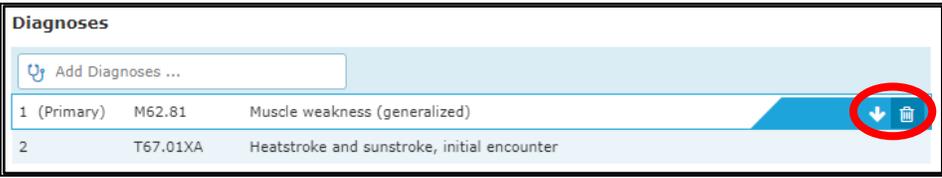
## Creating a New Authorization (cont.)

Step	Action						
4.	<p>Address the pre-screening questions pop up box and select <b>Continue</b>.</p> <p><b>Note:</b> 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="203 352 393 394">If...</th> <th data-bbox="393 352 1559 394">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 394 393 1245"> <p>The member has active coverage</p> </td> <td data-bbox="393 394 1559 1245"> <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> <tr> <td data-bbox="203 1245 393 1623"> <p>The member is ineligible</p> </td> <td data-bbox="393 1245 1559 1623"> <p>The provider will receive the authorization cannot be created message.</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>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 
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## Creating a New Authorization (cont.)

Step	Action						
5.	<p>Enter service type and place of service, then select <b>Next</b></p> <div data-bbox="207 268 1523 898"> <p><b>View Eligibility &amp; Benefits</b> is available to view under the member's demographic information.</p> <p><b>Eligibility &amp; Benefits</b> can be viewed here.</p> </div> <p><b>Service Type</b> – 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><b>Note:</b> 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 1539 906 1812"> </div> <div data-bbox="930 1539 1498 1812"> <p><b>Discard Auth</b> – deletes the request</p> <p><b>Cancel</b> – allows the user to continue</p> <p><b>Save As Draft</b> – 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 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="207 289 1547 447"> <tr> <td data-bbox="207 289 467 447"><b>Date of Service</b></td> <td data-bbox="467 289 1547 447">           This defaults to the current date and is not available to be changed.           <div data-bbox="479 346 678 441">  </div> </td> </tr> </table> <table border="1" data-bbox="207 447 1547 861"> <tr> <td data-bbox="207 447 467 861"><b>Level of Service</b></td> <td data-bbox="467 447 1547 861">           Choose the appropriate selection from the drop-down list – elective or urgent.           <div data-bbox="479 504 966 661">  </div> <table border="1" data-bbox="479 672 1469 850"> <thead> <tr> <th data-bbox="479 672 649 703">If</th> <th data-bbox="649 672 1469 703">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 703 649 766"><b>Elective</b></td> <td data-bbox="649 703 1469 766">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="479 766 649 850"><b>Urgent</b></td> <td data-bbox="649 766 1469 850">Unscheduled admission of patient. 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<b>Diagnoses</b>	This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="479 1354 868 1459">  </div> <p><b>Note:</b> 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 1638 1421 1816">  <table border="1"> <thead> <tr> <th colspan="3">Diagnoses</th> </tr> </thead> <tbody> <tr> <td colspan="3">Add Diagnoses ...</td> </tr> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</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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2	T67.01XA	Heatstroke and sunstroke, initial encounter																											

## Creating a New Authorization - Outpatient (cont.)

Step	Action										
6.	<p data-bbox="207 226 324 252"><b>Services</b></p> <table border="1" data-bbox="207 260 1550 940"> <tr> <td data-bbox="207 260 527 940"><b>From / To</b></td> <td data-bbox="527 260 1550 940"> <p data-bbox="535 268 966 294"><b>From (start date) / To (end date)</b></p> <div data-bbox="535 310 868 394"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p data-bbox="535 415 1534 634"><b>Note:</b> 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 <b>Submit</b>.</p> <div data-bbox="535 651 1485 934"> <p data-bbox="609 682 1388 714">• <b>Invalid / Missing Date(s) of Service - Please Correct and Resubmit</b></p> <p data-bbox="609 739 738 760">Service Type</p> <p data-bbox="609 772 1128 808">Outpatient Durable Medical Equipment P...</p> <p data-bbox="609 835 771 856">Place of Service</p> <p data-bbox="609 871 1128 907">Home</p> </div> </td> </tr> <tr> <td data-bbox="207 949 527 1222"><b>Procedure Code</b></td> <td data-bbox="527 949 1550 1222"> <p data-bbox="535 961 1534 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="535 1117 738 1213"> <p data-bbox="552 1134 690 1155">Procedure Code</p> <input data-bbox="552 1165 690 1207" type="text"/> </div> </td> </tr> <tr> <td data-bbox="207 1230 527 1377"><b>Modifiers</b></td> <td data-bbox="527 1230 1550 1377"> <p data-bbox="535 1243 1104 1264">Free text field. This is not a mandatory field.</p> <div data-bbox="535 1281 812 1369"> <p data-bbox="552 1291 625 1312">Modifiers</p> <input data-bbox="552 1312 609 1354" type="text"/> <input data-bbox="617 1312 673 1354" type="text"/> <input data-bbox="682 1312 738 1354" type="text"/> <input data-bbox="747 1312 803 1354" type="text"/> </div> </td> </tr> <tr> <td data-bbox="207 1386 527 1533"><b>Units</b></td> <td data-bbox="527 1386 1550 1533"> <p data-bbox="535 1398 852 1419">Free text numeric value.</p> <div data-bbox="535 1436 812 1524"> <p data-bbox="552 1444 609 1465">Units</p> <input data-bbox="552 1465 706 1507" type="text" value="1"/> Unit(s)         </div> </td> </tr> <tr> <td data-bbox="207 1541 527 1766"><b>Add New Service Line</b></td> <td data-bbox="527 1541 1550 1766"> <p data-bbox="535 1554 1518 1650">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="535 1667 831 1755"> <p data-bbox="568 1701 803 1722">+ Add New Service Line</p> </div> </td> </tr> </table>	<b>From / To</b>	<p data-bbox="535 268 966 294"><b>From (start date) / To (end date)</b></p> <div data-bbox="535 310 868 394"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p data-bbox="535 415 1534 634"><b>Note:</b> 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. 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## Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="228 233 467 260"><b>Attachments</b></p> <p data-bbox="228 279 467 306"><b>+ Add Document</b></p> <p data-bbox="548 279 1536 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="548 520 1511 751"> <p data-bbox="565 533 691 554"><b>Attachments</b></p> <p data-bbox="565 579 716 617"><b>+ Add Document</b></p> <p data-bbox="846 690 1219 718">Drop Documents here to Attach</p> </div> <div data-bbox="548 772 1511 1213"> <p data-bbox="565 785 691 806"><b>Attachments</b></p> <p data-bbox="565 831 716 869"><b>+ Add Document</b></p> <p data-bbox="565 890 829 911">  Document 1- for upload.docx         </p> <p data-bbox="992 890 1289 932"> <b>Select document type ...</b> </p> <ul data-bbox="992 932 1300 1205" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1328 890 1490 932"><b>Delete</b></p> </div>

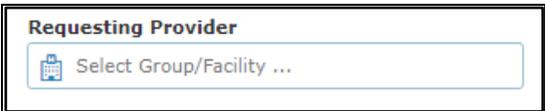
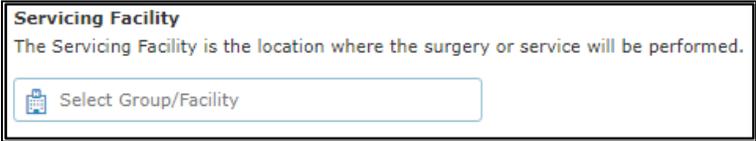
## Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="245 224 553 254"><b>Notes</b></p> <p data-bbox="245 264 553 294"><b>Notes</b></p> <p data-bbox="561 264 1552 373">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="561 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p data-bbox="245 569 553 598"><b>Contact Information</b></p> <p data-bbox="561 569 1552 716">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 <b>Submit</b> when the request is complete.</p> <p data-bbox="561 730 1552 800"><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="561 863 1552 1289"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p><b>DECLARATION</b></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   &lt;&lt; Previous   <b>Submit</b></p> </div> <p data-bbox="245 1331 915 1360"><b>***Proceed to Step 8 for InterQual instructions***</b></p>

## Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p><b>Service Type</b> Select the appropriate service type and place of service according to the request.</p> <div data-bbox="431 310 1068 554" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="431 604 1422 777"> <tr> <td><b>Service Type</b></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><b>Place of Service</b></td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click <b>Next</b> to continue.</p> <div data-bbox="431 877 667 978" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Next »</b></p> </div>	<b>Service Type</b>	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.)	<b>Place of Service</b>	Location in which services will be rendered.
<b>Service Type</b>	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.)				
<b>Place of Service</b>	Location in which services will be rendered.				
	<p><b>Date of Admission/ Date of Discharge</b> Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1159 993 1276" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission      Date of Discharge</p> <p> 03/09/2022       Optional</p> </div> <p>Note: The user will receive the message below if the dates of service overlap in the same case.</p> <div data-bbox="431 1373 1097 1675" 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>				

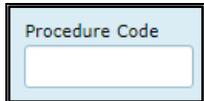
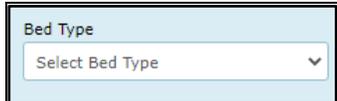
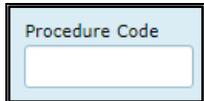
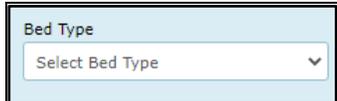
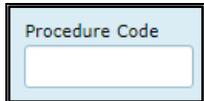
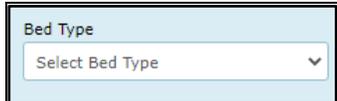
## Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	<p data-bbox="217 233 375 300"><b>Admission Type</b></p> <p data-bbox="418 233 1495 300">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 300 1411 478" style="border: 1px solid black; padding: 5px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 774"> <thead> <tr> <th data-bbox="423 527 586 554">If</th> <th data-bbox="591 527 1406 554">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 560 586 621"><b>Elective</b></td> <td data-bbox="591 560 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722"><b>Urgent</b></td> <td data-bbox="591 627 1406 722">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 728 586 764"><b>Emergent</b></td> <td data-bbox="591 728 1406 764">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	<b>Elective</b>	Potential admission for illness/injury enrollee not currently admitted	<b>Urgent</b>	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	<b>Emergent</b>	Concurrent review, enrollee is currently admitted
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<b>Emergent</b>	Concurrent review, enrollee is currently admitted								
	<p data-bbox="217 837 375 905"><b>Requesting Provider</b></p> <p data-bbox="418 837 1479 905">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 915 963 1026">  </div>								
	<p data-bbox="217 1075 375 1142"><b>Servicing Provider</b></p> <p data-bbox="418 1075 1528 1142">Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="418 1152 963 1264">  </div>								
	<p data-bbox="217 1285 375 1352"><b>Servicing Facility</b></p> <p data-bbox="418 1285 1341 1320">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1331 1174 1472">  </div>								

## Creating a New Authorization – Inpatient (cont.)

Step	Action									
7.	<p data-bbox="207 226 370 258"><b>Diagnoses</b></p> <p data-bbox="207 268 370 300"><b>Diagnoses</b></p> <p data-bbox="537 268 1495 300">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"><p data-bbox="548 321 659 342"><b>Diagnoses</b></p><input data-bbox="565 363 914 401" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 443 1520 590"><b>Note:</b> The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="537 600 1547 783"><p data-bbox="548 611 659 632"><b>Diagnoses</b></p><input data-bbox="565 653 906 690" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="548 701 1531 772"><tbody><tr><td data-bbox="557 709 573 730">1</td><td data-bbox="605 709 654 730">(Primary)</td><td data-bbox="678 709 743 730">M62.81</td><td data-bbox="800 709 1044 730">Muscle weakness (generalized)</td><td data-bbox="1450 701 1531 743" rowspan="2"></td></tr><tr><td data-bbox="557 741 573 762">2</td><td></td><td data-bbox="678 741 760 762">T67.01XA</td><td data-bbox="800 741 1133 762">Heatstroke and sunstroke, initial encounter</td></tr></tbody></table></div>	1	(Primary)	M62.81	Muscle weakness (generalized)		2		T67.01XA	Heatstroke and sunstroke, initial encounter
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## Creating a New Authorization – Inpatient (cont.)

Step	Action												
7.	<p data-bbox="207 226 326 254"><b>Services</b></p> <table border="1" data-bbox="207 254 1471 1635"> <tr> <td data-bbox="207 254 529 457"> <p data-bbox="217 262 354 289"><b>From / To</b></p> </td> <td data-bbox="529 254 1471 457"> <p data-bbox="539 262 1458 331">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="539 348 912 449">  <p>The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022' and the 'To' field contains the placeholder 'mm/dd/yyyy'.</p> </div> </td> </tr> <tr> <td data-bbox="207 457 529 814"> <p data-bbox="217 466 444 493"><b>Procedure Code</b></p> </td> <td data-bbox="529 457 1471 814"> <p data-bbox="539 466 1458 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="539 705 743 806">  <p>The screenshot shows a text input field labeled 'Procedure Code'.</p> </div> </td> </tr> <tr> <td data-bbox="207 814 529 968"> <p data-bbox="217 823 347 850"><b>Modifiers</b></p> </td> <td data-bbox="529 814 1471 968"> <p data-bbox="539 823 1117 850">This is a free text field and is not mandatory.</p> <div data-bbox="539 867 818 957">  <p>The screenshot shows a text input field labeled 'Modifiers' with three small square icons to its right.</p> </div> </td> </tr> <tr> <td data-bbox="207 968 529 1171"> <p data-bbox="217 976 293 1003"><b>Units</b></p> </td> <td data-bbox="529 968 1471 1171"> <p data-bbox="539 976 1458 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="539 1062 857 1163">  <p>The screenshot shows a text input field labeled 'Units' containing the value '1' and the label 'Unit(s)' to its right.</p> </div> </td> </tr> <tr> <td data-bbox="207 1171 529 1375"> <p data-bbox="217 1180 354 1207"><b>Bed Type</b></p> </td> <td data-bbox="529 1171 1471 1375"> <p data-bbox="539 1180 1377 1249">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="539 1266 876 1367">  <p>The screenshot shows a dropdown menu labeled 'Bed Type' with the text 'Select Bed Type' and a downward arrow.</p> </div> </td> </tr> <tr> <td data-bbox="207 1375 529 1635"> <p data-bbox="217 1383 483 1453"><b>+ Add New Service Line</b></p> </td> <td data-bbox="529 1375 1471 1635"> <p data-bbox="539 1383 1446 1495">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="539 1509 818 1598">  <p>The screenshot shows a blue button with a plus sign and the text '+ Add New Service Line'.</p> </div> </td> </tr> </table>	<p data-bbox="217 262 354 289"><b>From / To</b></p>	<p data-bbox="539 262 1458 331">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="539 348 912 449">  <p>The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022' and the 'To' field contains the placeholder 'mm/dd/yyyy'.</p> </div>	<p data-bbox="217 466 444 493"><b>Procedure Code</b></p>	<p data-bbox="539 466 1458 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. 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## Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p data-bbox="201 224 521 254"><b>Attachments</b></p> <p data-bbox="217 264 431 294"><b>Add Document</b></p> <p data-bbox="537 264 1544 411">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. If the user attaches a document, the document type is mandatory. The user also has the ability to delete any document attached in error.</p> <div data-bbox="537 426 1482 659" style="border: 1px solid black; padding: 5px;"> <p data-bbox="558 443 678 464">Attachments</p> <div data-bbox="553 485 716 520" style="border: 1px solid red; padding: 2px;">+ Add Document</div> <p data-bbox="829 600 1195 625" style="text-align: center;">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1482 1108" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p data-bbox="558 690 678 711">Attachments</p> <div data-bbox="553 732 716 768" style="border: 1px solid red; padding: 2px;">+ Add Document</div> <div data-bbox="558 789 813 821" style="border: 1px solid black; padding: 2px;"> <span data-bbox="570 793 591 821" style="font-size: 1em;">📄</span> Document 1- for upload.docx         </div> <div data-bbox="980 789 1260 1100" style="border: 1px solid red; padding: 2px; margin-left: 10px;">           Select document type ...            Select document type ...            Progress Report            Medical Record Attachment            Patient Medical History Document            Physical Therapy Notes            Continued treatment            Nursing Notes            Physicians Report            Physician Order            Justification for Admission            Durable Medical Equipment Prescription            Orders and Treatment Document            Initial Assessment            Consent            Discharge Summary         </div> <div data-bbox="1300 800 1446 835" style="border: 1px solid red; padding: 2px; margin-left: 10px;"> <span data-bbox="1365 810 1386 831" style="font-size: 1em;">🗑️</span> Delete         </div> </div>

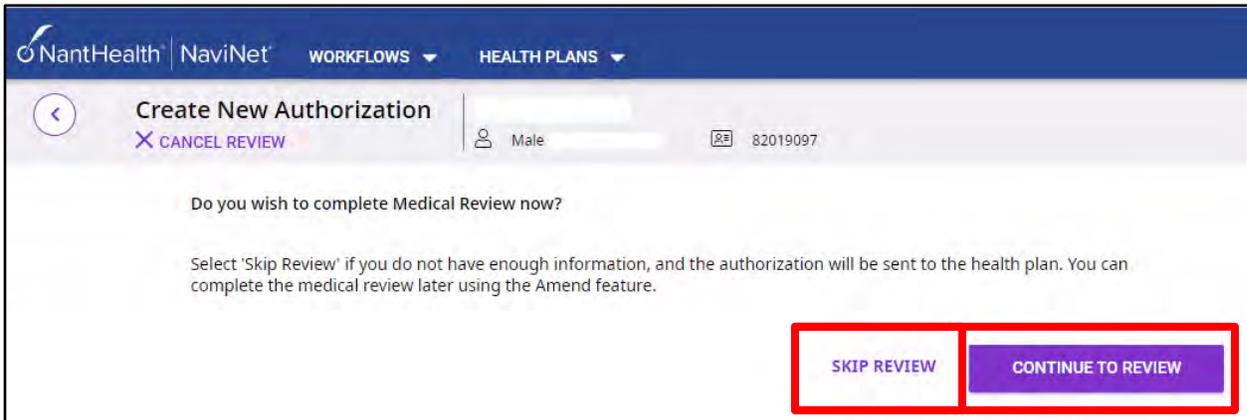
## Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p><b>Notes</b></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="537 401 1533 575"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 842 1533 1276"> <p>▼ <b>Contact Information</b></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><b>DECLARATION</b></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   &lt; Previous   <b>Submit</b></p> </div>

## Creating a New Authorization – InterQual – Outpatient and Inpatient



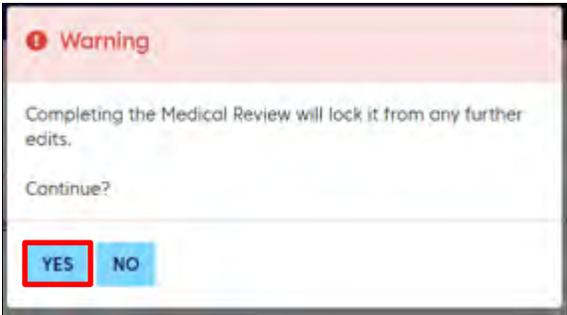
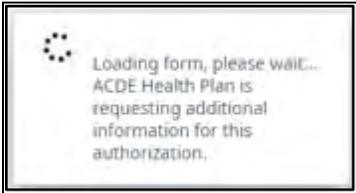
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	After completion of the previous steps, when the user selects <b>Submit</b> , 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> <div data-bbox="204 562 634 814" style="border: 1px solid black; padding: 10px; text-align: center;">  </div>						
10.	<p>Once routed to InterQual, users will have two options 'Skip Review' or 'Continue to Review.'</p> <div data-bbox="204 926 1451 1346" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="204 1398 1468 1913"> <thead> <tr> <th data-bbox="204 1398 521 1438">If....</th> <th data-bbox="526 1398 1468 1438">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 1444 521 1713"><b>Skip Review</b></td> <td data-bbox="526 1444 1468 1713"> <p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p><b>Note:</b>  <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p> </td> </tr> <tr> <td data-bbox="204 1719 521 1913"><b>Continue to Review</b></td> <td data-bbox="526 1719 1468 1913"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p><b>Note:</b>  <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If....	Then...	<b>Skip Review</b>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p><b>Note:</b>  <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>	<b>Continue to Review</b>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p><b>Note:</b>  <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
If....	Then...						
<b>Skip Review</b>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p><b>Note:</b>  <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>						
<b>Continue to Review</b>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p><b>Note:</b>  <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>						

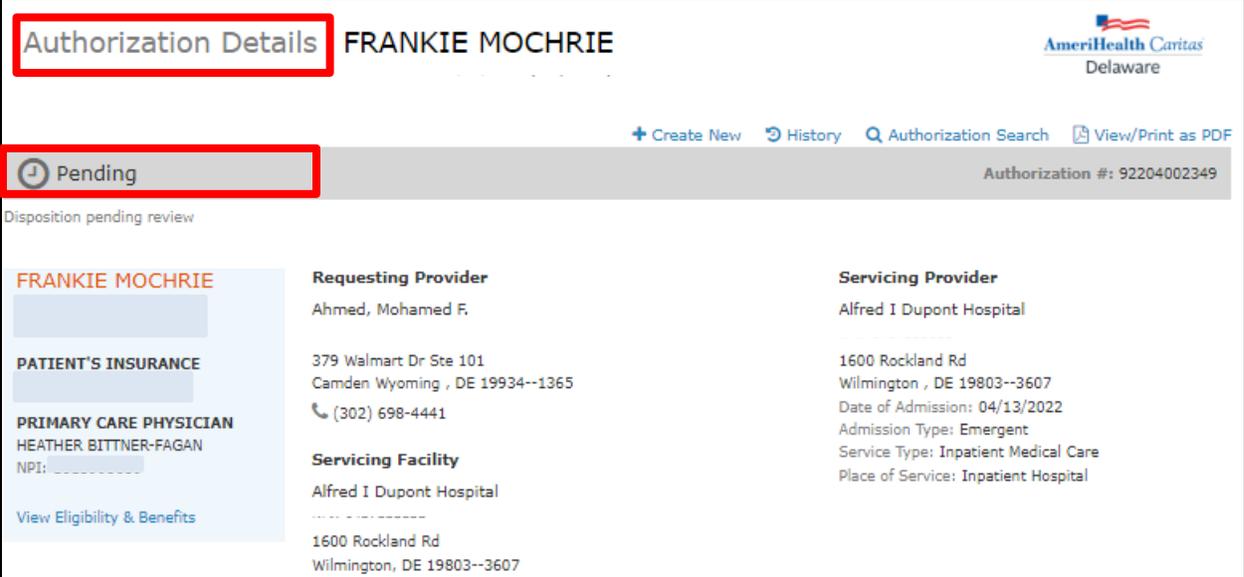
## Creating a New Authorization - InterQual (cont.)

Step	Action						
11.	<table border="1"><thead><tr><th data-bbox="237 254 415 302">If...</th><th data-bbox="415 254 1401 302">Then...</th></tr></thead><tbody><tr><td data-bbox="237 302 415 579"><b>Outpatient</b></td><td data-bbox="415 302 1401 579"><p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p><p>Answer the questions as they relate to the patient/member.</p></td></tr><tr><td data-bbox="237 579 415 932"><b>Inpatient</b></td><td data-bbox="415 579 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></tbody></table>	If...	Then...	<b>Outpatient</b>	<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>	<b>Inpatient</b>	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>
If...	Then...						
<b>Outpatient</b>	<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>						
<b>Inpatient</b>	<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>						

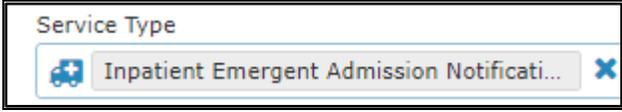
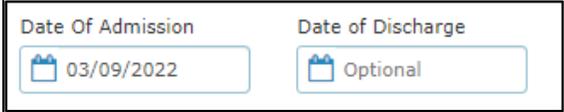
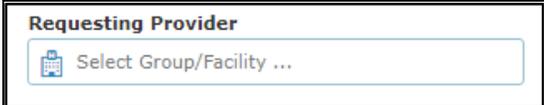
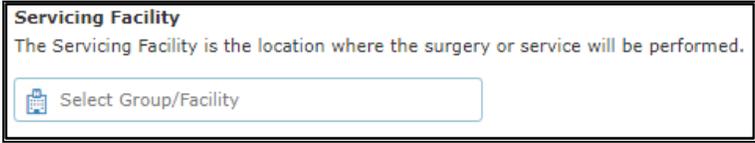
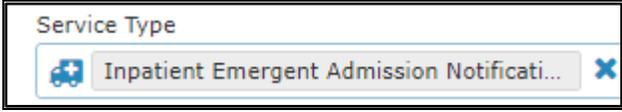
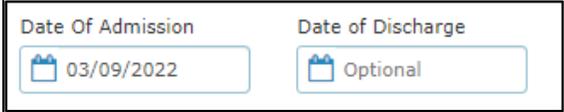
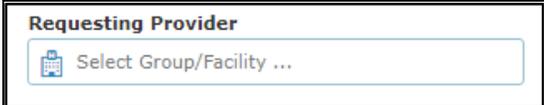
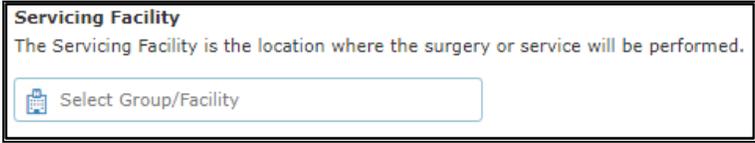
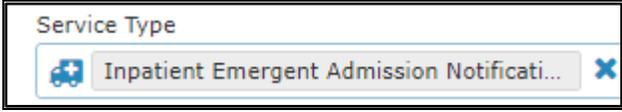
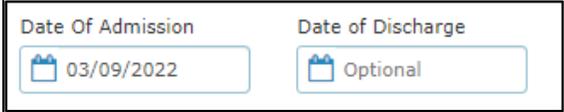
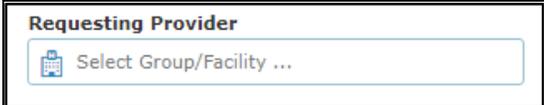
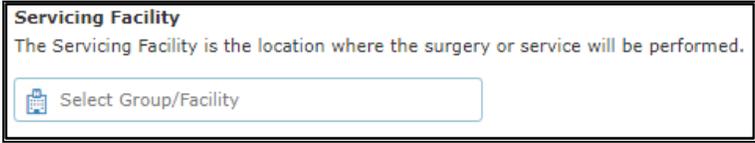
## Creating a New Authorization - InterQual (cont.)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1557 634"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="703 264 1557 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 310 703 432">Q&amp;A criteria is used (outpatient)</td> <td data-bbox="703 310 1557 432">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 432 703 634">Decision tree is used (inpatient)</td> <td data-bbox="703 432 1557 634">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 <b>Complete</b>, then select <b>YES</b> 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.".</p>						

## Creating a New Authorization - InterQual (cont.)

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="219 562 490 590">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="219 590 490 632">[Redacted]</td> <td data-bbox="516 590 695 611">Ahmed, Mohamed F.</td> <td data-bbox="1040 590 1203 611">Alfred I Dupont Hospital</td> </tr> <tr> <td data-bbox="219 646 490 674">PATIENT'S INSURANCE</td> <td data-bbox="516 646 695 674">379 Walmart Dr Ste 101</td> <td data-bbox="1040 646 1203 674">1600 Rockland Rd</td> </tr> <tr> <td data-bbox="219 674 490 701">PRIMARY CARE PHYSICIAN</td> <td data-bbox="516 674 695 701">Camden Wyoming , DE 19934--1365</td> <td data-bbox="1040 674 1203 701">Wilmington , DE 19803--3607</td> </tr> <tr> <td data-bbox="219 701 490 728">HEATHER BITTNER-FAGAN</td> <td data-bbox="516 701 695 728">(302) 698-4441</td> <td data-bbox="1040 701 1203 728">Date of Admission: 04/13/2022</td> </tr> <tr> <td data-bbox="219 728 490 756">NPI: [Redacted]</td> <td data-bbox="516 728 695 756">Servicing Facility</td> <td data-bbox="1040 728 1203 756">Admission Type: Emergent</td> </tr> <tr> <td data-bbox="219 756 490 783">View Eligibility &amp; Benefits</td> <td data-bbox="516 756 695 783">Alfred I Dupont Hospital</td> <td data-bbox="1040 756 1203 783">Service Type: Inpatient Medical Care</td> </tr> <tr> <td></td> <td data-bbox="516 783 695 810">1600 Rockland Rd</td> <td data-bbox="1040 783 1203 810">Place of Service: Inpatient Hospital</td> </tr> <tr> <td></td> <td data-bbox="516 810 695 837">Wilmington, DE 19803--3607</td> <td></td> </tr> </tbody> </table>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	[Redacted]	Ahmed, Mohamed F.	Alfred I Dupont Hospital	PATIENT'S INSURANCE	379 Walmart Dr Ste 101	1600 Rockland Rd	PRIMARY CARE PHYSICIAN	Camden Wyoming , DE 19934--1365	Wilmington , DE 19803--3607	HEATHER BITTNER-FAGAN	(302) 698-4441	Date of Admission: 04/13/2022	NPI: [Redacted]	Servicing Facility	Admission Type: Emergent	View Eligibility & Benefits	Alfred I Dupont Hospital	Service Type: Inpatient Medical Care		1600 Rockland Rd	Place of Service: Inpatient Hospital		Wilmington, DE 19803--3607	
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[Redacted]	Ahmed, Mohamed F.	Alfred I Dupont Hospital																										
PATIENT'S INSURANCE	379 Walmart Dr Ste 101	1600 Rockland Rd																										
PRIMARY CARE PHYSICIAN	Camden Wyoming , DE 19934--1365	Wilmington , DE 19803--3607																										
HEATHER BITTNER-FAGAN	(302) 698-4441	Date of Admission: 04/13/2022																										
NPI: [Redacted]	Servicing Facility	Admission Type: Emergent																										
View Eligibility & Benefits	Alfred I Dupont Hospital	Service Type: Inpatient Medical Care																										
	1600 Rockland Rd	Place of Service: Inpatient Hospital																										
	Wilmington, DE 19803--3607																											

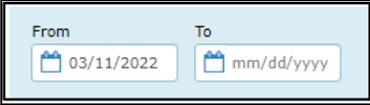
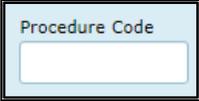
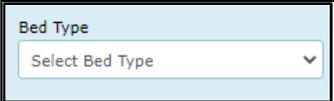
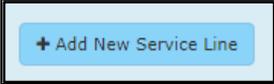
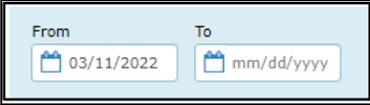
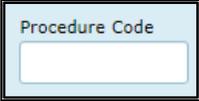
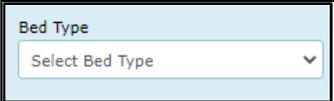
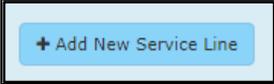
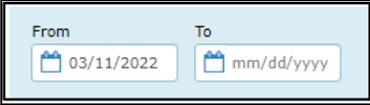
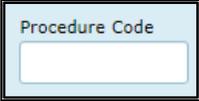
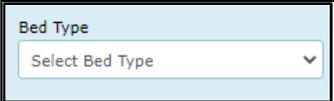
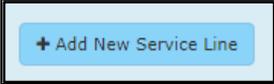
## Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action												
6.	<p>Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.</p> <table border="1"> <tr> <td data-bbox="207 321 521 695"> <p><b>Service Type</b></p> </td> <td data-bbox="526 321 1552 695"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 527">  </div> <p>Click <b>Next</b> to continue.</p> <div data-bbox="537 583 776 688">  </div> </td> </tr> <tr> <td data-bbox="207 701 521 911"> <p><b>Date of Admission/ Date of Discharge</b></p> </td> <td data-bbox="526 701 1552 911"> <p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 793 1101 905">  </div> </td> </tr> <tr> <td data-bbox="207 917 521 1220"> <p><b>Admission Type</b></p> </td> <td data-bbox="526 917 1552 1220"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1057 968 1516 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1226 521 1388"> <p><b>Requesting Provider</b></p> </td> <td data-bbox="526 1226 1552 1388"> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1276 1081 1381">  </div> </td> </tr> <tr> <td data-bbox="207 1394 521 1598"> <p><b>Servicing Provider</b></p> </td> <td data-bbox="526 1394 1552 1598"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1486 1081 1591">  </div> </td> </tr> <tr> <td data-bbox="207 1604 521 1812"> <p><b>Servicing Facility</b></p> </td> <td data-bbox="526 1604 1552 1812"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1654 1292 1797">  </div> </td> </tr> </table>	<p><b>Service Type</b></p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 527">  </div> <p>Click <b>Next</b> to continue.</p> <div data-bbox="537 583 776 688">  </div>	<p><b>Date of Admission/ Date of Discharge</b></p>	<p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 793 1101 905">  </div>	<p><b>Admission Type</b></p>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1057 968 1516 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div>	<p><b>Requesting Provider</b></p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1276 1081 1381">  </div>	<p><b>Servicing Provider</b></p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1486 1081 1591">  </div>	<p><b>Servicing Facility</b></p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1654 1292 1797">  </div>
<p><b>Service Type</b></p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 527">  </div> <p>Click <b>Next</b> to continue.</p> <div data-bbox="537 583 776 688">  </div>												
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<p><b>Requesting Provider</b></p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1276 1081 1381">  </div>												
<p><b>Servicing Provider</b></p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1486 1081 1591">  </div>												
<p><b>Servicing Facility</b></p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1654 1292 1797">  </div>												

## Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action							
6.	<p data-bbox="219 226 365 254"><b>Diagnoses</b></p> <p data-bbox="219 268 365 296"><b>Diagnoses</b></p> <p data-bbox="548 268 1494 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 352 941 462"><p data-bbox="560 361 673 382"><b>Diagnoses</b></p><input data-bbox="560 403 922 436" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="548 478 1542 625"><b>Note:</b> The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="548 640 1559 823"><p data-bbox="560 651 673 672"><b>Diagnoses</b></p><input data-bbox="560 693 922 726" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="560 735 1542 814"><tbody><tr><td data-bbox="560 743 673 764">1 (Primary)</td><td data-bbox="690 743 803 764">M62.81</td><td data-bbox="820 743 1347 764">Muscle weakness (generalized)</td><td data-bbox="1356 724 1542 787" rowspan="2"></td></tr><tr><td data-bbox="560 777 576 798">2</td><td data-bbox="690 777 803 798">T67.01XA</td><td data-bbox="820 777 1347 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.)

Step	Action												
6.	<p><b>Services</b></p> <table border="1"> <tr> <td data-bbox="207 254 527 457"><b>From / To</b></td> <td data-bbox="527 254 1469 457"> <p>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>  </td> </tr> <tr> <td data-bbox="207 457 527 814"><b>Procedure Code</b></td> <td data-bbox="527 457 1469 814"> <p>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 <b>not</b> 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>  </td> </tr> <tr> <td data-bbox="207 814 527 968"><b>Modifiers</b></td> <td data-bbox="527 814 1469 968"> <p>This is a free text field and is not a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 968 527 1171"><b>Units</b></td> <td data-bbox="527 968 1469 1171"> <p>Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1171 527 1339"><b>Bed Type</b></td> <td data-bbox="527 1171 1469 1339"> <p>Select bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1339 527 1602"><b>+ Add New Service Line</b></td> <td data-bbox="527 1339 1469 1602"> <p>Click on <b>Add New Service Line</b> for the system to recognize the request. <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	<b>From / To</b>	<p>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> 	<b>Procedure Code</b>	<p>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 <b>not</b> 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> 	<b>Modifiers</b>	<p>This is a free text field and is not a mandatory field.</p> 	<b>Units</b>	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	<b>Bed Type</b>	<p>Select bed type from the drop down list. This is a mandatory field.</p> 	<b>+ Add New Service Line</b>	<p>Click on <b>Add New Service Line</b> for the system to recognize the request. <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> 
<b>From / To</b>	<p>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> 												
<b>Procedure Code</b>	<p>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 <b>not</b> 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> 												
<b>Modifiers</b>	<p>This is a free text field and is not a mandatory field.</p> 												
<b>Units</b>	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 												
<b>Bed Type</b>	<p>Select bed type from the drop down list. This is a mandatory field.</p> 												
<b>+ Add New Service Line</b>	<p>Click on <b>Add New Service Line</b> for the system to recognize the request. <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> 												

## Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="207 224 386 254"><b>Attachments</b></p> <p data-bbox="217 264 431 294"><b>Add Document</b></p> <p data-bbox="537 264 1533 411">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="537 426 1482 659"><p data-bbox="558 443 678 464">Attachments</p><p data-bbox="574 491 704 512">+ Add Document</p><p data-bbox="829 600 1195 621">Drop Documents here to Attach</p></div> <div data-bbox="537 674 1482 1108"><p data-bbox="558 690 678 711">Attachments</p><p data-bbox="574 739 704 760">+ Add Document</p><p data-bbox="558 793 813 814">Document 1- for upload.docx</p><p data-bbox="992 800 1252 821">Select document type ...</p><p data-bbox="1365 806 1435 827">Delete</p><ul data-bbox="992 831 1276 1098" style="list-style-type: none"><li>Select document type ...</li><li>Progress Report</li><li>Medical Record Attachment</li><li>Patient Medical History Document</li><li>Physical Therapy Notes</li><li>Continued treatment</li><li>Nursing Notes</li><li>Physicians Report</li><li>Physician Order</li><li>Justification for Admission</li><li>Durable Medical Equipment Prescription</li><li>Orders and Treatment Document</li><li>Initial Assessment</li><li>Consent</li><li>Discharge Summary</li></ul></div>

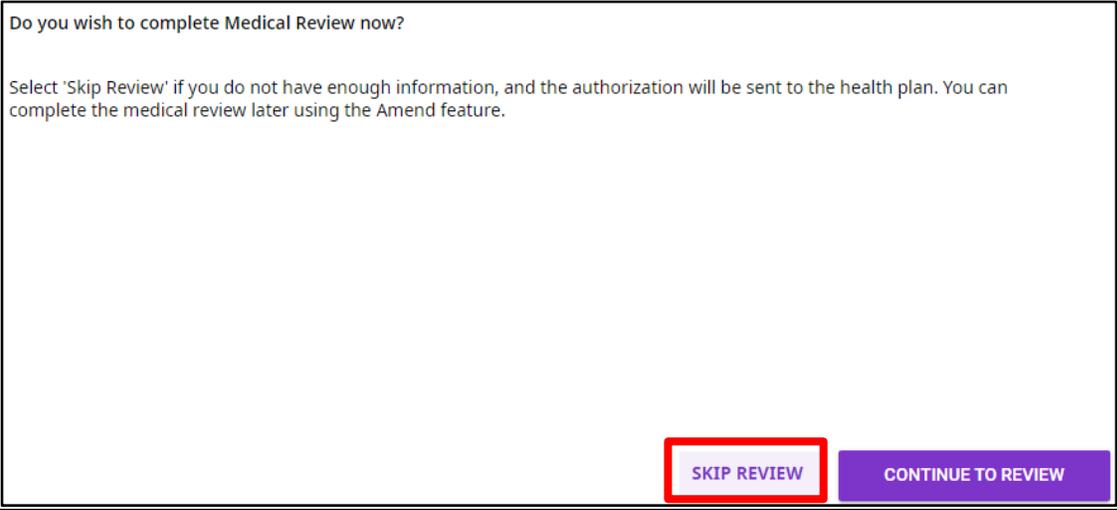
## Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="207 224 521 254"><b>Notes</b></p> <p data-bbox="207 260 521 569"><b>Notes</b></p> <p data-bbox="532 260 1555 373">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="532 386 1555 569" style="border: 1px solid black; padding: 5px;"> <p data-bbox="544 394 609 415">Notes</p> <p data-bbox="560 424 738 445">Enter Clinical Notes ...</p> <p data-bbox="1388 535 1534 556">264 characters left</p> </div> <p data-bbox="207 575 521 604"><b>Contact Information</b></p> <p data-bbox="532 575 1555 730">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 <b>Submit</b> when the request is complete.</p> <p data-bbox="532 739 1555 814"><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="532 827 1555 1241" style="border: 1px solid black; padding: 5px;"> <p data-bbox="544 835 755 856">▼ Contact Information</p> <div data-bbox="544 865 862 1016" style="border: 1px solid red; padding: 2px;"> <p data-bbox="544 873 641 894">First Name</p> <input data-bbox="544 898 852 940" type="text"/> </div> <div data-bbox="544 949 862 1016" style="border: 1px solid red; padding: 2px;"> <p data-bbox="544 957 641 978">Last Name</p> <input data-bbox="544 982 852 1024" type="text"/> </div> <div data-bbox="544 1033 852 1096" style="border: 1px solid black; padding: 2px;"> <p data-bbox="544 1041 657 1062">Email Address</p> <p data-bbox="544 1066 625 1087">Optional</p> <input data-bbox="544 1066 852 1096" type="text"/> </div> <div data-bbox="1047 865 1242 949" style="border: 1px solid red; padding: 2px;"> <p data-bbox="1047 873 1177 894">Phone Number</p> <input data-bbox="1047 898 1226 940" type="text"/> </div> <div data-bbox="1047 949 1226 1012" style="border: 1px solid black; padding: 2px;"> <p data-bbox="1047 957 1161 978">Fax Number</p> <p data-bbox="1047 982 1128 1003">Optional</p> <input data-bbox="1047 982 1226 1012" type="text"/> </div> <div data-bbox="1047 1012 1388 1075" style="border: 1px solid red; padding: 2px;"> <p data-bbox="1047 1020 1372 1071"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> </div> <div data-bbox="544 1104 1534 1180" style="border: 1px solid red; padding: 2px;"> <p data-bbox="560 1113 690 1134"><b>DECLARATION</b></p> <p data-bbox="560 1142 1258 1163"><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> </div> <div data-bbox="1209 1201 1534 1234" style="border: 1px solid red; padding: 2px;"> <p data-bbox="1209 1201 1274 1222">Cancel</p> <p data-bbox="1307 1201 1404 1222">« Previous</p> <p data-bbox="1437 1201 1518 1222"><b>Submit</b></p> </div> </div>

## Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)



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

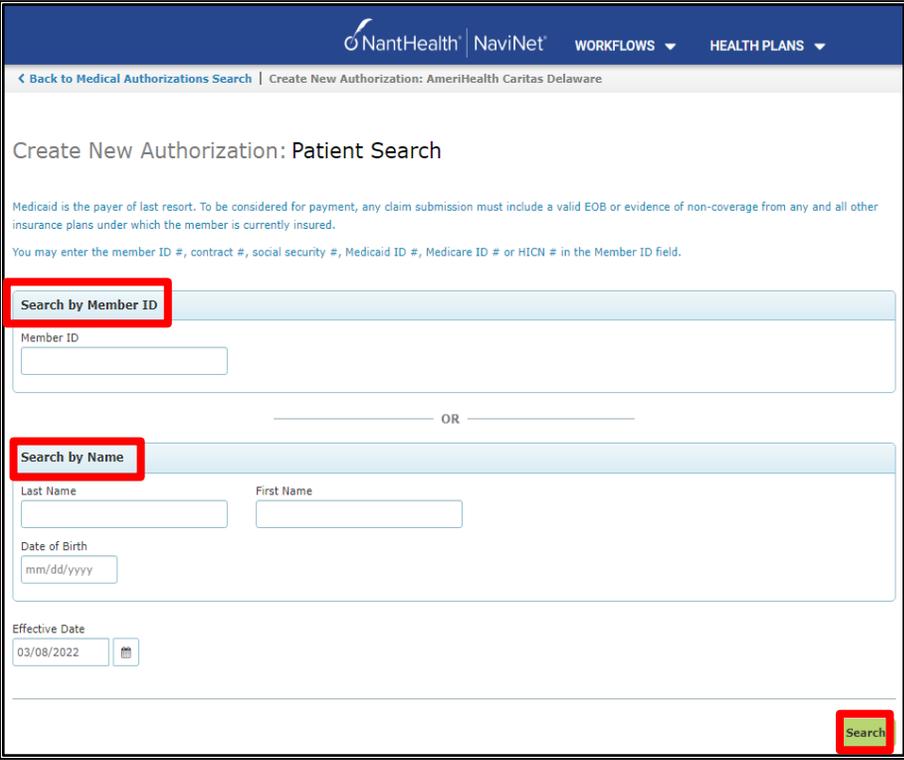
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a thin black border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional 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 thin black 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 white button with a red border labeled "SKIP REVIEW" and a purple button labeled "CONTINUE TO REVIEW".</p> <p><b>Note:</b> 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

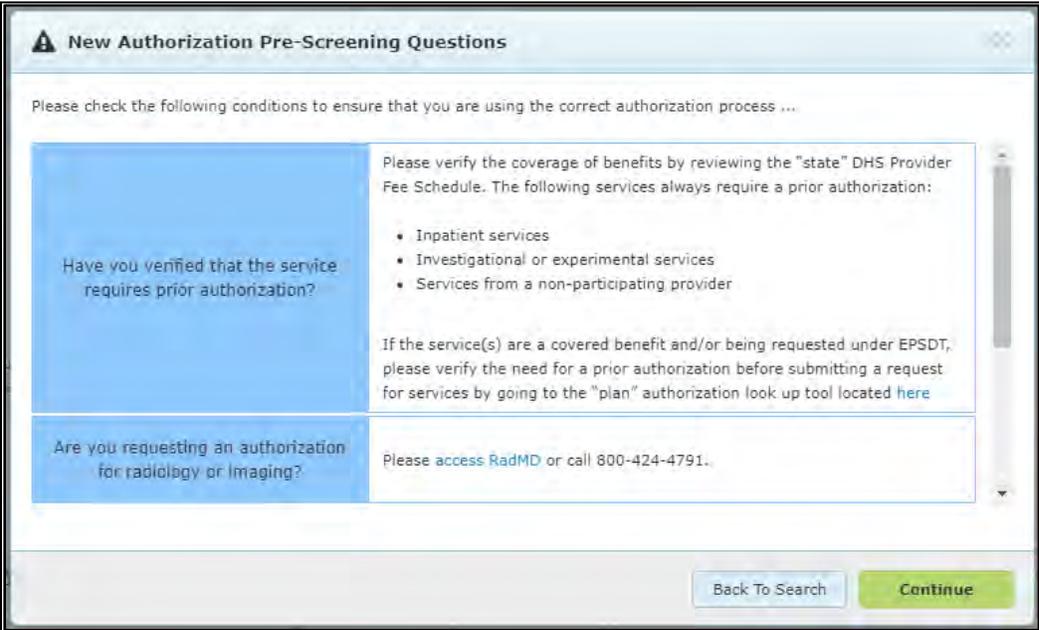
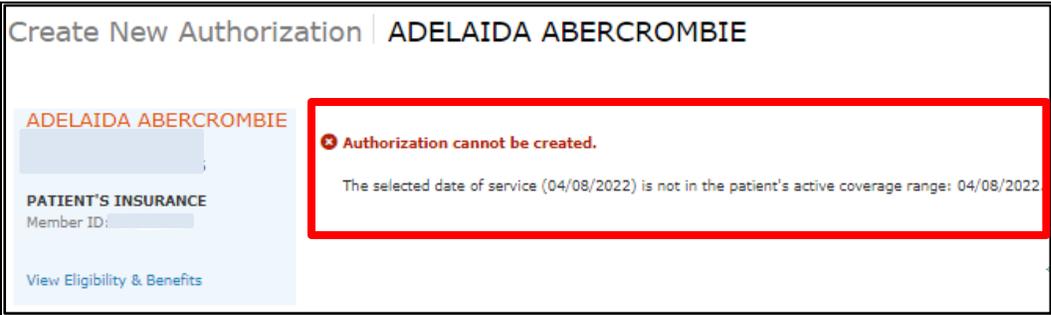
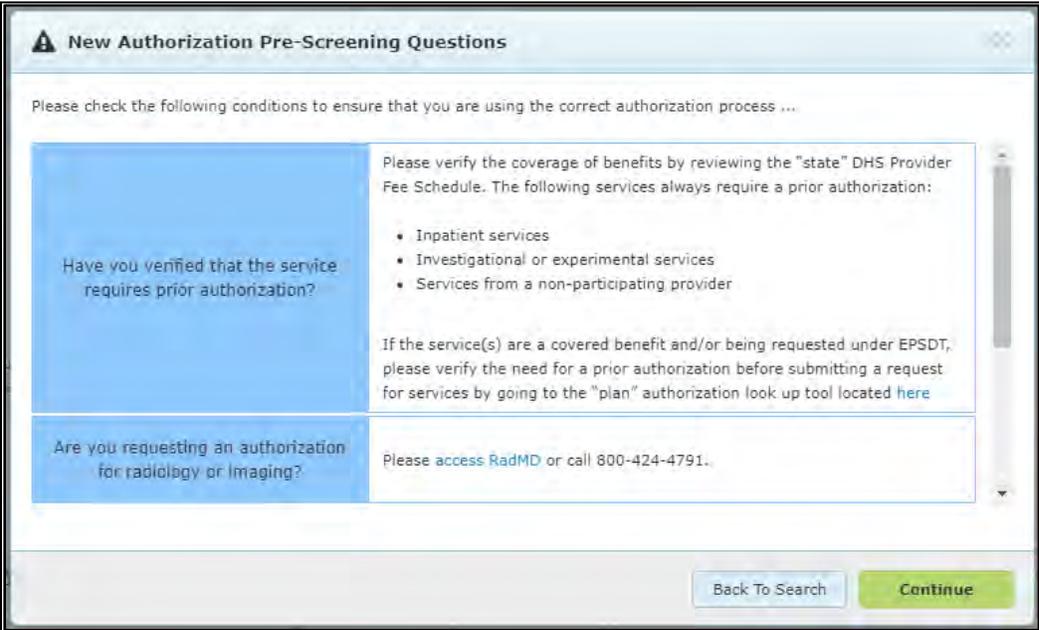
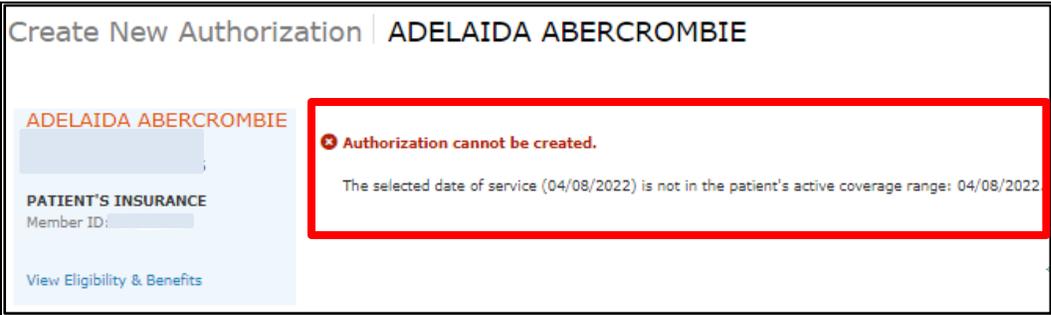
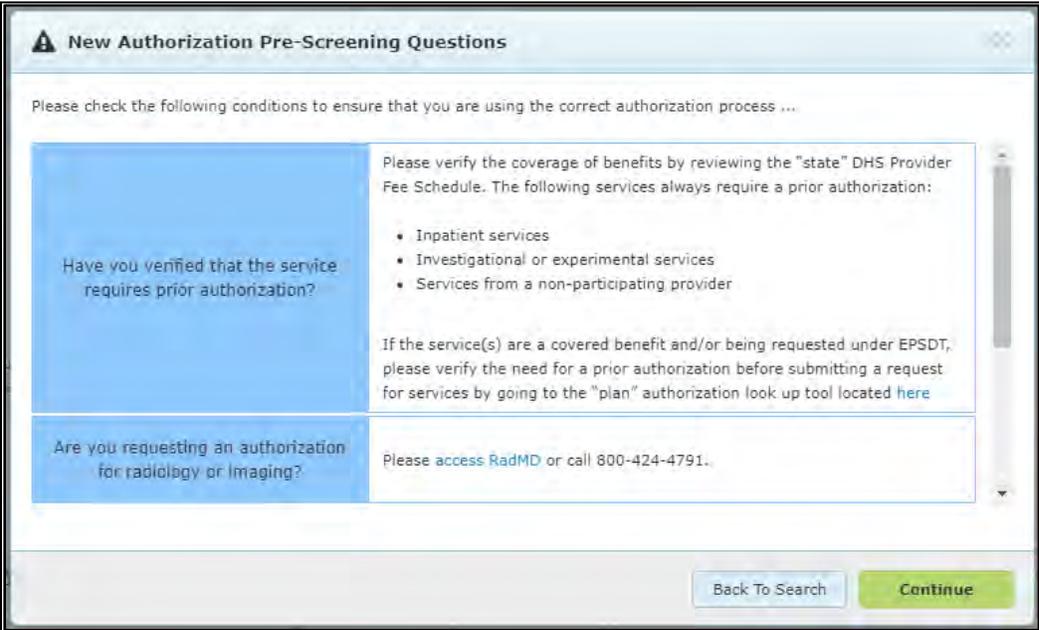
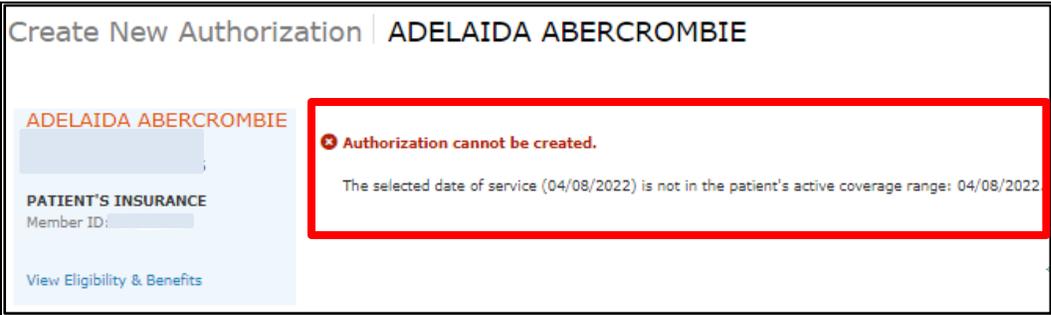
To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch <b>Medical Authorizations</b> under Workflows for this Plan.</p>  <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"><li>Medical Authorizations</li><li>Medical Authorizations Log</li><li>Eligibility and Benefits Inquiry</li><li>Claim Status Inquiry</li><li>Report Inquiry</li><li>Claim Submission</li><li>Provider Directory</li></ul>
2.	<p>Click <b>Create New Authorization</b></p>  <p>NantHealth®   NaviNet®    WORKFLOWS ▾    HEALTH PLANS ▾</p> <p><a href="#">Back to AmeriHealth Caritas Delaware</a>   Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p><a href="#">+ Create New Authorization</a></p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting    <input checked="" type="radio"/> Servicing</p>

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

Step	Action
3.	<p>Enter patient search criteria information then select <b>Search</b>. 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="219 346 1555 489" style="border: 1px solid black; padding: 5px;">  <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="219 495 1123 1255" style="border: 1px solid black; padding: 5px;">  </div> <p><b>Note:</b> If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="219 1314 966 1472" style="border: 1px solid black; padding: 5px;"> <p>Create New Authorization: Patient Search</p> <p> <b>Subscriber / Insured Not Found. Please Correct and Resubmit.</b></p> </div>

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

Step	Action						
4.	<p>Address the pre-screening questions pop up box then select <b>Continue</b>.</p> <p><b>Note:</b> 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="203 352 397 401">If...</th> <th data-bbox="397 352 1559 401">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 401 397 1255"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1255"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="203 1255 397 1629"> <p>The member is ineligible</p> </td> <td data-bbox="397 1255 1559 1629"> <p>The provider will receive the authorization cannot be created message.</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 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> 
If...	Then...						
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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 						

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

Step	Action								
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: <b>Inpatient Delivery Notification</b> Place of Service: <b>Birthing Center</b> or <b>Inpatient Hospital</b> Select <b>Next</b></p> <div data-bbox="186 430 1542 861"><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 <b>Next »</b></p></div>								
6.	<p>Click <b>+ Add Maternity Details</b> 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 <span>✕ Close/Save</span></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"><b>+ Add Maternity Details</b></td></tr></tbody></table><p>Cancel <span>« Previous</span> <b>Next »</b></p></div>	Name	Gender	Date of Birth	Delivery Period	<b>+ Add Maternity Details</b>			
Name	Gender	Date of Birth	Delivery Period						
<b>+ Add Maternity Details</b>									

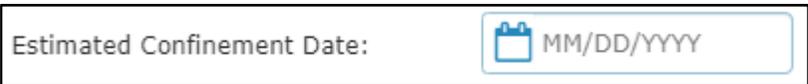
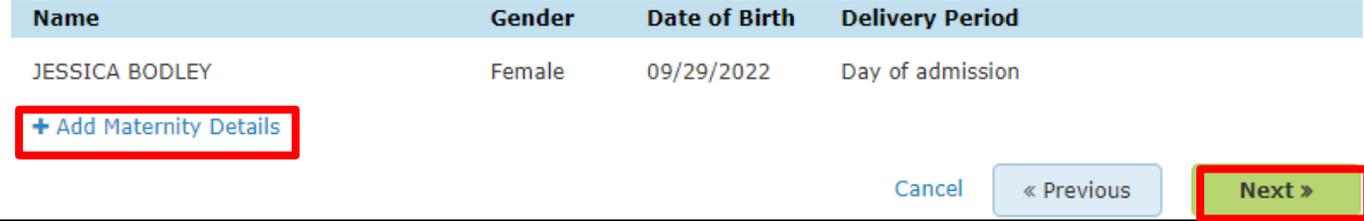
## Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action
6.	<div data-bbox="203 220 1177 1165"><h3 data-bbox="227 231 1169 262">Add Maternity Details <span data-bbox="1144 231 1169 262">✕</span></h3><p data-bbox="227 283 966 325">Baby's Last Name: <input data-bbox="576 283 966 325" type="text"/></p><p data-bbox="227 346 966 388">Baby's First Name: <input data-bbox="576 346 966 388" type="text"/></p><p data-bbox="227 409 803 451">Gender: <input data-bbox="576 409 803 451" type="text" value="Select"/></p><p data-bbox="227 472 803 514">Date Of Birth: <input data-bbox="576 472 803 514" type="text" value="MM/DD/YYYY"/></p><p data-bbox="227 525 803 567">Weight In Grams: <input data-bbox="576 525 803 567" type="text"/></p><p data-bbox="227 588 803 630">1 Minute Apgar: <input data-bbox="576 588 803 630" type="text" value="Select"/></p><p data-bbox="227 651 803 693">5 Minute Apgar: <input data-bbox="576 651 803 693" type="text" value="Select"/></p><p data-bbox="227 703 324 724"><b>Delivery</b></p><p data-bbox="227 745 803 787">Delivery Outcome: <input data-bbox="576 745 803 787" type="text" value="Select"/></p><p data-bbox="227 808 966 850">Delivery Method: <input data-bbox="576 808 966 850" type="text" value="Select"/></p><p data-bbox="227 871 966 913">Delivery Period: <input data-bbox="576 871 966 913" type="text" value="Select"/></p><p data-bbox="227 934 966 976">Estimated Gestational Age : <input data-bbox="576 934 690 976" type="text" value="Select"/> weeks <input data-bbox="803 934 917 976" type="text" value="0"/> days</p><p data-bbox="227 997 803 1039">Estimated Confinement Date: <input data-bbox="576 997 803 1039" type="text" value="MM/DD/YYYY"/></p><p data-bbox="227 1060 803 1102">Nursery type: <input data-bbox="576 1060 803 1102" type="text" value="Select"/></p><p data-bbox="990 1123 1169 1155"><input data-bbox="990 1123 1079 1155" type="button" value="Cancel"/> <input data-bbox="1096 1123 1169 1155" type="button" value="Save"/></p></div>

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

Step	Action	
6.	<b>Baby's Last Name</b>	Free text field. Enter the baby's last name.  Baby's Last Name: <input type="text"/>
	<b>Baby's First Name</b>	Free text field. Enter the baby's first name.  Baby's First Name: <input type="text"/>
	<b>Gender</b>	Drop down field. The options are Male, Female, Unknown  Gender: <input type="text" value="Select"/> ▼
	<b>Date Of Birth</b>	Select a date from the calendar  Date Of Birth: <input type="text" value="MM/DD/YYYY"/>
	<b>Weight in Grams</b>	Free text field. Enter the weight in grams  Weight in Grams: <input type="text"/>
	<b>1 Minute Apgar</b>	Drop down field - select 1-10. Click on the question mark for clarification.  1 Minute Apgar: <input type="text" value="Select"/> ▼    1 Minute Apgar:  The Apgar score measures five things to check a baby's health. Each is scored on a scale of 0 to 2, with 2 being the best score. <ol style="list-style-type: none"><li>1. Appearance (skin color)</li><li>2. Pulse (heart rate)</li><li>3. Grimace response (reflexes)</li><li>4. Activity (muscle tone)</li><li>5. Respiration (breathing rate and effort)</li></ol>

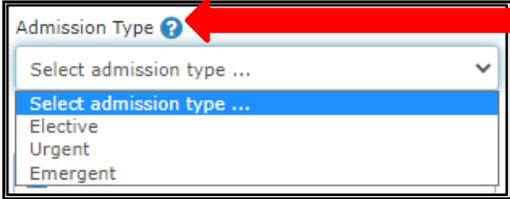
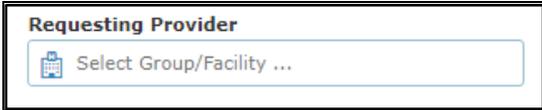
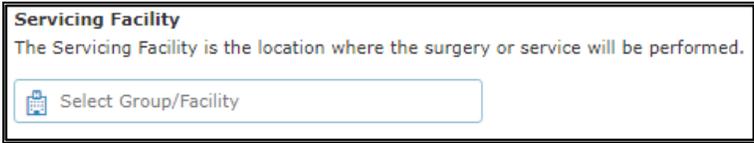
## Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action								
6.	<b>5 Minute Apgar</b> Drop down field - select 1-10. 								
	<b>Delivery Outcome</b> Drop down field – select live birth or non live birth. 								
	<b>Delivery Method</b> Drop down field – select c-section or normal vaginal delivery. 								
	<b>Delivery Period</b> Drop down field – select day of admission, day after admission, or 2 or more days after admission. 								
	<b>Estimated Gestational Age</b> Select the appropriate values from the drop down fields. 								
	<b>Estimated Confinement Date</b> Type the date or use the calendar to select the appropriate date. 								
	<b>Nursery type</b> Drop down field – select well baby or NICU. 								
7.	Select <b>Save</b> when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select <b>+ Add Maternity Details</b> to complete the additional details, then select <b>Next</b> .  <table border="1" data-bbox="203 1459 1567 1617"> <thead> <tr> <th>Name</th> <th>Gender</th> <th>Date of Birth</th> <th>Delivery Period</th> </tr> </thead> <tbody> <tr> <td>JESSICA BODLEY</td> <td>Female</td> <td>09/29/2022</td> <td>Day of admission</td> </tr> </tbody> </table>	Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission
Name	Gender	Date of Birth	Delivery Period						
JESSICA BODLEY	Female	09/29/2022	Day of admission						

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

Step	Action				
8.	<p data-bbox="228 226 402 386"><b>Date of Admission/ Date of Discharge</b></p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 359 667 394">Date Of Admission</td><td data-bbox="711 359 943 394">Date of Discharge</td></tr><tr><td data-bbox="423 394 667 449"> 03/09/2022</td><td data-bbox="711 394 943 449"> Optional</td></tr></table></div> <p data-bbox="418 485 1536 518"><b>Note:</b> If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 533 1385 621"><ul style="list-style-type: none"><li data-bbox="483 562 1338 596">• <b>Invalid / Missing Date(s) of Service - Please Correct and Resubmit</b></li></ul></div>	Date Of Admission	Date of Discharge	 03/09/2022	 Optional
Date Of Admission	Date of Discharge				
 03/09/2022	 Optional				

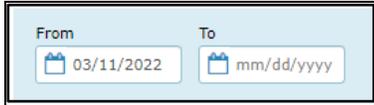
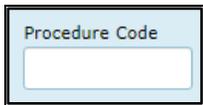
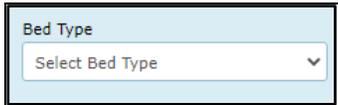
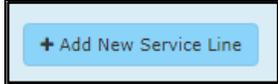
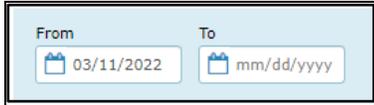
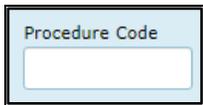
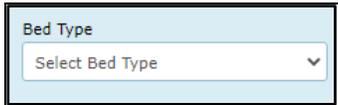
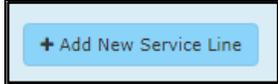
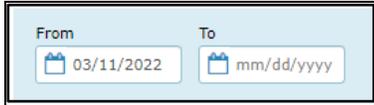
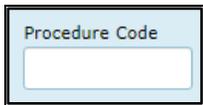
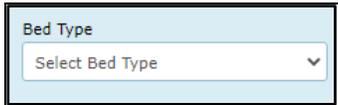
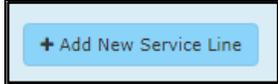
# Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<div data-bbox="215 220 521 783"> <p><b>Admission Type</b></p> </div> <div data-bbox="537 220 1547 262"> <p>Select the admission type – Elective, Urgent, or Emergent</p> </div> <div data-bbox="537 275 1047 474">  </div> <div data-bbox="1144 275 1531 443"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <div data-bbox="537 527 1531 783"> <table border="1"> <thead> <tr> <th data-bbox="540 531 711 562">If</th> <th data-bbox="714 531 1528 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="540 567 711 630"><b>Elective</b></td> <td data-bbox="714 567 1528 630">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="540 634 711 730"><b>Urgent</b></td> <td data-bbox="714 634 1528 730">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="540 735 711 779"><b>Emergent</b></td> <td data-bbox="714 735 1528 779">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> </div> <div data-bbox="215 787 521 1020"> <p><b>Requesting Provider</b></p> </div> <div data-bbox="537 787 1547 867"> <p>Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> </div> <div data-bbox="537 879 1079 989">  </div> <div data-bbox="215 1024 521 1236"> <p><b>Servicing Provider</b></p> </div> <div data-bbox="537 1024 1547 1104"> <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> <div data-bbox="537 1117 1079 1226">  </div> <div data-bbox="215 1241 521 1474"> <p><b>Servicing Facility</b></p> </div> <div data-bbox="537 1241 1547 1278"> <p>The servicing facility is the location where the service will be performed.</p> </div> <div data-bbox="537 1291 1291 1434">  </div>	If	Then	<b>Elective</b>	Potential admission for illness/injury enrollee not currently admitted	<b>Urgent</b>	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	<b>Emergent</b>	Concurrent review, enrollee is currently admitted
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<b>Emergent</b>	Concurrent review, enrollee is currently admitted								

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

Step	Action								
9.	<p data-bbox="207 226 370 258"><b>Diagnoses</b></p> <p data-bbox="207 268 370 300"><b>Diagnoses</b></p> <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="537 348 930 464"><p data-bbox="548 359 659 384"><b>Diagnoses</b></p><input data-bbox="553 401 911 443" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 478 1536 625"><b>Note:</b> 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="537 636 1547 825"><p data-bbox="548 646 659 672"><b>Diagnoses</b></p><input data-bbox="553 688 906 730" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 737 1536 814"><tbody><tr><td data-bbox="553 737 581 762">1</td><td data-bbox="586 737 651 762">(Primary) M62.81</td><td data-bbox="805 737 1040 762">Muscle weakness (generalized)</td><td data-bbox="1344 737 1536 762"> </td></tr><tr><td data-bbox="553 779 581 804">2</td><td data-bbox="678 779 760 804">T67.01XA</td><td data-bbox="805 779 1133 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)	 						
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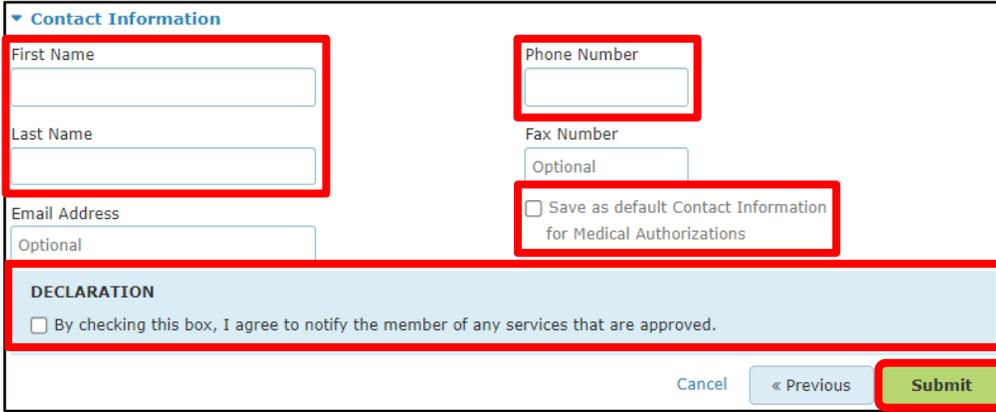
## Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action												
9.	<p data-bbox="207 226 326 258"><b>Services</b></p> <table border="1" data-bbox="207 258 1471 1680"> <tr> <td data-bbox="207 258 529 506"><b>From / To</b></td> <td data-bbox="529 258 1471 506"> <p data-bbox="540 268 1409 380">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="540 390 914 495">  </div> </td> </tr> <tr> <td data-bbox="207 506 529 858"><b>Procedure Code</b></td> <td data-bbox="529 506 1471 858"> <p data-bbox="540 516 1450 737">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 <b>not</b> 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="540 747 743 852">  </div> </td> </tr> <tr> <td data-bbox="207 858 529 1010"><b>Modifiers</b></td> <td data-bbox="529 858 1471 1010"> <p data-bbox="540 869 1117 905">This is a free text field and is not mandatory.</p> <div data-bbox="540 915 818 999">  </div> </td> </tr> <tr> <td data-bbox="207 1010 529 1215"><b>Units</b></td> <td data-bbox="529 1010 1471 1215"> <p data-bbox="540 1020 1455 1094">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1104 857 1209">  </div> </td> </tr> <tr> <td data-bbox="207 1215 529 1421"><b>Bed Type</b></td> <td data-bbox="529 1215 1471 1421"> <p data-bbox="540 1226 1382 1299">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1310 878 1415">  </div> </td> </tr> <tr> <td data-bbox="207 1421 529 1680"><b>+ Add New Service Line</b></td> <td data-bbox="529 1421 1471 1680"> <p data-bbox="540 1432 1446 1547">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="540 1558 818 1642">  </div> </td> </tr> </table>	<b>From / To</b>	<p data-bbox="540 268 1409 380">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="540 390 914 495">  </div>	<b>Procedure Code</b>	<p data-bbox="540 516 1450 737">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 <b>not</b> 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="540 747 743 852">  </div>	<b>Modifiers</b>	<p data-bbox="540 869 1117 905">This is a free text field and is not mandatory.</p> <div data-bbox="540 915 818 999">  </div>	<b>Units</b>	<p data-bbox="540 1020 1455 1094">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1104 857 1209">  </div>	<b>Bed Type</b>	<p data-bbox="540 1226 1382 1299">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1310 878 1415">  </div>	<b>+ Add New Service Line</b>	<p data-bbox="540 1432 1446 1547">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="540 1558 818 1642">  </div>
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## Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p data-bbox="203 226 381 258"><b>Attachments</b></p> <p data-bbox="219 268 430 300"><b>Add Document</b></p> <p data-bbox="535 268 1550 415">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="539 430 1485 667"> <p data-bbox="560 445 678 468">Attachments</p> <p data-bbox="560 493 717 525">+ Add Document</p> <p data-bbox="831 604 1198 636">Drop Documents here to Attach</p> </div> <div data-bbox="539 682 1485 1117"> <p data-bbox="560 697 678 720">Attachments</p> <p data-bbox="560 745 717 777">+ Add Document</p> <p data-bbox="560 802 815 825">Document 1- for upload.docx</p> <p data-bbox="993 802 1258 825">Select document type ...</p> <ul data-bbox="993 835 1279 1108" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1318 814 1458 846">Delete</p> </div>

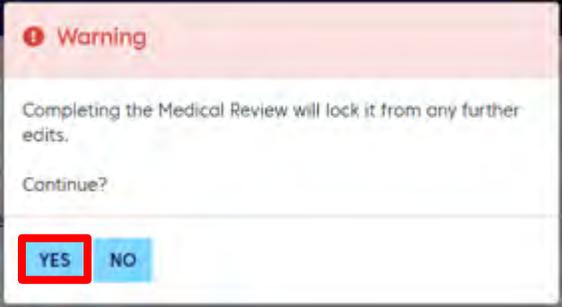
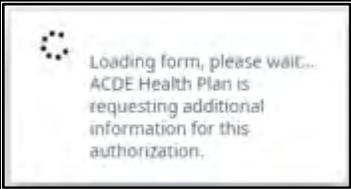
## Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p><b>Notes</b></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>  <p><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> 
9.	<p>Selecting <b>Submit</b> may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> 

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

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.)

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 <b>Complete</b> at the bottom, then select <b>YES</b> to continue.  A warning dialog box with a red header bar 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.)

Step	Action																		
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <div data-bbox="207 294 1458 877"><p><b>Authorization Details</b> FRANKIE MOCHRIE</p><p>AmeriHealth Caritas Delaware</p><p>+ Create New History Authorization Search View/Print as PDF</p><p><b>Pending</b> Authorization #: 92204002349</p><p>Disposition pending review</p><table border="0"><tr><td><b>FRANKIE MOCHRIE</b></td><td><b>Requesting Provider</b></td><td><b>Servicing Provider</b></td></tr><tr><td><b>PATIENT'S INSURANCE</b></td><td>Ahmed, Mohamed F.</td><td>Alfred I Dupont Hospital</td></tr><tr><td><b>PRIMARY CARE PHYSICIAN</b></td><td>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</td><td>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</td></tr><tr><td><b>HEATHER BITTNER-FAGAN</b> NPI</td><td><b>Servicing Facility</b></td><td></td></tr><tr><td><a href="#">View Eligibility &amp; Benefits</a></td><td>Alfred I Dupont Hospital</td><td></td></tr><tr><td></td><td>1600 Rockland Rd Wilmington, DE 19803--3607</td><td></td></tr></table></div>	<b>FRANKIE MOCHRIE</b>	<b>Requesting Provider</b>	<b>Servicing Provider</b>	<b>PATIENT'S INSURANCE</b>	Ahmed, Mohamed F.	Alfred I Dupont Hospital	<b>PRIMARY CARE PHYSICIAN</b>	379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441	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	<b>HEATHER BITTNER-FAGAN</b> NPI	<b>Servicing Facility</b>		<a href="#">View Eligibility &amp; Benefits</a>	Alfred I Dupont Hospital			1600 Rockland Rd Wilmington, DE 19803--3607	
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	1600 Rockland Rd Wilmington, DE 19803--3607																		

## 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...										
<b>Approved</b>	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p><b>Note:</b> Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1528 884"> <tr> <td><b>Amend</b></td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>Attach</b></td> <td>Attaching a document</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </table>	<b>Amend</b>	Extending existing services or requesting another service on the same authorization	<b>Create New</b>	Creating a new request	<b>Attach</b>	Attaching a document	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF
<b>Amend</b>	Extending existing services or requesting another service on the same authorization										
<b>Create New</b>	Creating a new request										
<b>Attach</b>	Attaching a document										
<b>Authorization Search</b>	Searching for an authorization										
<b>View/Print as PDF</b>	View and print authorization status request as PDF										
<b>Pending</b>	<div data-bbox="277 919 1528 1045" style="border: 1px solid black; padding: 5px;">  </div> <p><b>Note:</b> Submissions with a pending status will require medical review by the health plan. Requests with 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 1528 1379"> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>History</b></td> <td>Detailed history of the request</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </table>	<b>Create New</b>	Creating a new request	<b>History</b>	Detailed history of the request	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF		
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<b>View/Print as PDF</b>	View and print authorization status request as PDF										



## **4 AMENDING AN AUTHORIZATION**

## Amending an Authorization Request

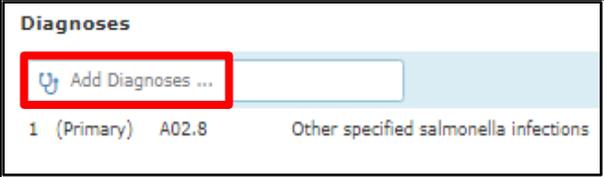
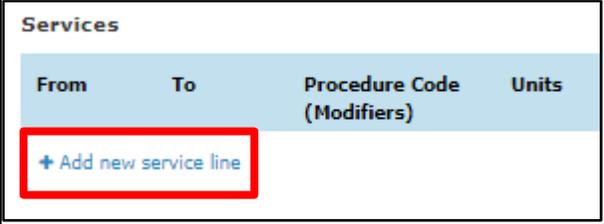
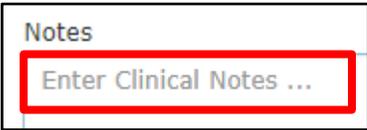
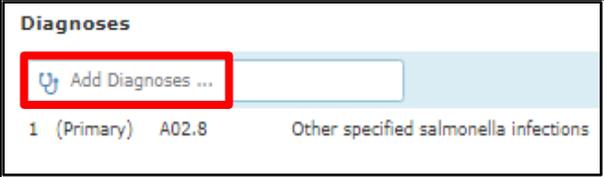
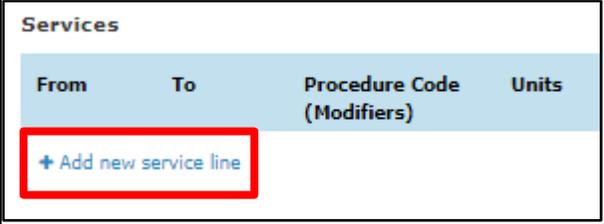
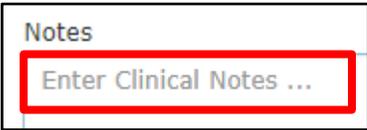
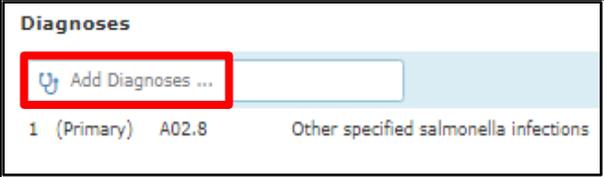
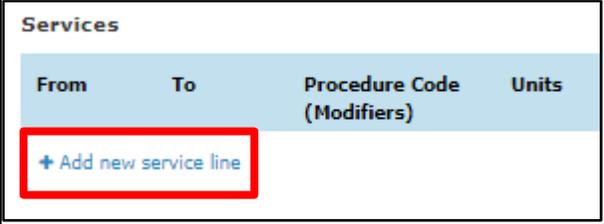
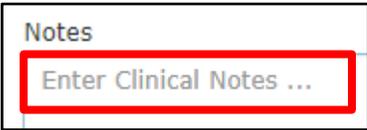
Amending a request is the process of extending existing services **or** requesting another service on the same authorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan.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



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

Step	Action						
1.	<p>Locate the existing request under <b>Workflows for this Plan</b>.</p> <div data-bbox="240 604 597 747" style="border: 1px solid black; padding: 5px;"> <p><b>Workflows for this Plan</b></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 <b>Medical Authorizations Log</b></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 <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select <b>Medical Authorizations Log</b>	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)
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The request was created in NaviNet	Select <b>Medical Authorizations Log</b>						
The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)						
2.	<p>Select <b>Auth Details</b> on the request that needs to be amended.</p> <div data-bbox="240 1033 1360 1192" style="border: 1px solid black; padding: 5px;"> <p><b>GRETA EMERSON</b>      Date of Service: 03/18/2022      Date of Submission: 03/18/2022      <span style="color: green;">✔ Approved</span>  <small>as of 03/18/2022</small></p> <p>AmeriHealth Caritas      Auth #: 92203003350</p> <p style="background-color: #0070C0; color: white; padding: 2px;"> <span style="border: 2px solid red; padding: 2px;">Auth Details</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔄 Refresh Status</span> </p> </div>						
3.	<p>Select <b>Amend</b>.</p> <div data-bbox="240 1255 1539 1390" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"> <span style="border: 2px solid red; padding: 2px;">Amend</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔍 Authorization Search</span> <span style="margin-left: 10px;">📄 View/Print as PDF</span> </p> <p style="background-color: #92D050; padding: 5px;"> <span style="color: green; font-weight: bold;">✔ Approved</span> <span style="float: right;">Authorization #: 92203003026      Effective: 03/31/2022</span> </p> </div>						

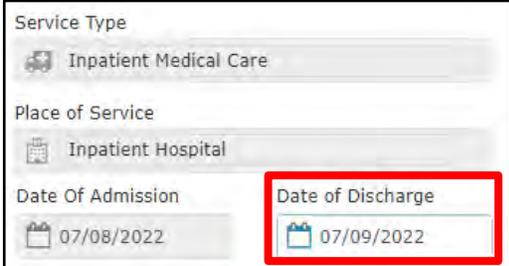
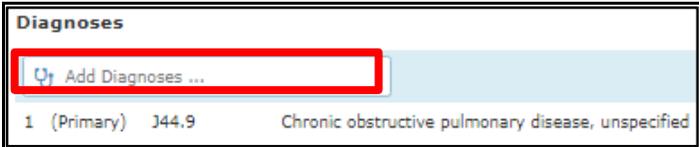
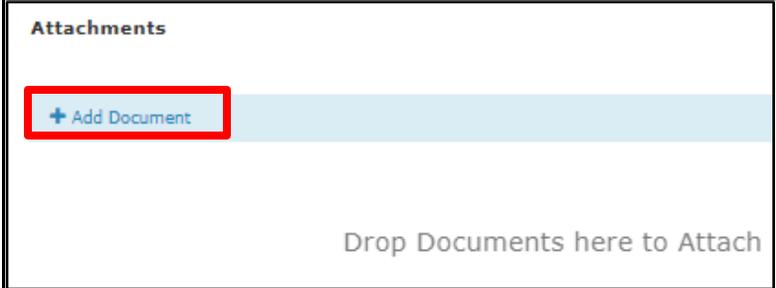
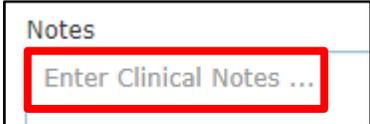
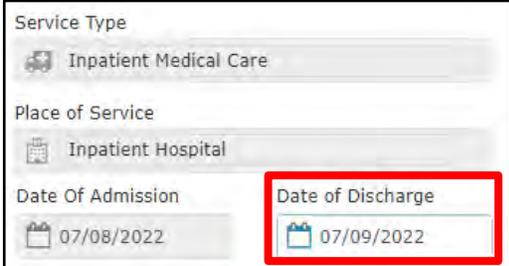
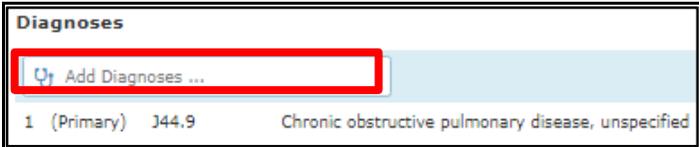
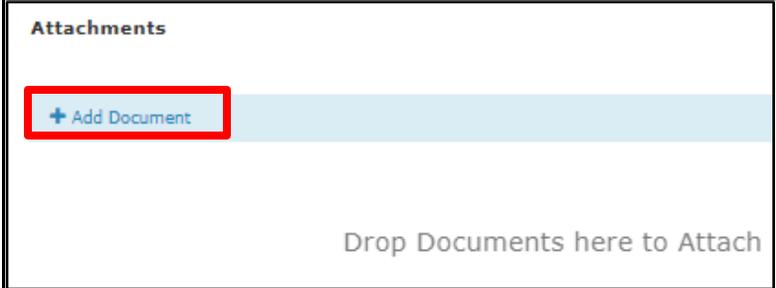
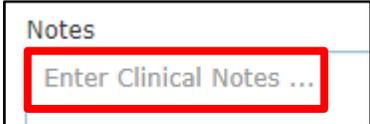
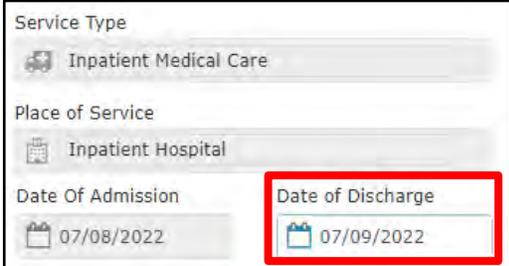
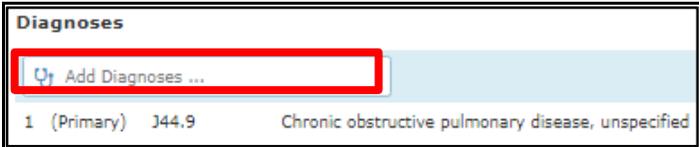
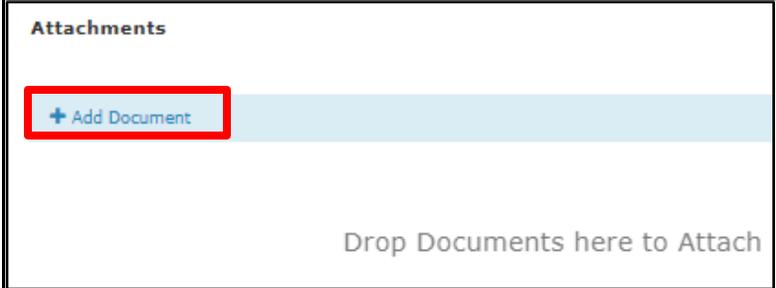
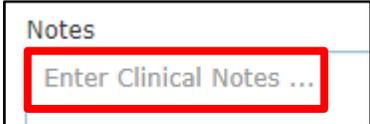
## Amending an Authorization Request (cont.)

Step	Action														
4.	<table border="1"> <thead> <tr> <th data-bbox="240 268 548 315">If...</th> <th data-bbox="548 268 1562 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 548 405">Amending an outpatient request</td> <td data-bbox="548 315 1562 405">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="240 451 667 590">Address the Date of Service</td> <td data-bbox="667 451 1562 590">  </td> </tr> <tr> <td data-bbox="240 590 667 787">Add additional diagnoses if applicable</td> <td data-bbox="667 590 1562 787">  </td> </tr> <tr> <td data-bbox="240 787 667 1031">Add new service line</td> <td data-bbox="667 787 1562 1031">  </td> </tr> <tr> <td data-bbox="240 1031 667 1228">Add attachments if applicable</td> <td data-bbox="667 1031 1562 1228">  </td> </tr> <tr> <td data-bbox="240 1228 667 1379">Add notes if applicable</td> <td data-bbox="667 1228 1562 1379">  </td> </tr> </tbody> </table>	If...	Then....	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.	Address the Date of Service		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
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Add attachments if applicable															
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## Amending an Authorization Request (cont.)

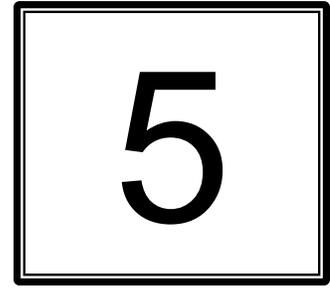
Step	Action												
4. (cont.)	<p data-bbox="251 233 690 268">Amending an outpatient request</p> <p data-bbox="251 279 690 401">Enter contact information, check the Declaration box, and <b>Submit</b>.</p> <div data-bbox="706 321 1560 695"><p data-bbox="711 331 893 352">▼ Contact Information</p><table data-bbox="711 359 1555 548"><tr><td data-bbox="711 359 976 380">First Name</td><td data-bbox="1138 359 1295 380">Phone Number</td></tr><tr><td data-bbox="711 386 976 407">Beth</td><td data-bbox="1138 386 1295 407">(843) 999-9999</td></tr><tr><td data-bbox="711 428 976 449">Last Name</td><td data-bbox="1138 428 1295 449">Fax Number</td></tr><tr><td data-bbox="711 455 976 476">Williams</td><td data-bbox="1138 455 1295 476">Optional</td></tr><tr><td data-bbox="711 497 976 518">Email Address</td><td data-bbox="1138 497 1555 539"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr><tr><td data-bbox="711 525 976 546">Optional</td><td></td></tr></table><p data-bbox="727 579 834 600"><b>DECLARATION</b></p><p data-bbox="727 606 1312 627"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1279 659 1555 680">Cancel   « Previous   <b>Submit</b></p></div>	First Name	Phone Number	Beth	(843) 999-9999	Last Name	Fax Number	Williams	Optional	Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations	Optional	
First Name	Phone Number												
Beth	(843) 999-9999												
Last Name	Fax Number												
Williams	Optional												
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Optional													

## Amending an Authorization Request (cont.)

Step	Action														
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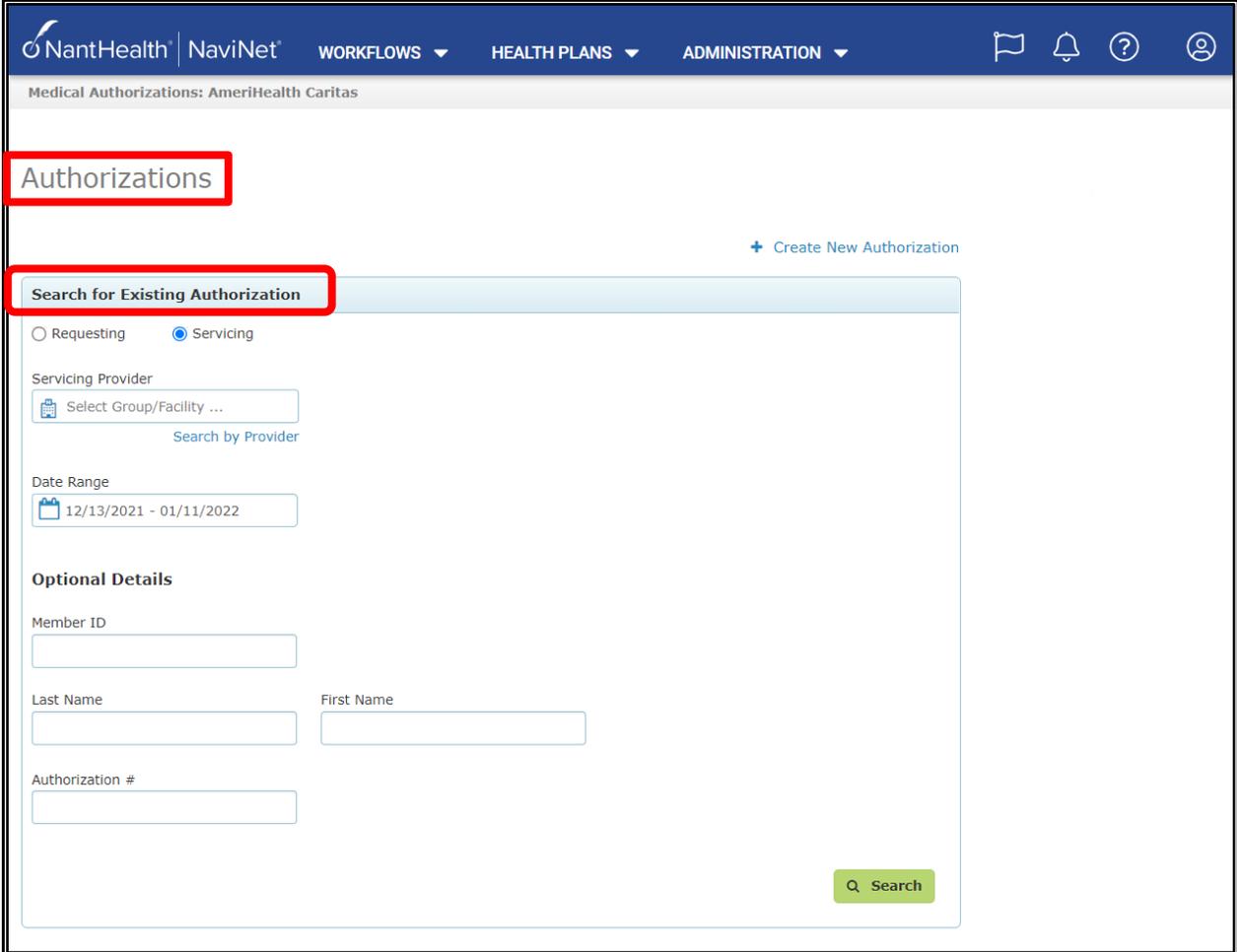
Step	Action						
<b>5.</b> <b>(cont.)</b>	<p data-bbox="251 233 652 268">Amending an inpatient request</p> <div data-bbox="251 275 548 737"><p data-bbox="263 281 532 428">Enter contact information, check the Declaration box, and <b>Submit</b></p></div> <div data-bbox="553 275 1568 737"><p data-bbox="565 289 782 310"><b>Contact Information</b></p><table data-bbox="565 317 1568 548"><tr><td data-bbox="565 317 894 390">First Name Beth</td><td data-bbox="1068 317 1256 390">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="565 401 894 474">Last Name Williams</td><td data-bbox="1068 401 1247 474">Fax Number Optional</td></tr><tr><td data-bbox="565 485 894 548">Email Address Optional</td><td data-bbox="1068 464 1398 537"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><div data-bbox="565 554 1568 638"><p data-bbox="581 562 717 583"><b>DECLARATION</b></p><p data-bbox="581 590 1279 621"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p></div><p data-bbox="1230 653 1568 684">Cancel   « Previous   <b>Submit</b></p></div>	First Name Beth	Phone Number (843) 999-9999	Last Name Williams	Fax Number Optional	Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
First Name Beth	Phone Number (843) 999-9999						
Last Name Williams	Fax Number Optional						
Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations						



## **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.

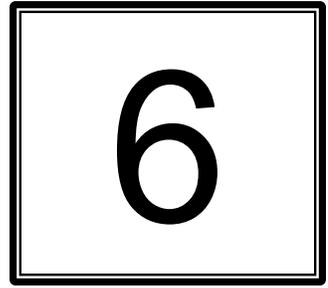
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select <b>Medical Authorizations</b> under Workflows for this Plan.</p> <div data-bbox="240 390 634 487"><p><b>Workflows for this Plan</b></p><p>Medical Authorizations</p></div> <div data-bbox="240 554 1495 1520"><p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'NantHealth   NaviNet', 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The page title is 'Medical Authorizations: AmeriHealth Caritas'. The 'Authorizations' tab is highlighted. A '+ Create New Authorization' link is present. The 'Search for Existing Authorization' form is active, with 'Requesting' and 'Servicing' radio buttons. The 'Servicing Provider' field has a dropdown menu. The 'Date Range' field shows '12/13/2021 - 01/11/2022'. The 'Optional Details' section includes fields for 'Member ID', 'Last Name', 'First Name', and 'Authorization #'. A green 'Search' button is located at the bottom right of the form.</p></div>

## Search: Search for an Existing Authorization (cont.)

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select <b>Search</b>.</p> <div data-bbox="243 262 1453 1234" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;"><a href="#">+ Create New Authorization</a></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><b>Search for Existing Authorization</b></p> <p> <input type="radio"/> Requesting    <input checked="" type="radio"/> Servicing         </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> <p><b>Optional Details</b></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> </div>																					
3.	<p>Select the authorization that you wish to view.</p> <div data-bbox="243 1312 1442 1598" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="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><span style="color: red;">●</span> 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><span style="color: gray;">○</span> 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	<span style="color: red;">●</span> Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	<span style="color: gray;">○</span> Pending	CUTTING	CUTTING	31365	05/07/2022
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## Search: Search for an Existing Authorization (cont.)

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="240 310 1515 573" style="border: 1px solid black; padding: 5px;">  </div> <p><b>Note:</b> 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="240 682 1544 961"> <tbody> <tr> <td><b>Amend</b></td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>Attach</b></td> <td>Attaching a document</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	<b>Amend</b>	Extending existing services or requesting another service on the same authorization	<b>Create New</b>	Creating a new request	<b>Attach</b>	Attaching a document	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF
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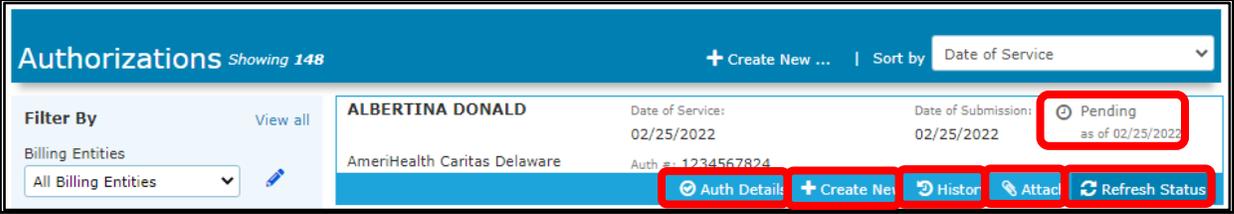
## **6 MEDICAL AUTHORIZATION LOG**

## Search: Medical Authorization Log

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

Step	Action																																						
1.	<p>Select <b>Medical Authorization Log</b> under Workflows for this Plan.            Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 426 667 590" style="border: 1px solid black; padding: 5px;"> <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"> <li>Medical Authorizations</li> <li>Medical Authorizations Log </li> </ul> </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 <b>Authorizations Created By Me</b>.</p> <div data-bbox="240 716 1563 1339" style="border: 1px solid black; padding: 5px;"> <p><b>Authorizations</b> <i>Showing 148</i> <span style="float: right;">+ Create New ...</span> <span style="float: right;">Sort by <span style="border: 1px solid red; padding: 2px;">Date of Service</span></span></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;"><b>Filter By</b></div> <p>Billing Entities  <span style="border: 1px solid red; padding: 2px;">All Billing Entities</span></p> <p>Patient Details  <input type="text" value="Search for name or ID..."/></p> <p>Authorization #  <input type="text"/></p> <p>Servicing Provider  <input type="text" value="Search for name or ID..."/></p> <p>Date of service  <input type="text" value="12/11/2021-03/10/2022"/></p> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;"><input type="checkbox"/> Authorizations Created By Me</div> <p>Status</p> </td> <td style="width: 70%; vertical-align: top;"> <p style="text-align: right;">View all</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>ALBERTINA DONALD</b></td> <td style="width: 20%;">Date of Service: 02/25/2022</td> <td style="width: 20%;">Date of Submission: 02/25/2022</td> <td style="width: 30%;">🕒 Pending as of 02/25/2022</td> </tr> <tr> <td>AmeriHealth Caritas Delaware</td> <td>Auth #: 1234567824</td> <td colspan="2">Servicing: Shock Trauma Associates Pa</td> </tr> <tr> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: --</td> <td>⚠️ Required as of 02/25/2022</td> </tr> <tr> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ4</td> <td colspan="2">Servicing: Shock Trauma Associates Pa</td> </tr> <tr> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: --</td> <td>⚠️ Required as of 02/25/2022</td> </tr> <tr> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ7</td> <td colspan="2">Servicing: Shock Trauma Associates Pa</td> </tr> <tr> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: --</td> <td>⚠️ Required as of 02/25/2022</td> </tr> <tr> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ8</td> <td colspan="2">Servicing: Shock Trauma Associates Pa</td> </tr> <tr> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: --</td> <td>⚠️ Required as of 02/25/2022</td> </tr> </table> </td> </tr> </table> </div>	<div style="border: 1px solid red; 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## Search: Medical Authorization Log (cont.)

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: <b>Auth Details, +Create New, History, Attach, and Refresh Status</b>.</p> <div data-bbox="240 338 1474 552" style="border: 1px solid black; padding: 5px;">  <p>The screenshot shows the 'Authorizations' section with 'Showing 148' items. The user 'ALBERTINA DONALD' is selected. The 'Date of Service' is 02/25/2022 and the 'Date of Submission' is 02/25/2022. The status is 'Pending as of 02/25/2022'. Below the record, there are five action buttons: 'Auth Details', '+ Create New', 'History', 'Attach', and 'Refresh Status'. The 'Auth Details' and 'Refresh Status' buttons are highlighted with red boxes in the original image.</p> </div> <table border="1" data-bbox="240 596 1526 982"> <thead> <tr> <th data-bbox="240 596 472 638">Field</th> <th data-bbox="472 596 1526 638">Function</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 638 472 695">Auth Details</td> <td data-bbox="472 638 1526 695">Details related to the authorization</td> </tr> <tr> <td data-bbox="240 695 472 764">+ Create New</td> <td data-bbox="472 695 1526 764">Create New Authorization for the member</td> </tr> <tr> <td data-bbox="240 764 472 837">History</td> <td data-bbox="472 764 1526 837">Provides detailed history of the request</td> </tr> <tr> <td data-bbox="240 837 472 907">Attach</td> <td data-bbox="472 837 1526 907">Ability to attach documents</td> </tr> <tr> <td data-bbox="240 907 472 982">Refresh Status</td> <td data-bbox="472 907 1526 982">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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## Search: Medical Authorization Log (cont.)

Step	Action										
<p><b>3.</b> <b>(cont.)</b></p>	<p>If the request is in draft status different fields are available.  <b>Continue, Delete, Create New, and History</b></p> <div data-bbox="256 325 1546 514" style="border: 1px solid black; padding: 5px;"> <p> <b>GRETA EMERSON</b>      Date of Service: 03/16/2022      Date of Submission: <span style="border: 1px solid red; padding: 2px;">Draft</span>  <small>as of 11:29am Today</small>            AmeriHealth Caritas Delaware      Reference Id: --         </p> <p style="text-align: right;"> <span style="border: 1px solid red; padding: 2px;">→ Continue</span> <span style="border: 1px solid red; padding: 2px;">🗑 Delete</span> <span style="border: 1px solid red; padding: 2px;">+ Create New</span> <span style="border: 1px solid red; padding: 2px;">↺ History</span> </p> </div> <table border="1" data-bbox="256 562 1546 877" 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;"><span style="border: 1px solid black; padding: 2px;">→ Continue</span></td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">🗑 Delete</span></td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">+ Create New</span></td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">↺ History</span></td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	<span style="border: 1px solid black; padding: 2px;">→ Continue</span>	Allows the user to continue working on the request	<span style="border: 1px solid black; padding: 2px;">🗑 Delete</span>	Allows the user to delete the request	<span style="border: 1px solid black; padding: 2px;">+ Create New</span>	Allows the user to create a new authorization for the member	<span style="border: 1px solid black; padding: 2px;">↺ History</span>	Provides detailed history of the request
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<span style="border: 1px solid black; padding: 2px;">→ Continue</span>	Allows the user to continue working on the request										
<span style="border: 1px solid black; padding: 2px;">🗑 Delete</span>	Allows the user to delete the request										
<span style="border: 1px solid black; padding: 2px;">+ Create New</span>	Allows the user to create a new authorization for the member										
<span style="border: 1px solid black; padding: 2px;">↺ History</span>	Provides detailed history of the request										



# **7 REQUEST FOR MORE INFORMATION (RFMI)**

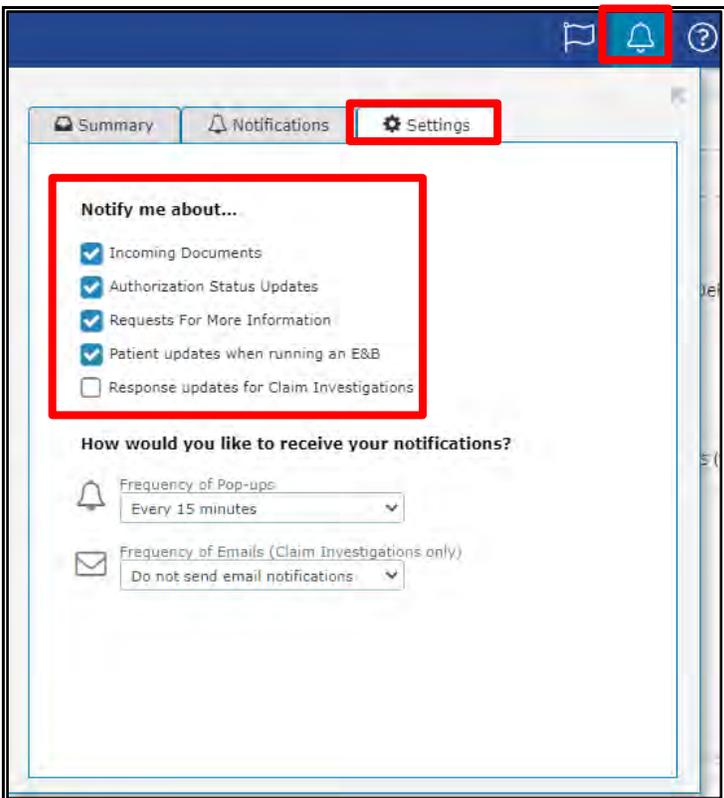
## Request for More Information (RFMI)

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.

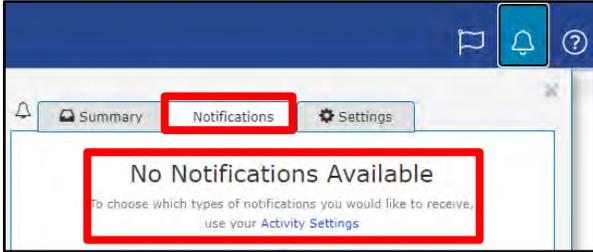
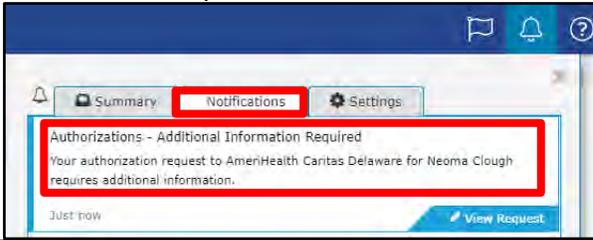
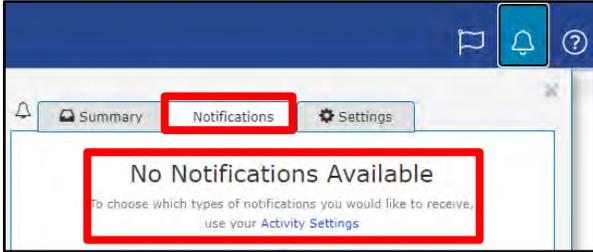
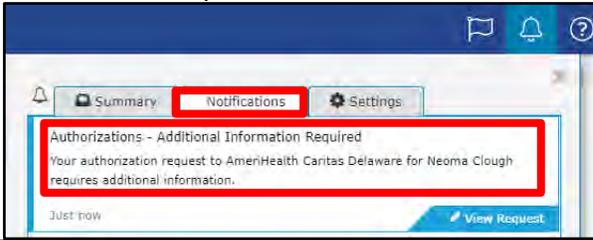
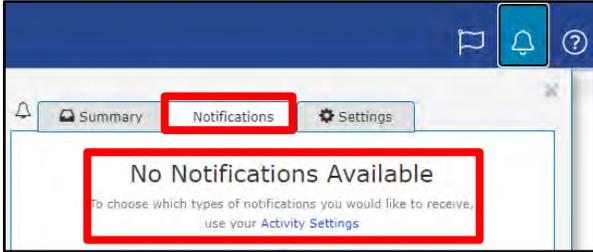
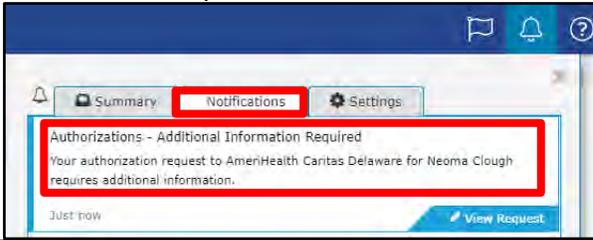
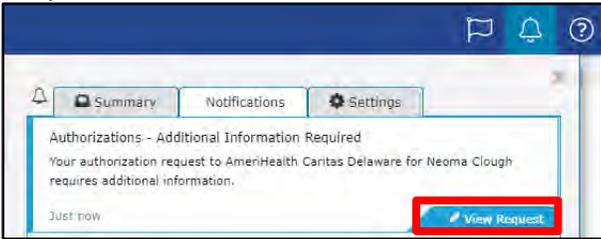
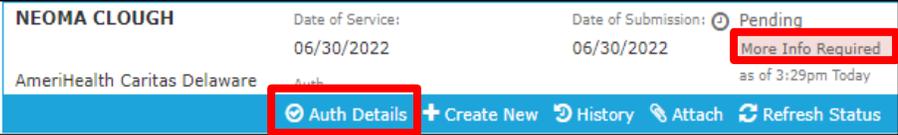


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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

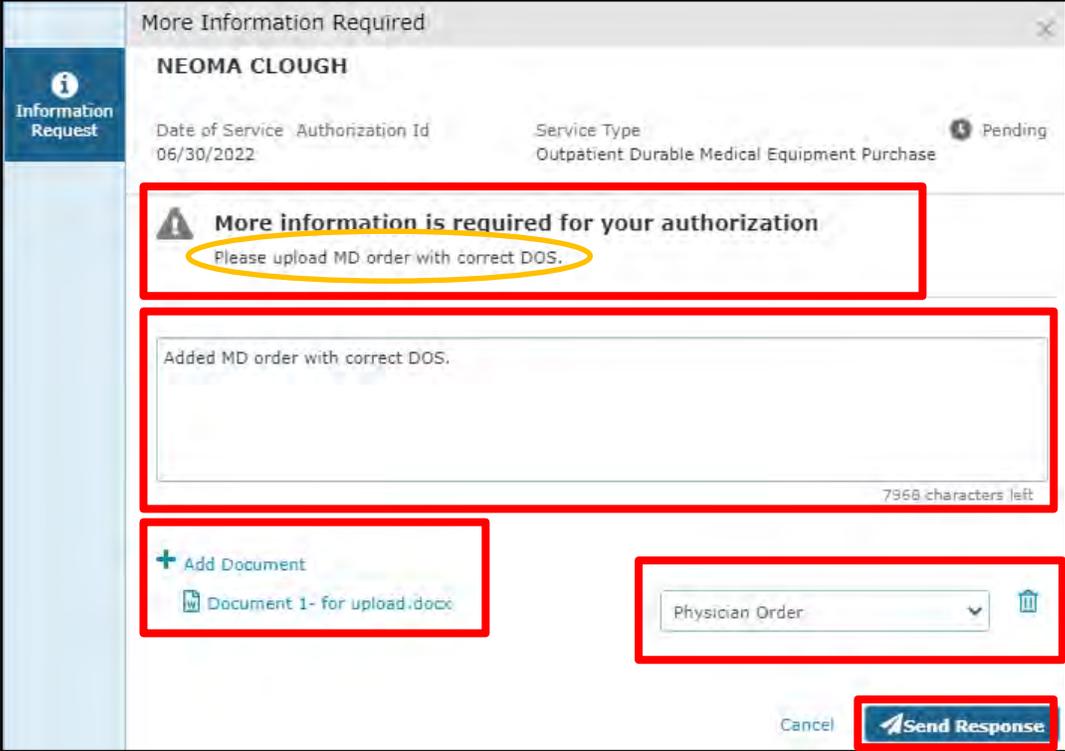
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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> 

## Request for More Information (RFMI) (cont.)

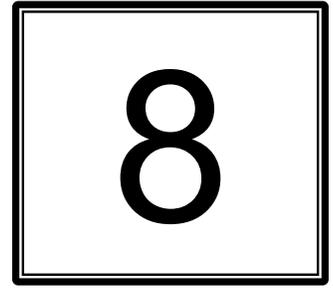
Step	Action						
2.	<p>To view notifications, select <b>Notifications</b>.</p> <table border="1" data-bbox="240 283 1312 951"> <thead> <tr> <th data-bbox="240 283 618 317">If...</th> <th data-bbox="618 283 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 642">No notifications exist</td> <td data-bbox="618 317 1312 642"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 642 618 951">Notifications are available</td> <td data-bbox="618 642 1312 951"> <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="248 1056 1528 1360"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  </li> <li data-bbox="248 1360 1528 1642"> <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>  </li> </ol>						

## Request for More Information (RFMI) (cont.)

Step	Action
<p><b>3.</b> <b>(cont.)</b></p>	<p><b>3.</b> 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', 'More Information Required »' (highlighted with a red box), 'Authorization #: 92206016951', 'Effective: 06/30/2022', and 'Expires: 09/02/2022'.</p>
<p><b>4.</b></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 <b>Send Response</b>.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. The form includes a header with the name and a 'Pending' status. Below this is a warning message: 'More information is required for your authorization. Please upload MD order with correct DOS.' (highlighted with a red box). A text area below contains the note 'Added MD order with correct DOS.' (highlighted with a red box). There is an 'Add Document' section with a file upload button and a dropdown menu for 'Physician Order' (highlighted with a red box). At the bottom right, there are 'Cancel' and 'Send Response' buttons (highlighted with a red box).</p>

## Request for More Information (RFMI) (cont.)

Step	Action															
5.	<p>To see that the requested information has been sent back to the health plan, select <b>History</b>.</p>  <p>The screenshot displays the 'Authorization Details' for NEOMA CLOUGH. The status is 'Pending'. A 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <table border="1"><thead><tr><th>Event</th><th>By</th><th>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> <p>The 'Response Sent' event is also highlighted with a red box.</p>	Event	By	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
Event	By	Time														
Attached Physician Order	by Jessica Williams	07/27/2022 7:35pm														
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More Information Required	from Health Plan	07/27/2022 3:16pm														
Pending	from Health Plan	06/30/2022 9:10am														



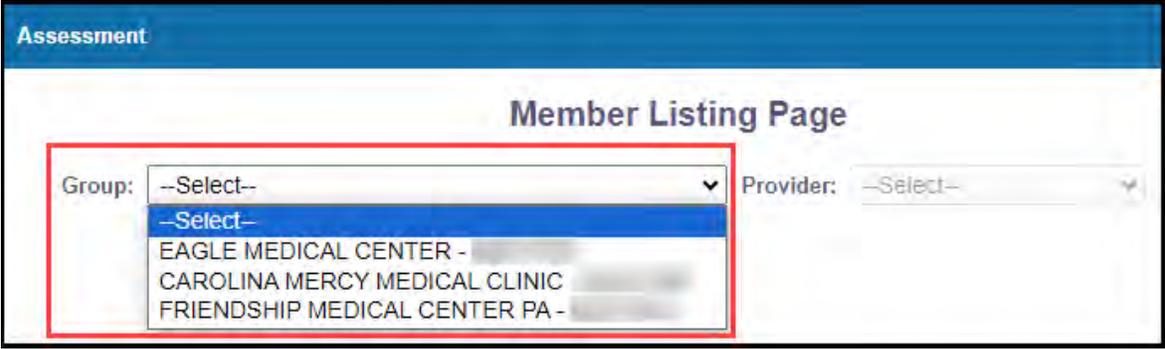
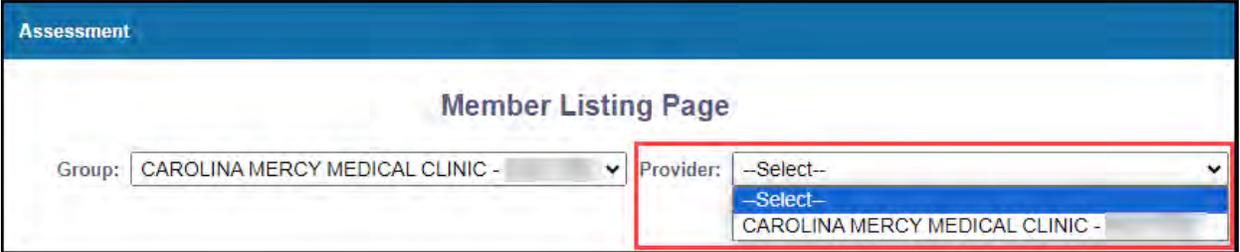
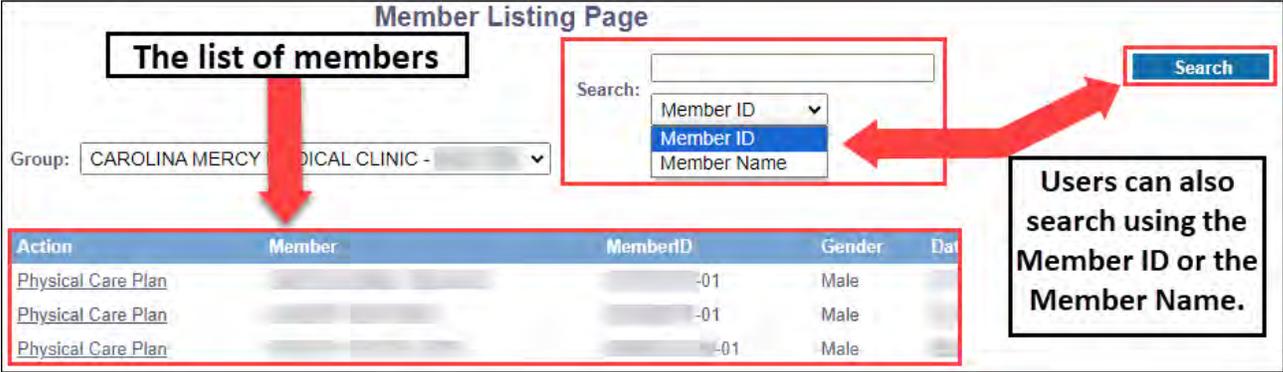
## **8 LOCATING ASSESSMENTS IN NAVINET**

## Locating Assessments in NaviNet

Providers may want to view assessments for their patients.

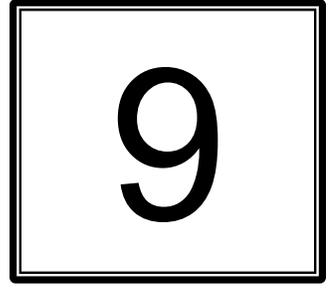
Step	Action
<b><i>From the health plan specific homepage...</i></b>	
1.	<p>Select <b>Forms &amp; Dashboards</b> under Workflows for this Plan.</p>  <p>The screenshot shows a light blue box titled "Workflows for this Plan" containing a list of options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim Submission", and "Forms &amp; Dashboards". The "Forms &amp; Dashboards" option is highlighted with a red rectangular border.</p>
2.	<p>Select <b>View Health Risk Assessment Form</b> under Health Risk Assessment.</p>  <p>The screenshot shows a light blue box titled "Health Risk Assessment" containing a list of options. The option "View Health Risk Assessment Form" is highlighted with a red rectangular border.</p>
3.	<p>Select <b>Assessment</b>.</p>  <p>The screenshot shows the AmeriHealth Caritas logo with the tagline "Care is the heart of our work". Below the logo is a blue button labeled "Assessment", which is highlighted with a red rectangular border.</p> <p><b>Result:</b> The Member Listing page will display.</p>

## Locating Assessments in NaviNet (cont.)

Step	Action																				
4.	<p>Select the Group from the drop-down.</p> 																				
5.	<p>Select the Provider from the drop-down.</p>  <p><b>Result:</b> After the Group and the Provider are selected, users will also be able to search for members.</p>																				
6.	<p>Members are listed, but users can also search for members by Member ID or Member Name. Select Member ID or Member Name from the drop-down, enter the Member ID or Member Name in the search box, and then select <b>Search</b>.</p>  <p><b>The list of members</b></p> <table border="1" data-bbox="228 1392 1187 1535"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <p><b>Users can also search using the Member ID or the Member Name.</b></p>	Action	Member	MemberID	Gender	Date	Physical Care Plan		-01	Male		Physical Care Plan		-01	Male		Physical Care Plan		-01	Male	
Action	Member	MemberID	Gender	Date																	
Physical Care Plan		-01	Male																		
Physical Care Plan		-01	Male																		
Physical Care Plan		-01	Male																		

## Locating Assessments in NaviNet (cont.)

Step	Action												
7.	<p>Once the member is located, select <b>Physical Care Plan</b> under Action.</p> <table border="1" data-bbox="228 279 1516 403"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date Of Birth</th> </tr> </thead> <tbody> <tr> <td><b>Physical Care Plan</b></td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <div data-bbox="228 428 1560 564">  <p>If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.</p> </div>	Action	Member	MemberID	Gender	Date Of Birth	<b>Physical Care Plan</b>		-01	Male			
Action	Member	MemberID	Gender	Date Of Birth									
<b>Physical Care Plan</b>		-01	Male										
8.	<p>The Assessment Summary is displayed. Users can select the assessment they wish to view.</p> <table border="1" data-bbox="228 659 1253 959"> <thead> <tr> <th colspan="2">Assessment Summary</th> </tr> <tr> <th>Assessment</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td><b>Initial Assessment-PEDS</b></td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment-PEDS</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment - Adult</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment - Adult</td> <td>02/28/2024</td> </tr> </tbody> </table> <p><i>Result:</i> The assessment questions and answers will be displayed.</p> <div data-bbox="228 1050 1560 1186">  <p>If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.</p> </div>	Assessment Summary		Assessment	Date	<b>Initial Assessment-PEDS</b>	02/28/2024	Initial Assessment-PEDS	02/28/2024	Initial Assessment - Adult	02/28/2024	Initial Assessment - Adult	02/28/2024
Assessment Summary													
Assessment	Date												
<b>Initial Assessment-PEDS</b>	02/28/2024												
Initial Assessment-PEDS	02/28/2024												
Initial Assessment - Adult	02/28/2024												
Initial Assessment - Adult	02/28/2024												



## **9 RESOURCES**

## Plan Contact Information

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

## Escalation Process and Training Requests – Account Executives and Providers

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