



NaviNet Medical Authorizations Participant Guide

Population Health Training

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Updated By: Jessica Williams
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Review Cycle: Annually

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1 LOGGING IN TO NAVINET

Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="599 354 1154 1035" style="border: 1px solid black; padding: 10px; text-align: center;"></div>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont.)

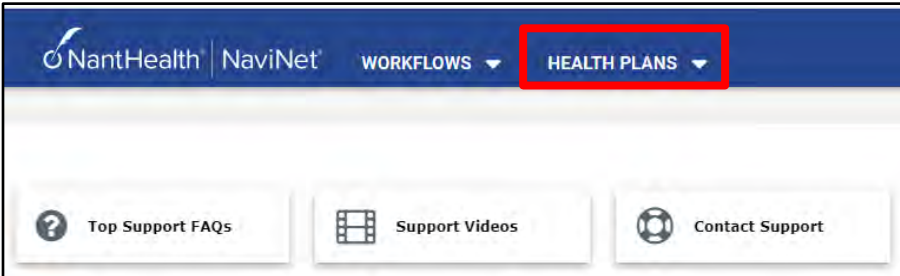



Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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

A screenshot of the NantHealth NaviNet home page. The top navigation bar is dark blue with the NantHealth logo and 'NaviNet' text. There are dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there is a bell icon (notifications) which is highlighted with a red box. Below the navigation bar, there are three main sections: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a large banner for 'COVID-19 Resources & Information' with a blue and white image of a city at night. To the right of this banner, there is a vertical sidebar with 'Introducing the NaviNet AllPayer Storefront' and 'CORONAVIRUS The Science' by covermymed. A dialog box is open in the foreground, titled 'No Notifications Available'. The dialog box has tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and highlighted with a red circle. The dialog box contains a large bell icon and the text: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.'

Logging in to NaviNet (cont.)

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

Step	Action																												
1.	<p>Click on HEALTH PLANS in the top menu.</p> 																												
2.	<p>Select the appropriate health plan from the displayed list. Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details.</p>  <table border="1" data-bbox="207 737 1563 1121"> <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.


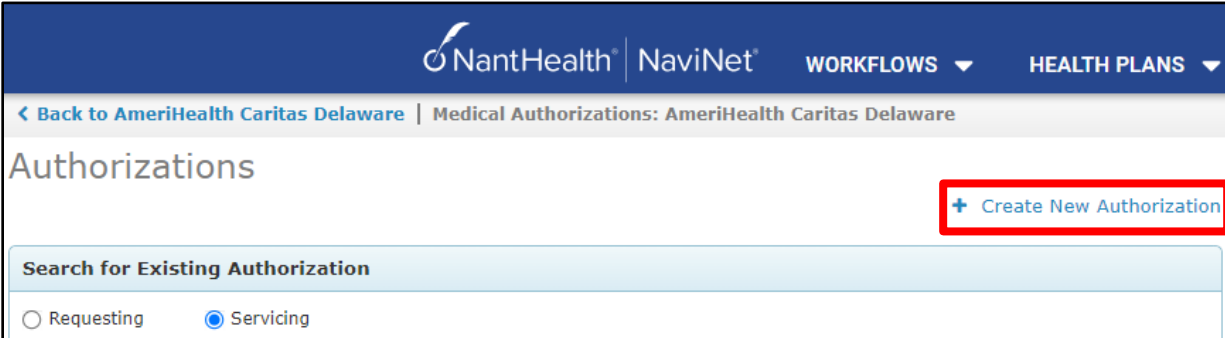
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	<ul style="list-style-type: none"> Instructional videos on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




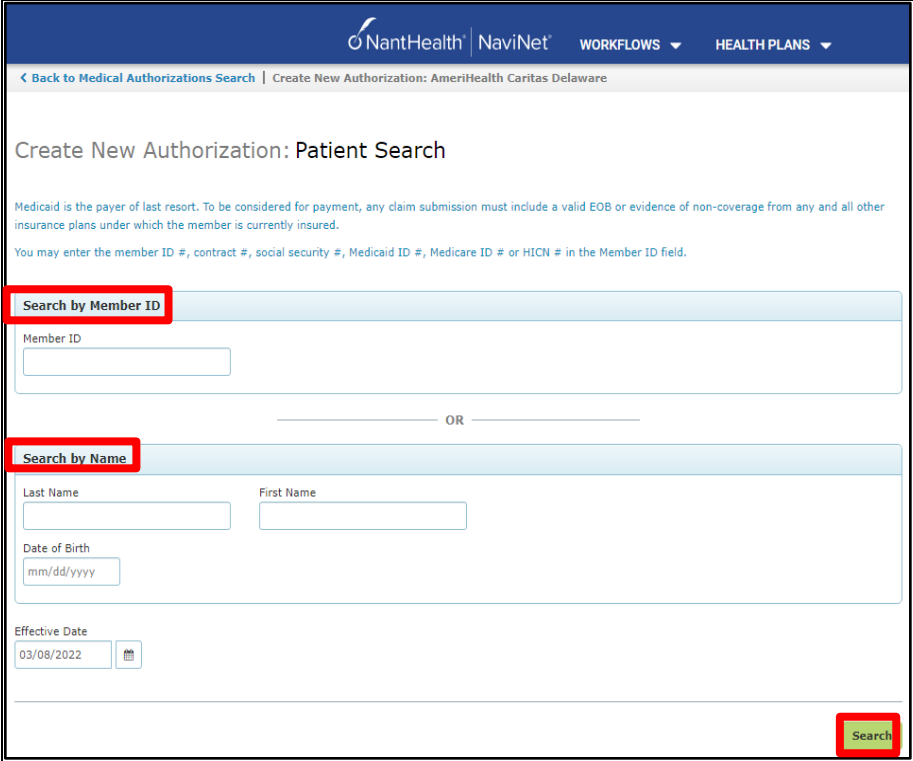
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

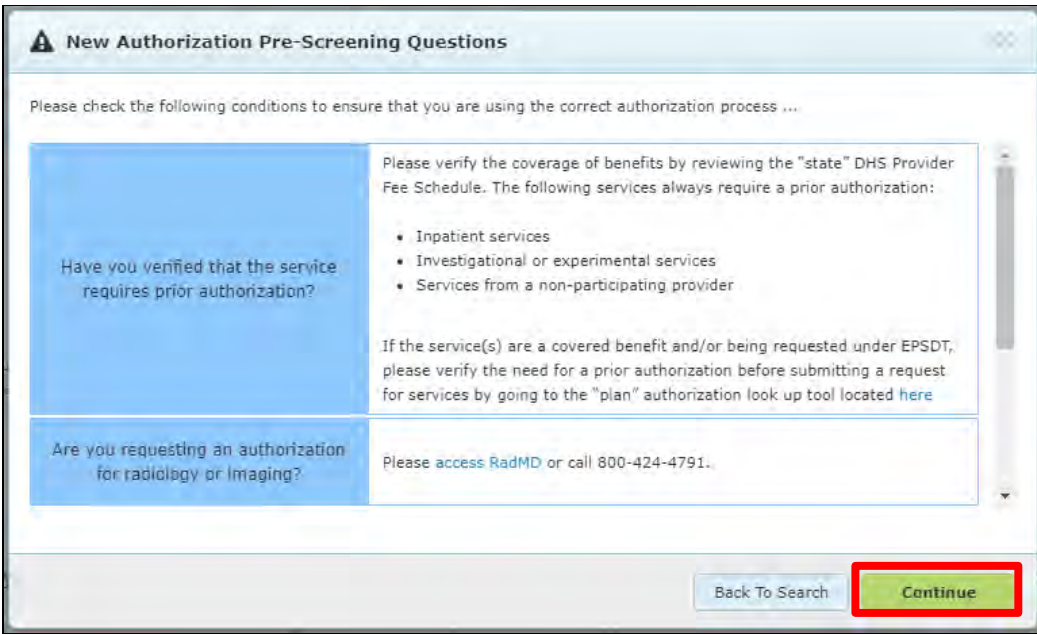
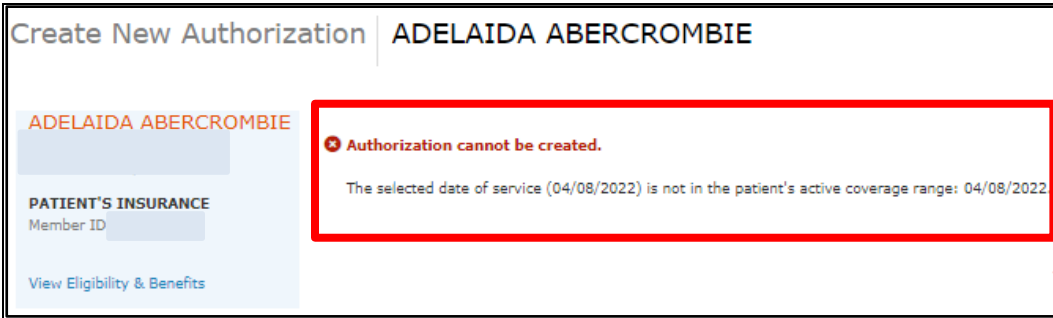
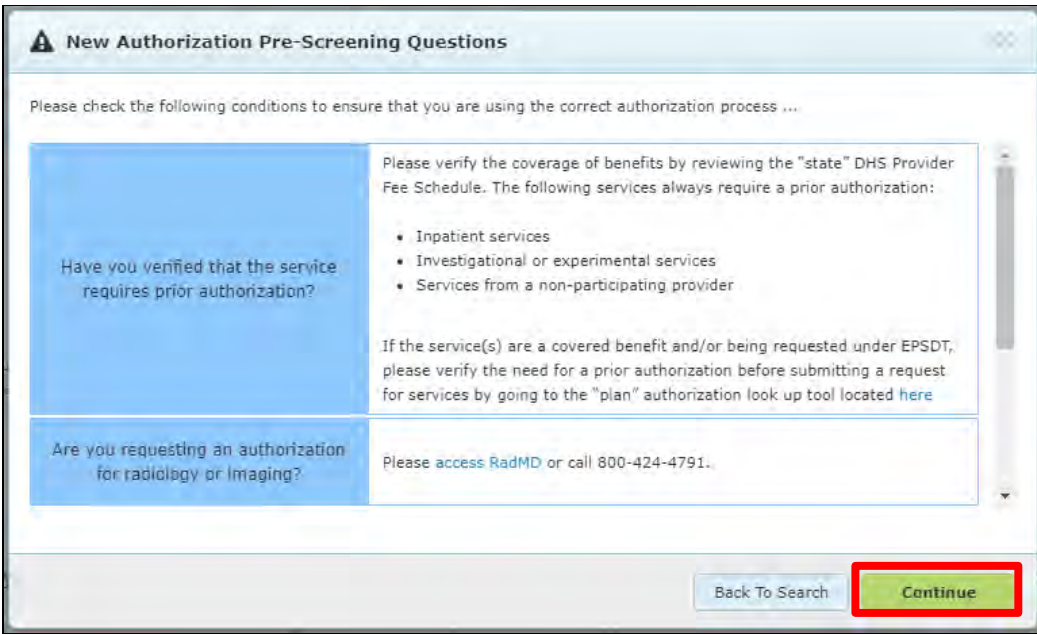
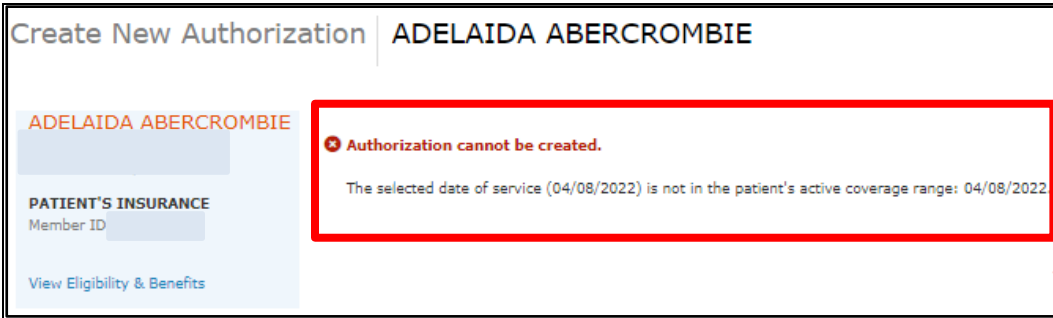
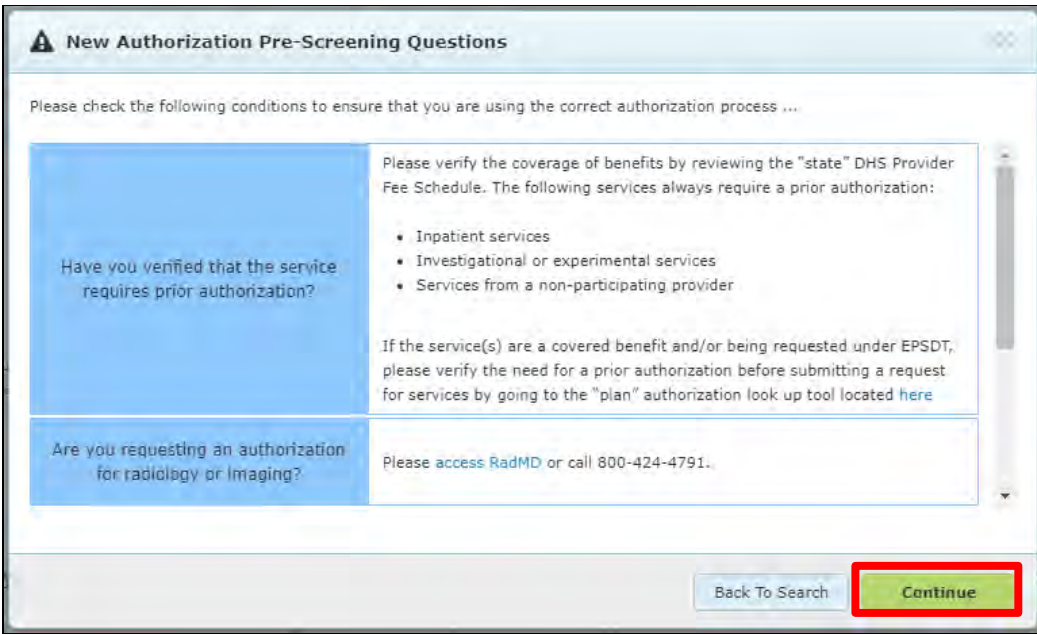
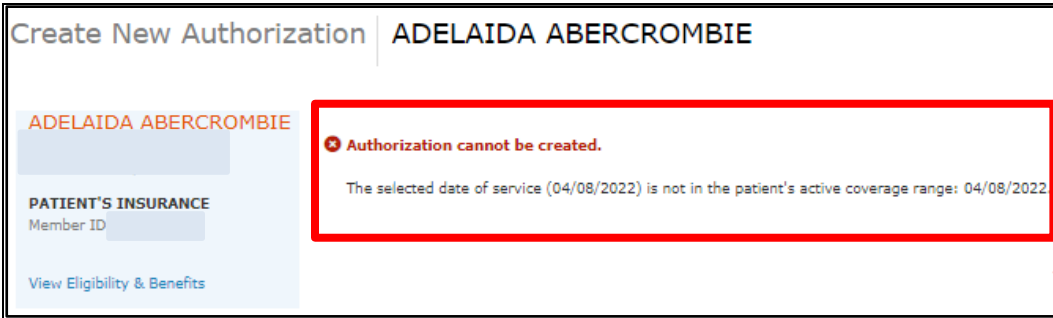
To create a new authorization:

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



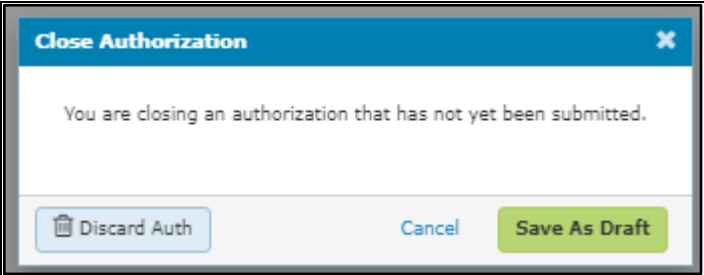
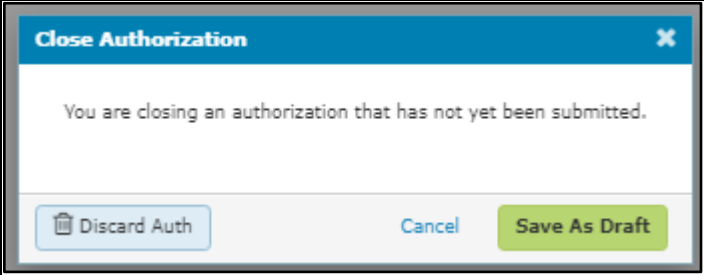
Creating a New Authorization (cont.)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="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="217 531 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>Note: 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> <p>✘ Subscriber / Insured Not Found. Please Correct and Resubmit.</p> </div> </div>

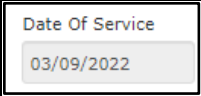
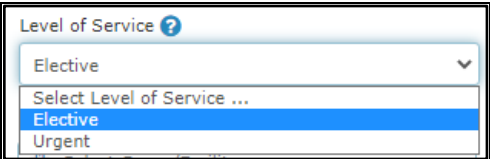
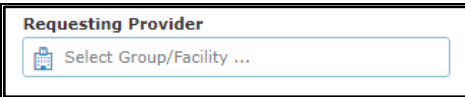

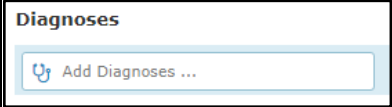
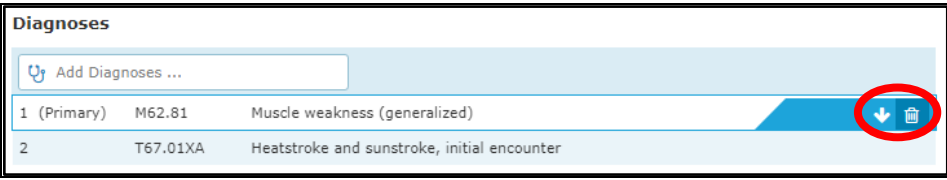
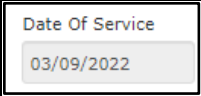
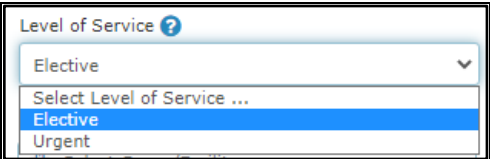
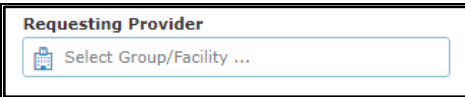

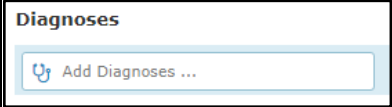
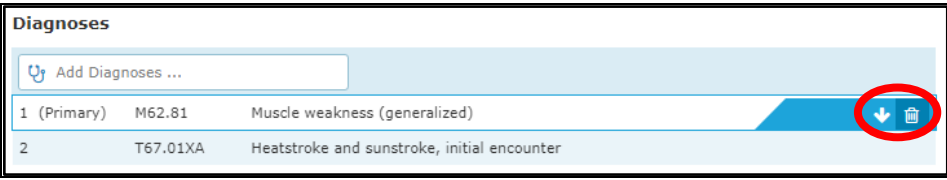
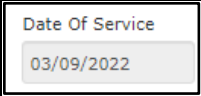
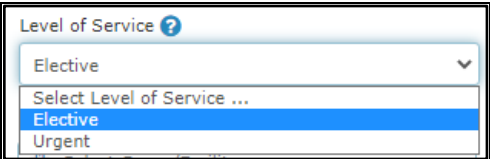
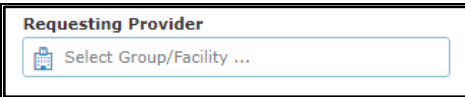

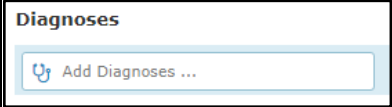
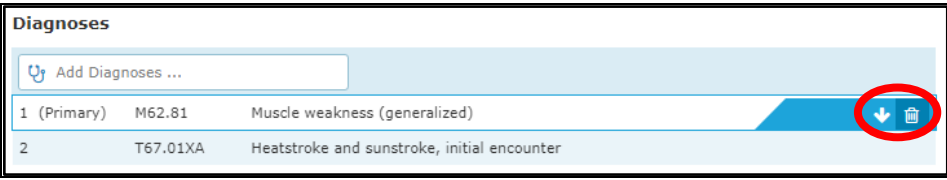
Creating a New Authorization (cont.)

Step	Action						
4.	<p>Address the pre-screening questions pop up box and select Continue.</p> <p>Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="203 352 397 394">If...</th> <th data-bbox="397 352 1559 394">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 394 397 1249"> <p>The member has active coverage</p> </td> <td data-bbox="397 394 1559 1249"> <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 1249 397 1627"> <p>The member is ineligible</p> </td> <td data-bbox="397 1249 1559 1627"> <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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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 						

Creating a New Authorization (cont.)

Step	Action						
5.	Enter service type and place of service, then select Next						
	<p>View Eligibility & Benefits is available to view under the member's demographic information.</p>						
	<p>Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.</p>						
<table border="1"> <thead> <tr> <th data-bbox="207 1236 670 1266">If...</th> <th data-bbox="686 1236 1557 1266">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1272 670 1302">Creating an outpatient episode</td> <td data-bbox="686 1272 1557 1302">Continue to the next step (step 6)</td> </tr> <tr> <td data-bbox="207 1308 670 1337">Creating an inpatient episode</td> <td data-bbox="686 1308 1557 1337">Continue to step 7</td> </tr> </tbody> </table>	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 7	<p>Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.</p> <div data-bbox="207 1541 906 1814">  </div> <div data-bbox="932 1541 1500 1814"> <p>Discard Auth – deletes the request</p> <p>Cancel – allows the user to continue</p> <p>Save As Draft – allows the user to come back and complete the request later</p> </div>
If...	Then...						
Creating an outpatient episode	Continue to the next step (step 6)						
Creating an inpatient episode	Continue to step 7						


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 1864"> <tr> <td data-bbox="207 289 467 447">Date of Service</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> <tr> <td data-bbox="207 447 467 861">Level of Service</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">Elective</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">Urgent</td> <td data-bbox="649 766 1469 850">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="207 861 467 1060">Requesting Provider</td> <td data-bbox="467 861 1547 1060"> Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service. <div data-bbox="479 955 941 1050">  </div> </td> </tr> <tr> <td data-bbox="207 1060 467 1249">Servicing Provider</td> <td data-bbox="467 1060 1547 1249"> Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. <div data-bbox="479 1155 941 1249">  </div> </td> </tr> <tr> <td data-bbox="207 1249 467 1864">Diagnoses</td> <td data-bbox="467 1249 1547 1864"> 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>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="479 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> </td> </tr> </table>	Date of Service	This defaults to the current date and is not available to be changed. <div data-bbox="479 346 678 441">  </div>	Level of Service	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">Elective</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">Urgent</td> <td data-bbox="649 766 1469 850">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table>	If	Then	Elective	Services scheduled in advance that do not involve a medical emergency	Urgent	Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.	Requesting Provider	Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service. <div data-bbox="479 955 941 1050">  </div>	Servicing Provider	Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. <div data-bbox="479 1155 941 1249">  </div>	Diagnoses	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>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="479 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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Diagnoses	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>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="479 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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Creating a New Authorization - Outpatient (cont.)

Step	Action		
6.	<p data-bbox="207 226 324 252">Services</p> <table border="1" data-bbox="207 260 1550 940"> <tr> <td data-bbox="207 260 527 940">From / To</td> <td data-bbox="527 260 1550 940"> <p data-bbox="535 268 966 294">From (start date) / To (end date)</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">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p> <div data-bbox="535 651 1485 934"> <p data-bbox="609 682 1388 714">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p data-bbox="609 739 738 760">Service Type</p> <p data-bbox="609 772 1128 808"> <input type="text" value="Outpatient Durable Medical Equipment P..."/> </p> <p data-bbox="609 835 771 856">Place of Service</p> <p data-bbox="609 871 1128 907"> <input type="text" value="Home"/> </p> </div> </td></tr></table>	From / To	<p data-bbox="535 268 966 294">From (start date) / To (end date)</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">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p> <div data-bbox="535 651 1485 934"> <p data-bbox="609 682 1388 714">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p data-bbox="609 739 738 760">Service Type</p> <p data-bbox="609 772 1128 808"> <input type="text" value="Outpatient Durable Medical Equipment P..."/> </p> <p data-bbox="609 835 771 856">Place of Service</p> <p data-bbox="609 871 1128 907"> <input type="text" value="Home"/> </p> </div>
From / To	<p data-bbox="535 268 966 294">From (start date) / To (end date)</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">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p> <div data-bbox="535 651 1485 934"> <p data-bbox="609 682 1388 714">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p data-bbox="609 739 738 760">Service Type</p> <p data-bbox="609 772 1128 808"> <input type="text" value="Outpatient Durable Medical Equipment P..."/> </p> <p data-bbox="609 835 771 856">Place of Service</p> <p data-bbox="609 871 1128 907"> <input type="text" value="Home"/> </p> </div>		









Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="219 233 467 264">Attachments</p> <p data-bbox="219 279 467 310">+ Add Document</p> <p data-bbox="548 279 1534 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="565 531 690 552">Attachments</p> <p data-bbox="565 583 714 615">+ Add Document</p> <p data-bbox="846 688 1219 720">Drop Documents here to Attach</p> </div> <div data-bbox="548 772 1511 1213"> <p data-bbox="565 783 690 804">Attachments</p> <p data-bbox="565 835 714 867">+ Add Document</p> <p data-bbox="565 888 829 909">  Document 1- for upload.docx </p> <p data-bbox="1003 888 1287 930"> Select document type ... </p> <ul data-bbox="1003 930 1304 1203" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1328 888 1490 930">Delete</p> </div>

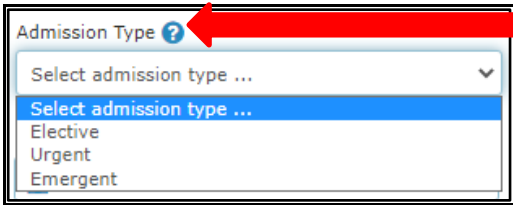
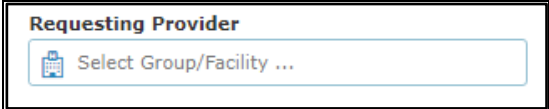

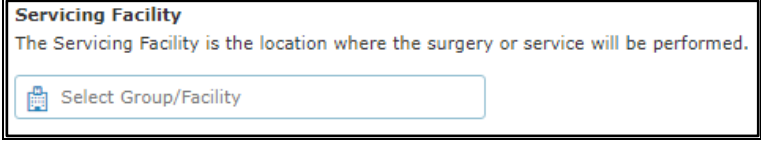
Creating a New Authorization – Outpatient (cont.)

Step	Action						
6.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="565 390 1455 552" style="border: 1px solid black; padding: 5px;"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right; font-size: small;">264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1287" style="border: 1px solid black; padding: 5px;"> <p>▼ Contact Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid #ccc; padding: 2px;"> <p>First Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Beth"/> </td> <td style="width: 50%; border: 1px solid #ccc; padding: 2px;"> <p>Phone Number</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="(843) 999-9999"/> </td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;"> <p>Last Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Williams"/> </td> <td style="border: 1px solid #ccc; padding: 2px;"> <p>Fax Number</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Optional"/> </td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;"> <p>Email Address</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Optional"/> </td> <td style="border: 1px solid #ccc; padding: 2px;"> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> </td> </tr> </table> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> </div> <p style="text-align: right; margin-top: 10px;"> Cancel « Previous Submit </p> </div> <p>***Proceed to Step 8 for InterQual instructions***</p>	<p>First Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Beth"/>	<p>Phone Number</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="(843) 999-9999"/>	<p>Last Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Williams"/>	<p>Fax Number</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Optional"/>	<p>Email Address</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Optional"/>	<p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p>
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Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p>Service Type Select the appropriate service type and place of service according to the request.</p> <div data-bbox="431 310 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="431 606 1422 779"> <tr> <td>Service Type</td> <td>Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)</td> </tr> <tr> <td>Place of Service</td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click Next to continue.</p> <div data-bbox="431 879 667 982" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next »</p> </div>	Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)	Place of Service	Location in which services will be rendered.
Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)				
Place of Service	Location in which services will be rendered.				
	<p>Date of Admission/ Date of Discharge Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1161 992 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 1377 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>				

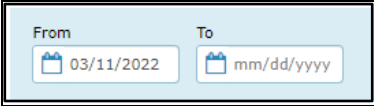
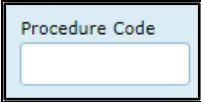

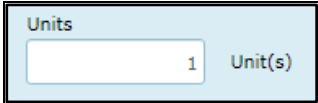
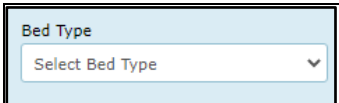
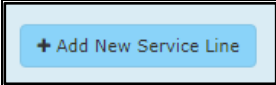
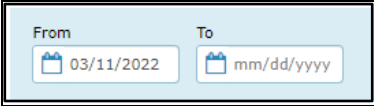
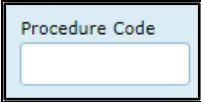

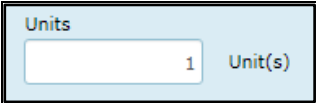
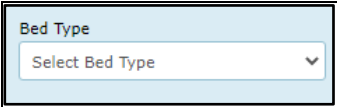
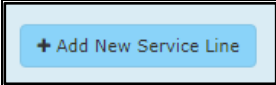
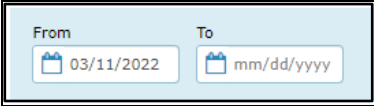
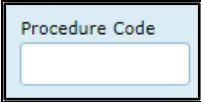

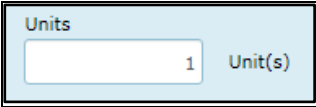
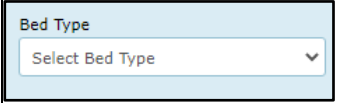
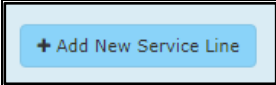
Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	<p data-bbox="217 233 375 300">Admission Type</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="423 560 586 588">Elective</td> <td data-bbox="591 560 1406 623">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 630 586 657">Urgent</td> <td data-bbox="591 630 1406 724">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="423 730 586 758">Emergent</td> <td data-bbox="591 730 1406 758">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Emergent	Concurrent review, enrollee is currently admitted								
	<p data-bbox="217 835 375 903">Requesting Provider</p> <p data-bbox="418 835 1479 903">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 919 963 1026">  </div>								
	<p data-bbox="217 1073 375 1140">Servicing Provider</p> <p data-bbox="418 1073 1528 1140">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 1157 963 1264">  </div>								
	<p data-bbox="217 1283 375 1350">Servicing Facility</p> <p data-bbox="418 1283 1341 1318">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1335 1174 1474">  </div>								


Creating a New Authorization – Inpatient (cont.)

Step	Action									
7.	<p data-bbox="207 226 370 258">Diagnoses</p> <p data-bbox="207 268 370 300">Diagnoses</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">Diagnoses</p><input data-bbox="565 363 914 401" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 443 1520 590">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="537 600 1547 783"><p data-bbox="548 611 659 632">Diagnoses</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>Services</p> <table border="1"> <tr> <td data-bbox="207 254 527 457">From / To</td> <td data-bbox="527 254 1471 457"> <p>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>  </td> </tr> <tr> <td data-bbox="207 457 527 814">Procedure Code</td> <td data-bbox="527 457 1471 814"> <p>Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 814 527 968">Modifiers</td> <td data-bbox="527 814 1471 968"> <p>This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 968 527 1171">Units</td> <td data-bbox="527 968 1471 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 1375">Bed Type</td> <td data-bbox="527 1171 1471 1375"> <p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1375 527 1635">+ Add New Service Line</td> <td data-bbox="527 1375 1471 1635"> <p>The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p>From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> 	Procedure Code	<p>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> 	Modifiers	<p>This is a free text field and is not mandatory.</p> 	Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p>The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> 
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Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p data-bbox="201 224 521 254">Attachments</p> <p data-bbox="201 260 521 289">Add Document</p> <p data-bbox="526 260 1563 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 1484 659"> <p data-bbox="558 443 678 464">Attachments</p> <p data-bbox="558 489 716 520">+ Add Document</p> <p data-bbox="829 600 1195 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="558 688 678 709">Attachments</p> <p data-bbox="558 735 716 766">+ Add Document</p> <p data-bbox="558 791 813 816">  Document 1- for upload.docx </p> <p data-bbox="992 800 1252 825">Select document type ...</p> <ul data-bbox="992 831 1276 1098" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1300 804 1442 835">Delete</p> </div>


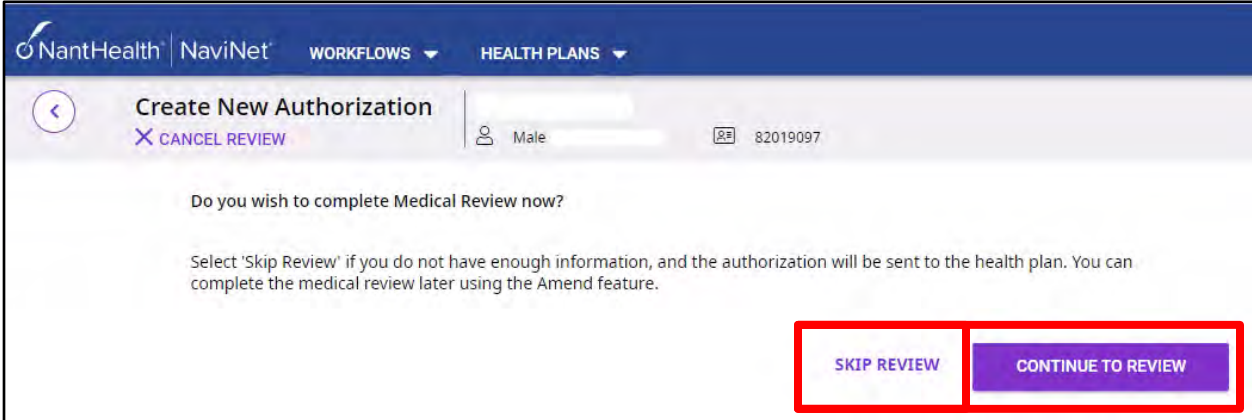
Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 401 1533 575"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 842 1533 1276"> <p>▼ Contact Information</p> <p>First Name: Beth</p> <p>Last Name: Williams</p> <p>Email Address: Optional</p> <p>Phone Number: (843) 999-9999</p> <p>Fax Number: Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel << Previous Submit</p> </div>







Creating a New Authorization – InterQual – Outpatient and Inpatient



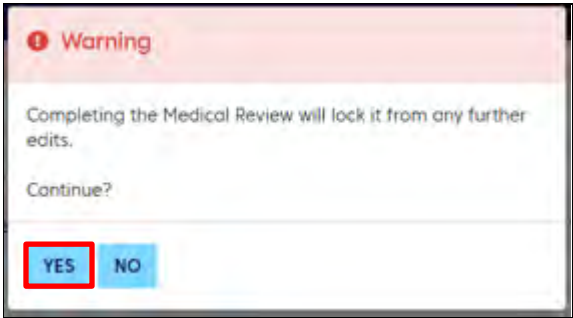
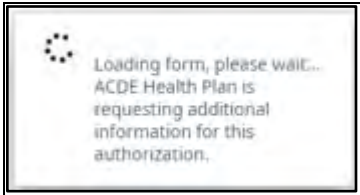
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	After completion of the previous steps, when the user selects Submit , InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="206 562 634 816" 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="206 930 1451 1346" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="206 1398 1468 1913"> <thead> <tr> <th data-bbox="206 1398 524 1444">If....</th> <th data-bbox="532 1398 1468 1444">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="206 1444 524 1713">Skip Review</td> <td data-bbox="532 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>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p> </td> </tr> <tr> <td data-bbox="206 1713 524 1913">Continue to Review</td> <td data-bbox="532 1713 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>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If....	Then...	Skip Review	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>	Continue to Review	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
If....	Then...						
Skip Review	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>						
Continue to Review	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>						

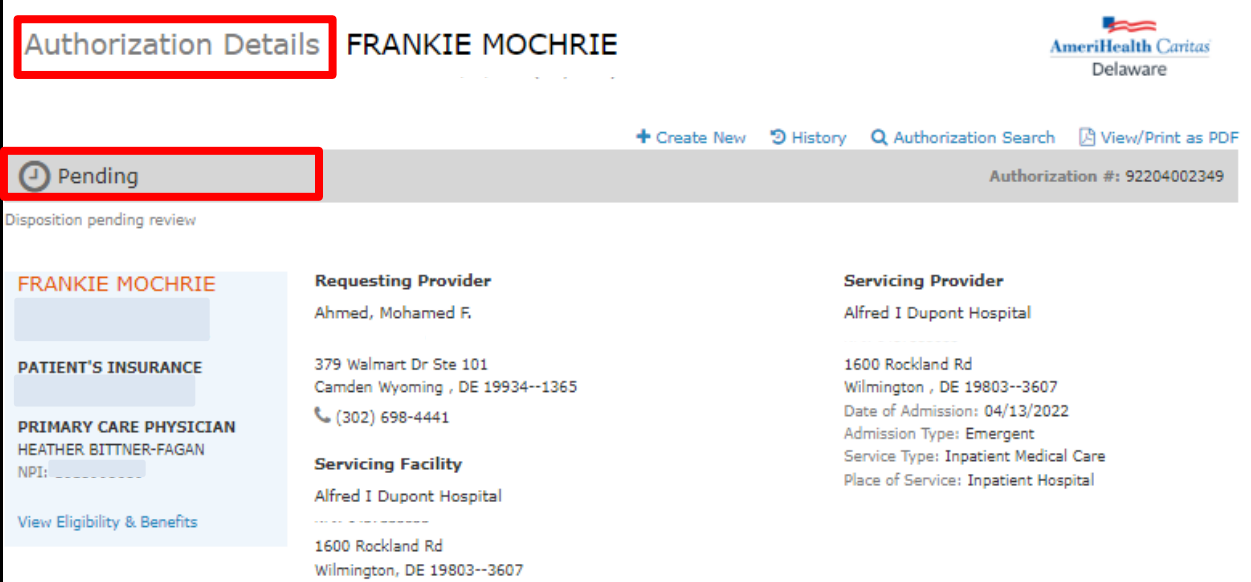
Creating a New Authorization - InterQual (cont.)

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

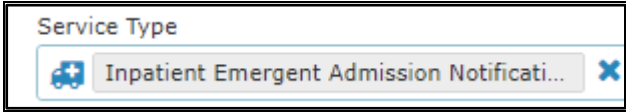

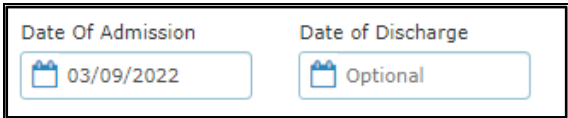
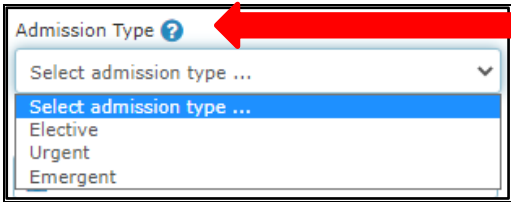
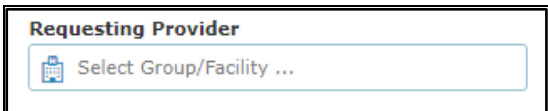

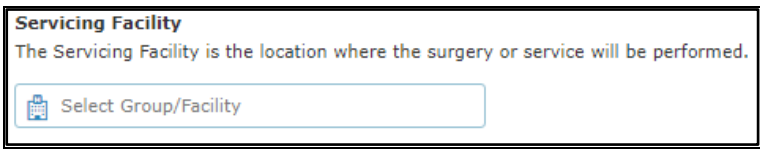
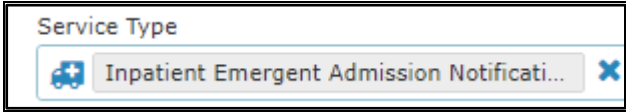

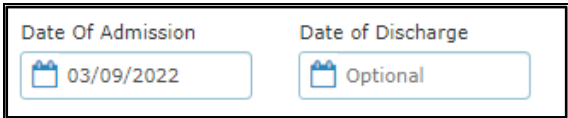
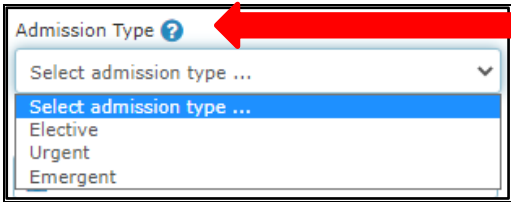
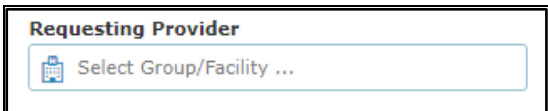

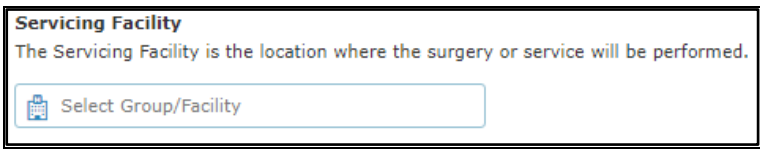
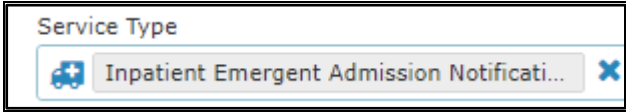

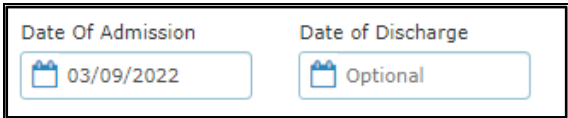
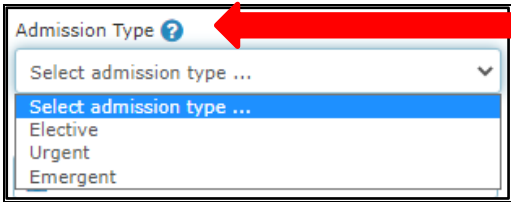
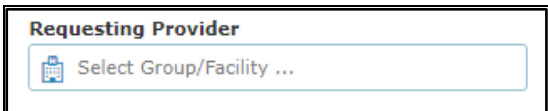

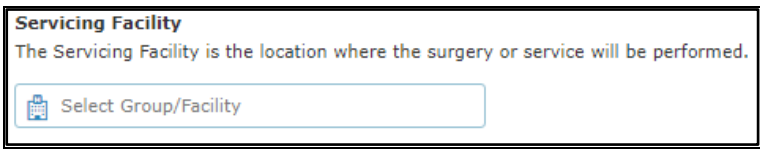
Creating a New Authorization - InterQual (cont.)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1555 634"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="703 264 1555 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 310 703 432">Q&A criteria is used (outpatient)</td> <td data-bbox="703 310 1555 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 1555 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 Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red 'i' icon. The text reads: 'Warning', 'Completing the Medical Review will lock it from any further edits.', and 'Continue?'. At the bottom, there are two buttons: 'YES' (highlighted with a red box) and 'NO'.</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular progress indicator. The text reads: 'Loading form, please wait...', 'ACDE Health Plan is requesting additional information for this authorization.', and 'Authorization ID: 1234567890'.</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 FRANKIE MOCHRIE. The status is 'Pending'. The requesting provider is Ahmed, Mohamed F., located at 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934, with a phone number of (302) 698-4441. The servicing provider is Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. The date of admission is 04/13/2022, and the admission type is Emergent. The service type is Inpatient Medical Care, and the place of service is Inpatient Hospital.</p>

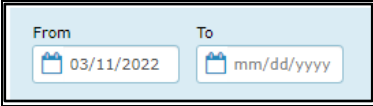
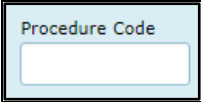

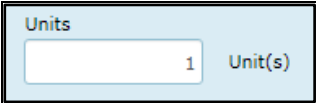
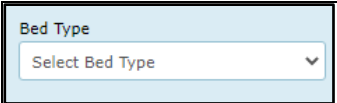
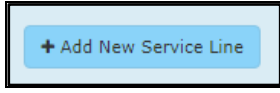
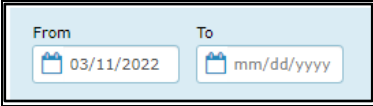
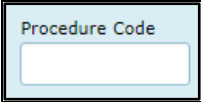

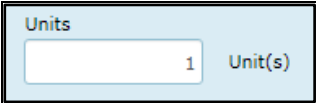
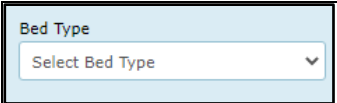
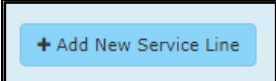
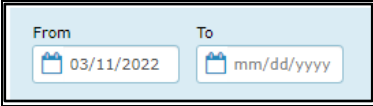
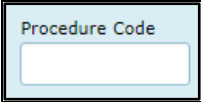

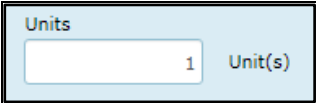
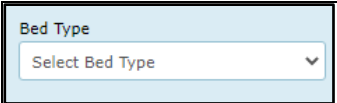
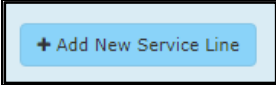
Creating a New Authorization – Inpatient Emergent Admission Notification

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>Service Type</p> </td> <td data-bbox="521 321 1547 695"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 525">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 688">  </div> </td> </tr> <tr> <td data-bbox="207 695 521 911"> <p>Date of Admission/ Date of Discharge</p> </td> <td data-bbox="521 695 1547 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="537 789 1101 905">  </div> </td> </tr> <tr> <td data-bbox="207 911 521 1220"> <p>Admission Type</p> </td> <td data-bbox="521 911 1547 1220"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1062 968 1516 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1220 521 1388"> <p>Requesting Provider</p> </td> <td data-bbox="521 1220 1547 1388"> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381">  </div> </td> </tr> <tr> <td data-bbox="207 1388 521 1598"> <p>Servicing Provider</p> </td> <td data-bbox="521 1388 1547 1598"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591">  </div> </td> </tr> <tr> <td data-bbox="207 1598 521 1820"> <p>Servicing Facility</p> </td> <td data-bbox="521 1598 1547 1820"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797">  </div> </td> </tr> </table>	<p>Service Type</p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 525">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 688">  </div>	<p>Date of Admission/ Date of Discharge</p>	<p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 905">  </div>	<p>Admission Type</p>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1062 968 1516 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div>	<p>Requesting Provider</p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381">  </div>	<p>Servicing Provider</p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591">  </div>	<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797">  </div>
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<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797">  </div>												

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

Step	Action										
6.	<p data-bbox="219 218 535 260">Diagnoses</p> <p data-bbox="219 260 535 863">Diagnoses</p> <p data-bbox="544 260 1567 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="544 346 941 462"><p data-bbox="552 352 933 388">Diagnoses</p><p data-bbox="552 388 933 451">Add Diagnoses ...</p></div> <p data-bbox="544 472 1567 630">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="544 640 1567 829"><p data-bbox="552 646 933 682">Diagnoses</p><p data-bbox="552 682 933 735">Add Diagnoses ...</p><table border="1" data-bbox="552 735 1559 819"><tbody><tr><td data-bbox="560 745 673 766">1 (Primary)</td><td data-bbox="682 745 803 766">M62.81</td><td data-bbox="812 745 1356 766">Muscle weakness (generalized)</td><td data-bbox="1364 745 1550 787">↓</td><td data-bbox="1364 745 1550 787">🗑️</td></tr><tr><td data-bbox="560 777 576 798">2</td><td data-bbox="682 777 803 798">T67.01XA</td><td data-bbox="812 777 1356 798">Heatstroke and sunstroke, initial encounter</td><td></td><td></td></tr></tbody></table></div>	1 (Primary)	M62.81	Muscle weakness (generalized)	↓	🗑️	2	T67.01XA	Heatstroke and sunstroke, initial encounter		
1 (Primary)	M62.81	Muscle weakness (generalized)	↓	🗑️							
2	T67.01XA	Heatstroke and sunstroke, initial encounter									

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

Step	Action												
6.	<p>Services</p> <table border="1"> <tr> <td data-bbox="207 254 527 457">From / To</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">Procedure Code</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 not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 814 527 968">Modifiers</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">Units</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">Bed Type</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 1598">+ Add New Service Line</td> <td data-bbox="527 1339 1469 1598"> <p>Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<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> 	Procedure Code	<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 not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> 	Modifiers	<p>This is a free text field and is not a mandatory field.</p> 	Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p>Select bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p>Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> 
From / To	<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> 												
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Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 												
Bed Type	<p>Select bed type from the drop down list. This is a mandatory field.</p> 												
+ Add New Service Line	<p>Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> 												

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

Step	Action
6.	<p data-bbox="207 224 386 256">Attachments</p> <p data-bbox="217 262 431 294">Add Document</p> <p data-bbox="537 262 1534 409">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 657"><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="558 787 812 808">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">Select document type ...Progress ReportMedical Record AttachmentPatient Medical History DocumentPhysical Therapy NotesContinued treatmentNursing NotesPhysicians ReportPhysician OrderJustification for AdmissionDurable Medical Equipment PrescriptionOrders and Treatment DocumentInitial AssessmentConsentDischarge Summary</div>

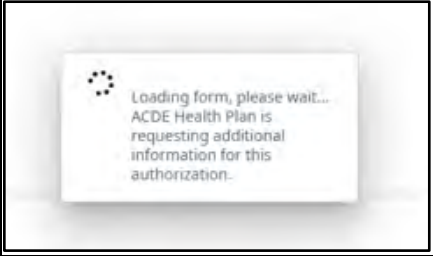
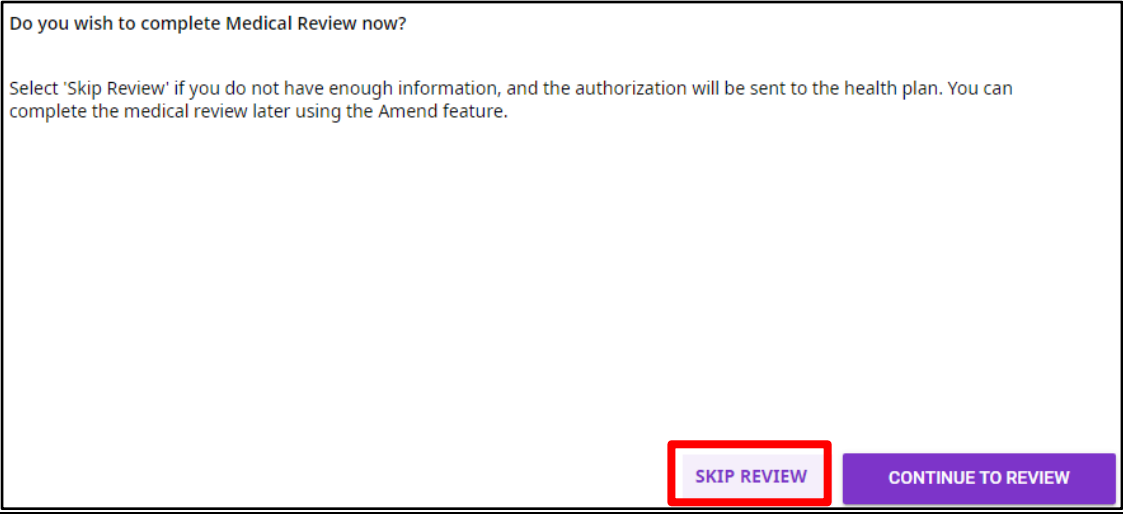
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="203 224 300 254">Notes</p> <p data-bbox="203 262 300 291">Notes</p> <p data-bbox="532 262 1518 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="532 388 1534 567"> <p data-bbox="544 399 600 420">Notes</p> <p data-bbox="560 430 730 451">Enter Clinical Notes ...</p> <p data-bbox="1388 535 1526 556">264 characters left</p> </div> <p data-bbox="203 577 503 609">Contact Information</p> <p data-bbox="532 577 1534 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 Submit when the request is complete.</p> <p data-bbox="532 741 1534 814">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="532 829 1534 1239"> <p data-bbox="544 840 755 861">▼ Contact Information</p> <p data-bbox="544 871 633 892">First Name</p> <p data-bbox="544 955 633 976">Last Name</p> <p data-bbox="544 1039 657 1060">Email Address</p> <p data-bbox="544 1060 617 1081">Optional</p> <p data-bbox="1055 871 1177 892">Phone Number</p> <p data-bbox="1055 955 1153 976">Fax Number</p> <p data-bbox="1055 987 1128 1008">Optional</p> <p data-bbox="1055 1029 1364 1081"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p data-bbox="560 1113 690 1134">DECLARATION</p> <p data-bbox="560 1144 1250 1165"><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p data-bbox="1209 1207 1266 1228">Cancel</p> <p data-bbox="1307 1207 1388 1228">« Previous</p> <p data-bbox="1445 1207 1510 1228">Submit</p> </div>

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


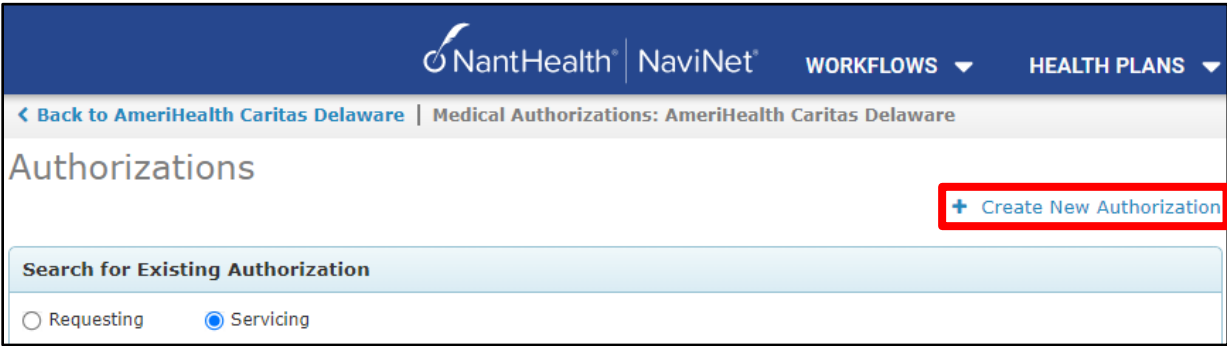


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


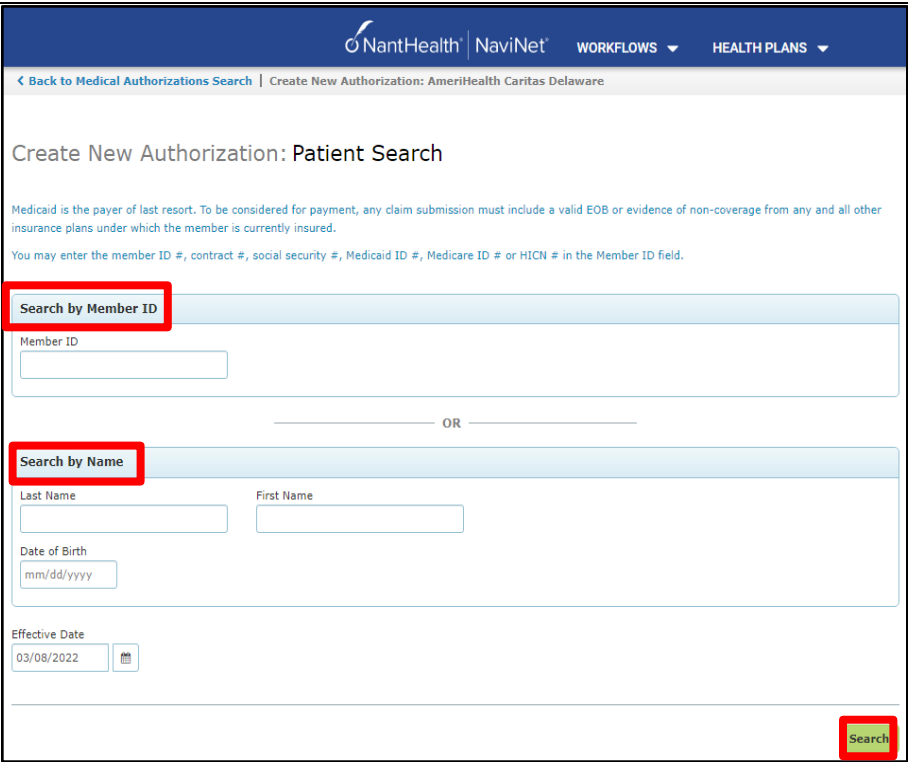

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p> 
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select "Skip Review."</p>  <p>Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>

Creating a New Authorization – Inpatient Delivery Notification

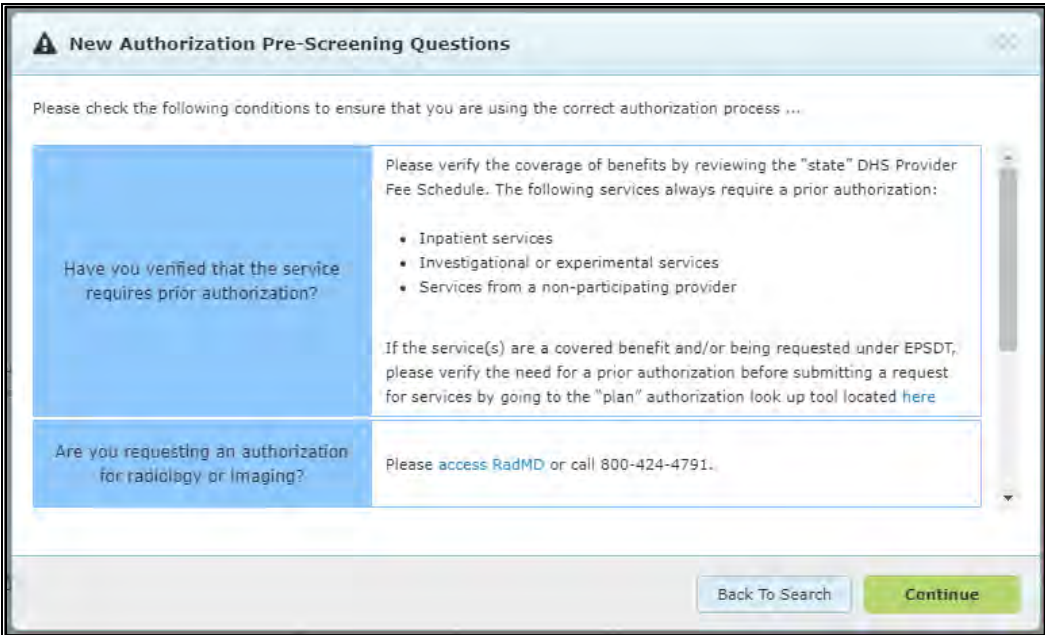
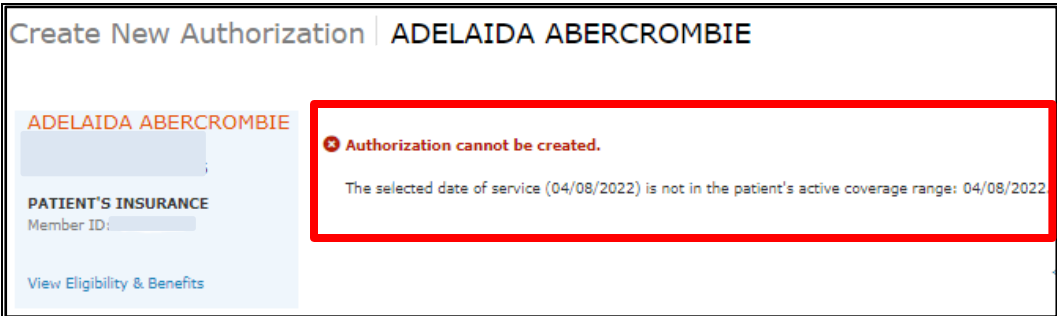
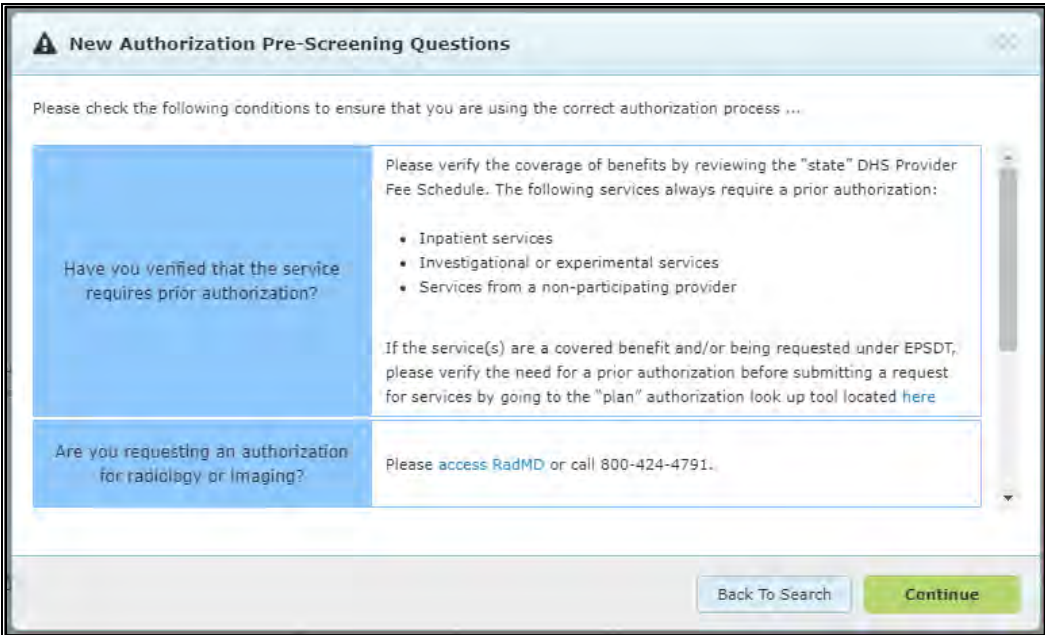
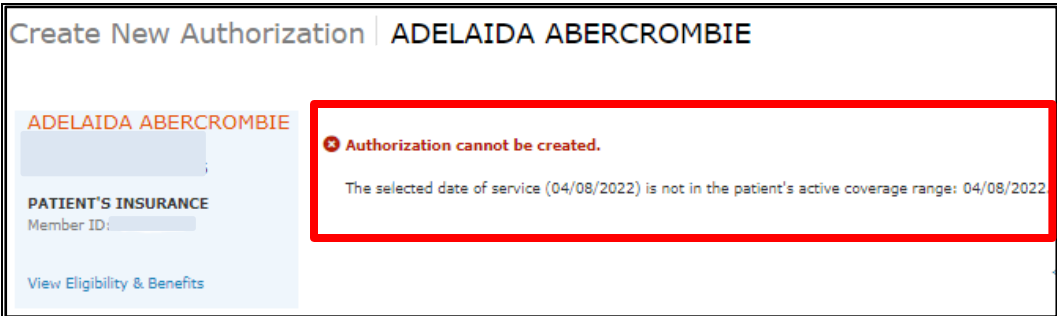
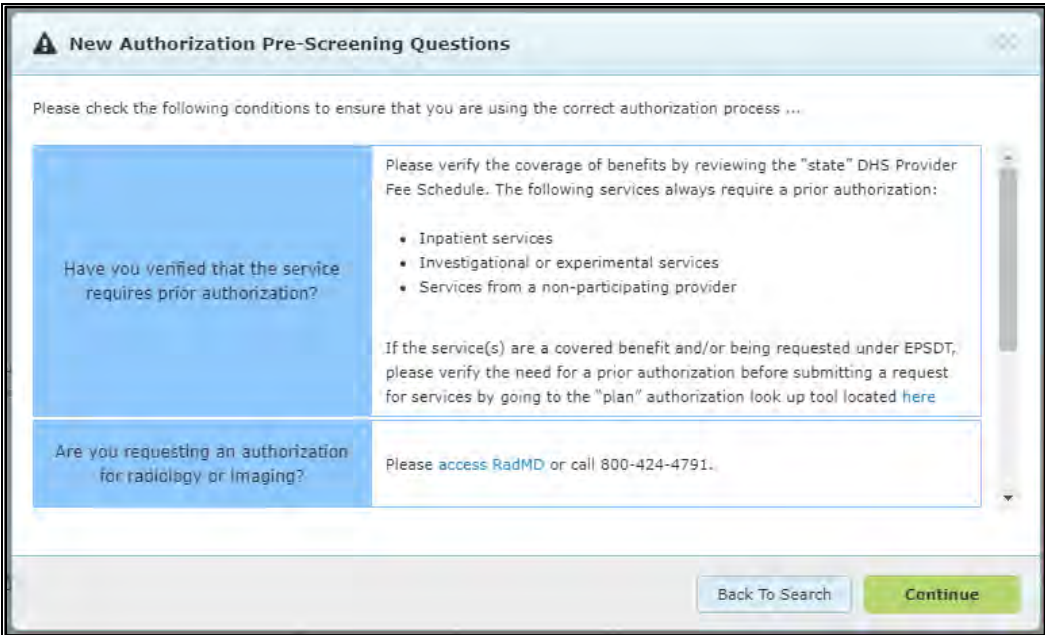
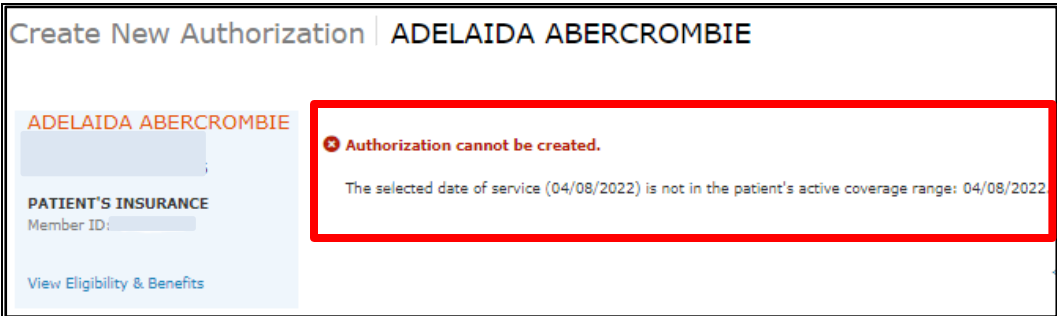
To create an Inpatient Delivery Notification:

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


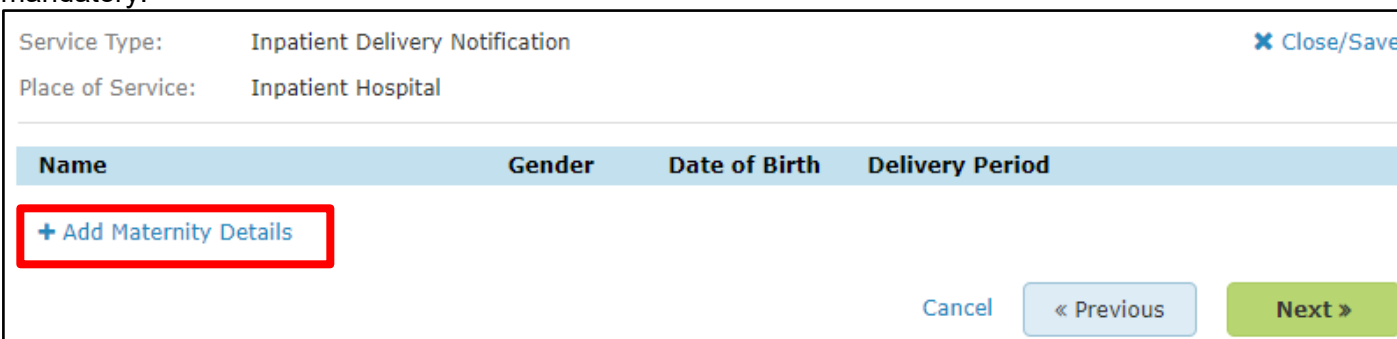
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="220 344 1552 485"><p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p></div> <div data-bbox="220 495 1123 1251"></div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472"><p>Create New Authorization: Patient Search</p><p> Subscriber / Insured Not Found. Please Correct and Resubmit.</p></div>

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

Step	Action						
4.	<p>Address the pre-screening questions pop up box then select Continue.</p> <p>Note: If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="203 352 397 394">If...</th> <th data-bbox="397 352 1559 394">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 394 397 1255"> <p>The member has active coverage</p> </td> <td data-bbox="397 394 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 1627"> <p>The member is ineligible</p> </td> <td data-bbox="397 1255 1559 1627"> <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...						
<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> 						






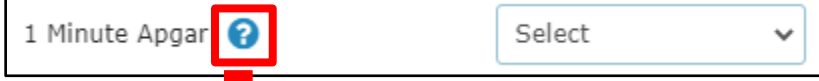
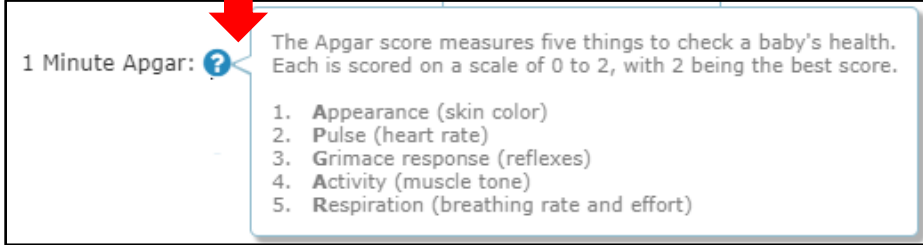
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: Inpatient Delivery Notification Place of Service: Birthing Center or Inpatient Hospital Select Next</p> 
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> 






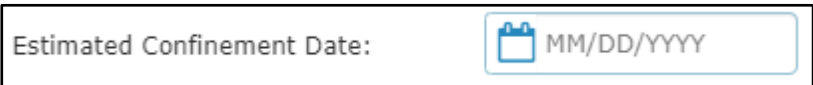
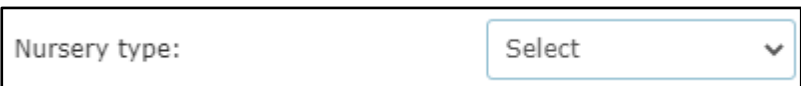
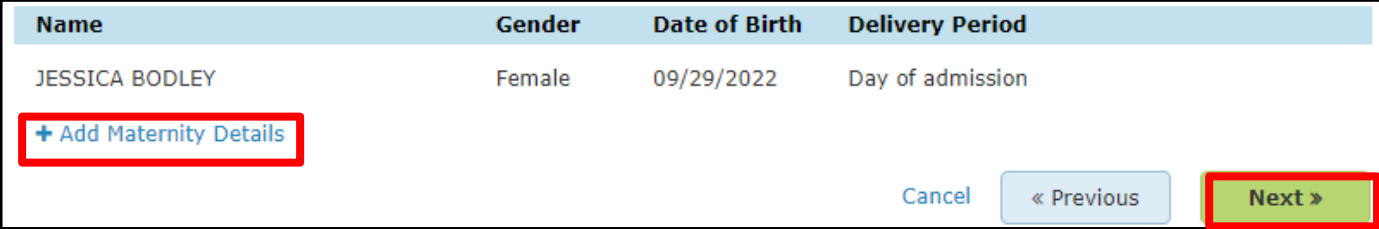
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action
6.	<div data-bbox="203 220 1177 1165"><p>Add Maternity Details ✕</p><p>Baby's Last Name: <input type="text"/></p><p>Baby's First Name: <input type="text"/></p><p>Gender: <input type="text" value="Select"/></p><p>Date Of Birth: <input type="text" value="MM/DD/YYYY"/></p><p>Weight In Grams: <input type="text"/></p><p>1 Minute Apgar: <input type="text" value="Select"/></p><p>5 Minute Apgar: <input type="text" value="Select"/></p><p>Delivery</p><p>Delivery Outcome: <input type="text" value="Select"/></p><p>Delivery Method: <input type="text" value="Select"/></p><p>Delivery Period: <input type="text" value="Select"/></p><p>Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/></p><p><input type="button" value="Cancel"/> <input type="button" value="Save"/></p></div>

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

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

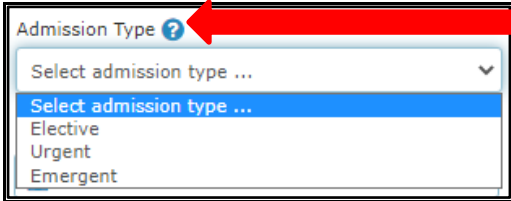


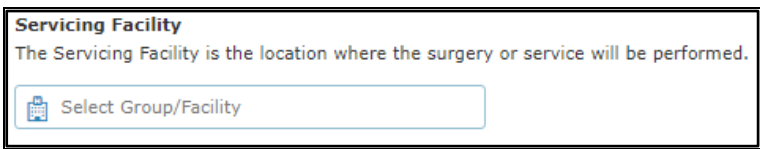
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action								
6.	5 Minute Apgar Drop down field - select 1-10. 								
	Delivery Outcome Drop down field – select live birth or non live birth. 								
	Delivery Method Drop down field – select c-section or normal vaginal delivery. 								
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. 								
	Estimated Gestational Age Select the appropriate values from the drop down fields. 								
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. 								
	Nursery type Drop down field – select well baby or NICU. 								
7.	Select Save when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select + Add Maternity Details to complete the additional details, then select Next .  <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> <p data-bbox="219 1564 495 1606">+ Add Maternity Details</p> <p data-bbox="1096 1627 1567 1669">Cancel < Previous Next ></p>	Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission
Name	Gender	Date of Birth	Delivery Period						
JESSICA BODLEY	Female	09/29/2022	Day of admission						


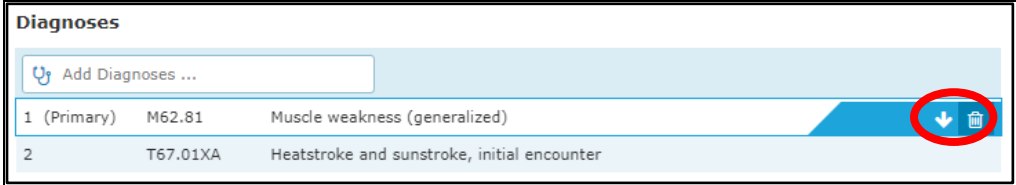






Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action				
8.	<p data-bbox="228 226 402 386">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 365 667 394">Date Of Admission</td><td data-bbox="711 365 886 394">Date of Discharge</td></tr><tr><td data-bbox="423 401 667 449">📅 03/09/2022</td><td data-bbox="711 401 943 449">📅 Optional</td></tr></table></div> <p data-bbox="418 485 1536 518">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 533 1385 621"><ul style="list-style-type: none"><li data-bbox="483 564 1338 594">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission	Date of Discharge	📅 03/09/2022	📅 Optional
Date Of Admission	Date of Discharge				
📅 03/09/2022	📅 Optional				

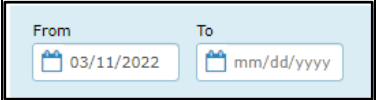
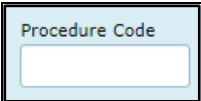

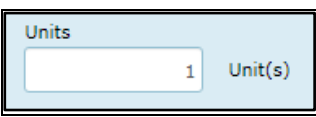
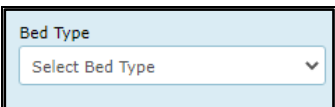
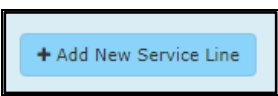
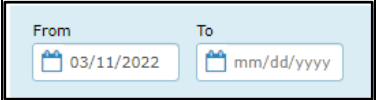
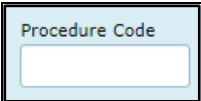

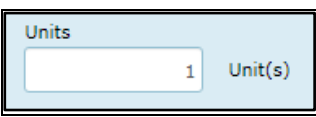
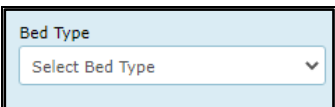
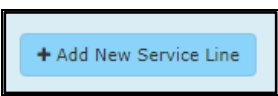
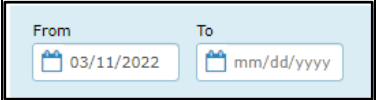
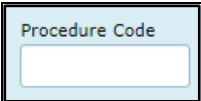

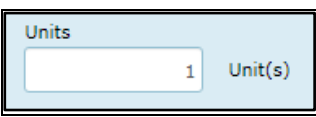
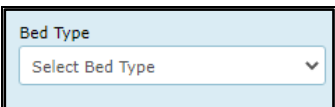
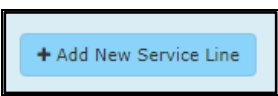
Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<p data-bbox="217 233 448 264">Admission Type</p> <p data-bbox="537 233 1289 264">Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1045 474" style="border: 1px solid black; padding: 5px;"> <p>Admission Type ? </p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> <div data-bbox="1143 275 1531 443" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="537 527 1531 785" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="711 527 1531 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="711 562 1531 632">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 632 711 732">Urgent</td> <td data-bbox="711 632 1531 732">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="537 732 711 785">Emergent</td> <td data-bbox="711 732 1531 785">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> <p data-bbox="217 795 509 827">Requesting Provider</p> <p data-bbox="537 795 1484 869">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 879 1081 989" style="border: 1px solid black; padding: 5px;"> <p>Requesting Provider</p> <p> Select Group/Facility ...</p> </div> <p data-bbox="217 1031 480 1062">Servicing Provider</p> <p data-bbox="537 1031 1531 1104">Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="537 1115 1081 1224" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div> <p data-bbox="217 1245 461 1276">Servicing Facility</p> <p data-bbox="537 1245 1463 1276">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1287 1292 1434" style="border: 1px solid black; padding: 5px;"> <p>Servicing Facility</p> <p>The Servicing Facility is the location where the surgery or service will be performed.</p> <p> Select Group/Facility</p> </div>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Emergent	Concurrent review, enrollee is currently admitted								


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

Step	Action																
9.	<p data-bbox="203 224 370 256">Diagnoses</p> <p data-bbox="203 262 370 294">Diagnoses</p> <p data-bbox="537 262 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 930 459"> <p data-bbox="548 359 659 384">Diagnoses</p>  </div> <p data-bbox="537 478 1536 625">Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="537 638 1547 821"> <p data-bbox="548 648 659 674">Diagnoses</p>  <table border="1" data-bbox="537 688 1547 821"> <thead> <tr> <th colspan="4">Diagnoses</th> </tr> <tr> <th colspan="4">Add Diagnoses ...</th> </tr> </thead> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td> </td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action												
9.	<p data-bbox="207 226 324 254">Services</p> <table border="1" data-bbox="207 258 1469 1644"> <tr> <td data-bbox="207 258 527 499">From / To</td> <td data-bbox="527 258 1469 499"> <p data-bbox="544 268 1404 373">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="544 394 917 493">  </div> </td> </tr> <tr> <td data-bbox="207 499 527 856">Procedure Code</td> <td data-bbox="527 499 1469 856"> <p data-bbox="544 510 1453 741">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> <div data-bbox="544 751 743 850">  </div> </td> </tr> <tr> <td data-bbox="207 856 527 1014">Modifiers</td> <td data-bbox="527 856 1469 1014"> <p data-bbox="544 867 1112 898">This is a free text field and is not mandatory.</p> <div data-bbox="544 909 820 1003">  </div> </td> </tr> <tr> <td data-bbox="207 1014 527 1224">Units</td> <td data-bbox="527 1014 1469 1224"> <p data-bbox="544 1024 1453 1087">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1098 857 1213">  </div> </td> </tr> <tr> <td data-bbox="207 1224 527 1423">Bed Type</td> <td data-bbox="527 1224 1469 1423"> <p data-bbox="544 1234 1372 1297">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1308 876 1413">  </div> </td> </tr> <tr> <td data-bbox="207 1423 527 1644">+ Add New Service Line</td> <td data-bbox="527 1423 1469 1644"> <p data-bbox="544 1434 1453 1539">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="544 1549 820 1644">  </div> </td> </tr> </table>	From / To	<p data-bbox="544 268 1404 373">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="544 394 917 493">  </div>	Procedure Code	<p data-bbox="544 510 1453 741">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> <div data-bbox="544 751 743 850">  </div>	Modifiers	<p data-bbox="544 867 1112 898">This is a free text field and is not mandatory.</p> <div data-bbox="544 909 820 1003">  </div>	Units	<p data-bbox="544 1024 1453 1087">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1098 857 1213">  </div>	Bed Type	<p data-bbox="544 1234 1372 1297">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1308 876 1413">  </div>	+ Add New Service Line	<p data-bbox="544 1434 1453 1539">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="544 1549 820 1644">  </div>
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Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p data-bbox="203 226 381 258">Attachments</p> <p data-bbox="219 268 430 300">Add Document</p> <p data-bbox="535 268 1550 420">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="535 430 1485 661"> <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p> </div> <div data-bbox="535 682 1485 1113"> <p>Attachments</p> <p>+ Add Document</p> <p>  Document 1- for upload.docx Select document type ... Delete </p> <ul style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary </div>

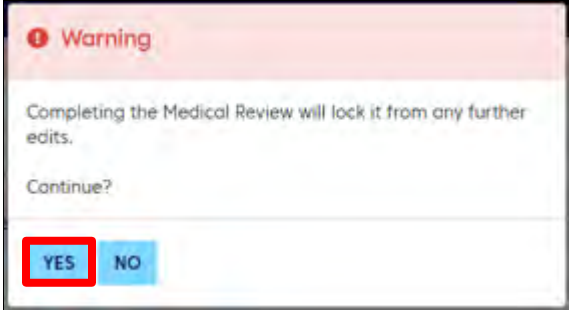
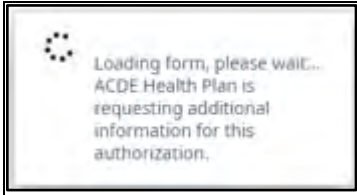
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 394 1533 569"> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 835 1533 1247"> </div>
9.	<p>Selecting Submit may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> <div data-bbox="204 1465 634 1719"> </div>

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


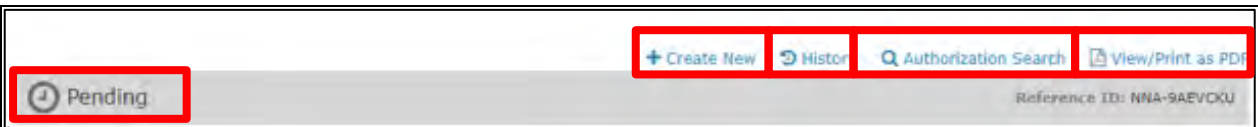
Creating a New Authorization - Inpatient Delivery Notification (cont.)

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>Authorization Details FRANKIE MOCHRIE</p><p>AmeriHealth Caritas Delaware</p><p>+ Create New History Authorization Search View/Print as PDF</p><p>Pending Authorization #: 92204002349</p><p>Disposition pending review</p><table border="1"><tr><td>FRANKIE MOCHRIE</td><td>Requesting Provider</td><td>Servicing Provider</td></tr><tr><td>PATIENT'S INSURANCE</td><td>Ahmed, Mohamed F.</td><td>Alfred I Dupont Hospital</td></tr><tr><td>PRIMARY CARE PHYSICIAN</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>HEATHER BITTNER-FAGAN NPI</td><td>Servicing Facility</td><td></td></tr><tr><td>View Eligibility & Benefits</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>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	PATIENT'S INSURANCE	Ahmed, Mohamed F.	Alfred I Dupont Hospital	PRIMARY CARE PHYSICIAN	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	HEATHER BITTNER-FAGAN NPI	Servicing Facility		View Eligibility & Benefits	Alfred I Dupont Hospital			1600 Rockland Rd Wilmington, DE 19803--3607	
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Authorization Status – Approved and Pending

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

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


If...	Then it will look like this...										
Approved	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1528 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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Pending	<div data-bbox="277 917 1528 1043" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: 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 1211 1528 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
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4 AMENDING AN AUTHORIZATION

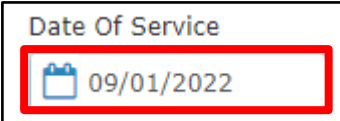
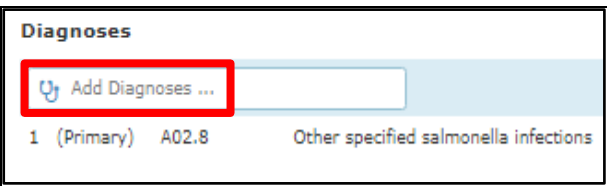
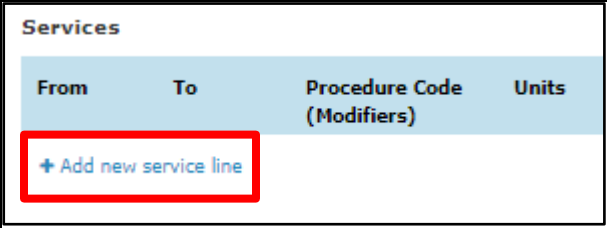
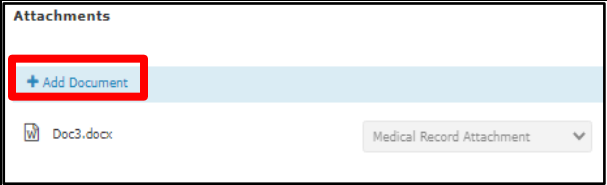
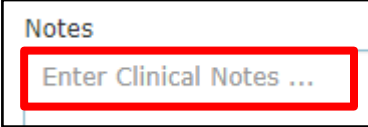
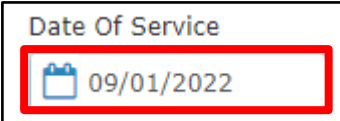
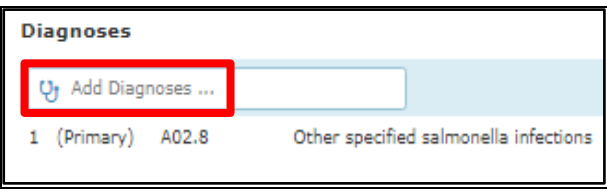
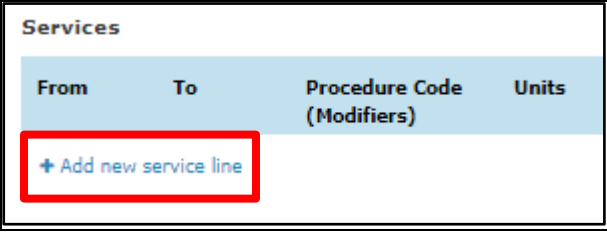
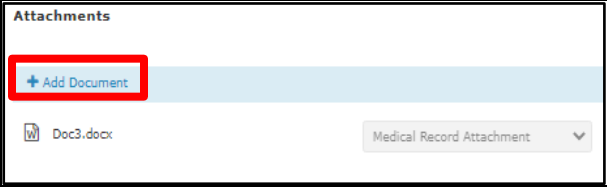
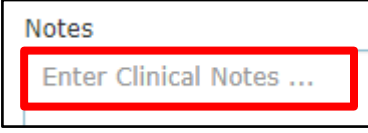
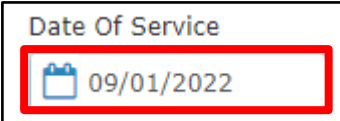
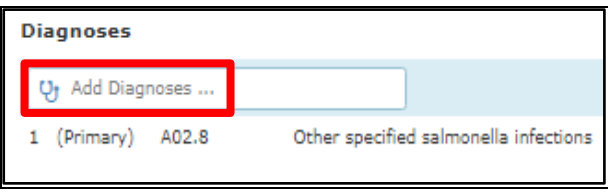
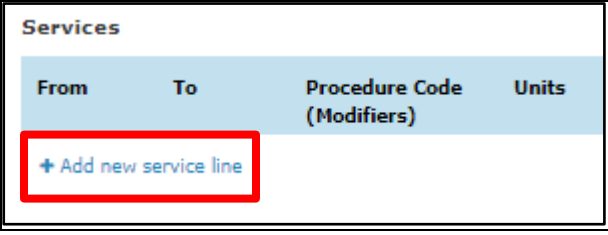
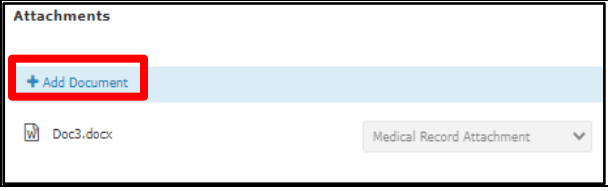
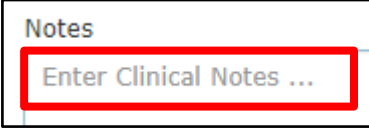
Amending an Authorization Request

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

	<p>When making an amendment the user can add diagnoses, add services, add notes (if the maximum character limit has not been exceeded) and add documents.</p>
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Step	Action								
1.	<p>Locate the existing request under Workflows for this Plan.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>The request was created in NaviNet</td> <td>Select Medical Authorizations Log</td> </tr> <tr> <td>The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td>Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)		
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The request was created in NaviNet	Select Medical Authorizations Log								
The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)								
2.	<p>Select Auth Details on the request that needs to be amended.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <table border="1"> <tr> <td>GRETA EMERSON</td> <td>Date of Service: 03/18/2022</td> <td>Date of Submission: 03/18/2022</td> <td>Approved as of 03/18/2022</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td colspan="2" style="text-align: center;"> Auth Details + Create New History Attach Refresh Status </td> </tr> </table> </div>	GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: 03/18/2022	Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350	Auth Details + Create New History Attach Refresh Status	
GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: 03/18/2022	Approved as of 03/18/2022						
AmeriHealth Caritas	Auth #: 92203003350	Auth Details + Create New History Attach Refresh Status							
3.	<p>Select Amend.</p> <div style="border: 1px solid black; padding: 5px;"> <table border="1"> <tr> <td style="text-align: center;"> Amend + Create New History Attach Authorization Search View/Print as PDF </td> </tr> <tr> <td style="background-color: #e0f0e0; padding: 5px;"> Approved Authorization #: 92203003026 Effective: 03/31/2022 </td> </tr> </table> </div>	Amend + Create New History Attach Authorization Search View/Print as PDF	Approved Authorization #: 92203003026 Effective: 03/31/2022						
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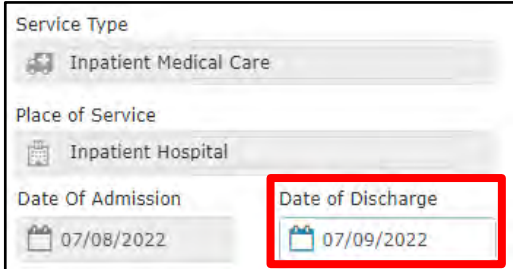
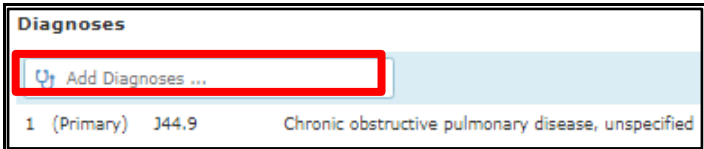
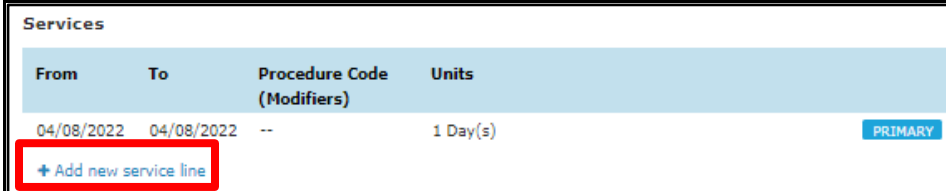
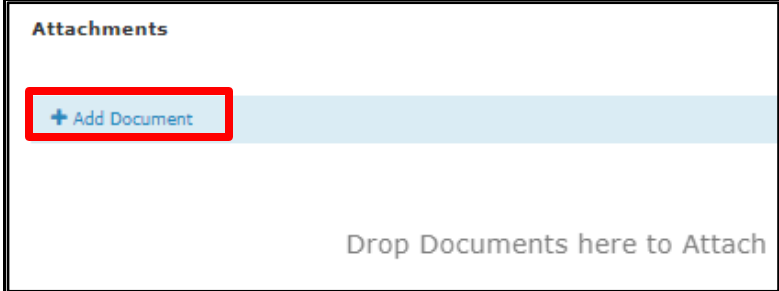
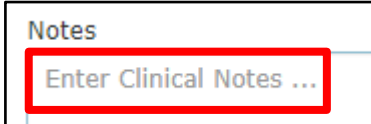
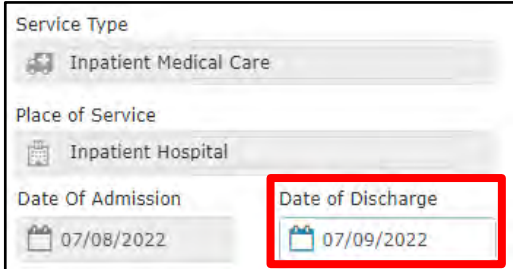
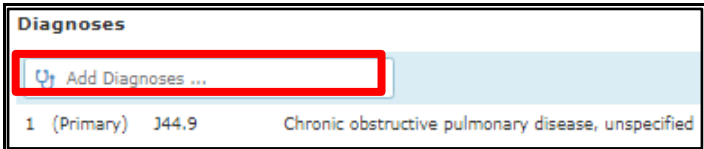
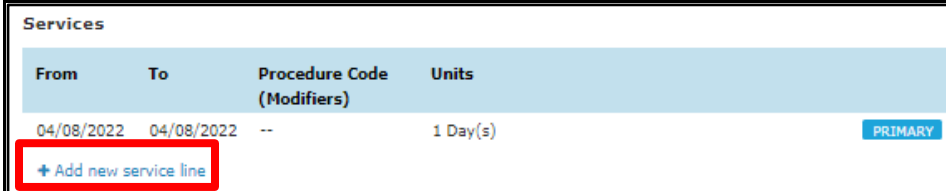
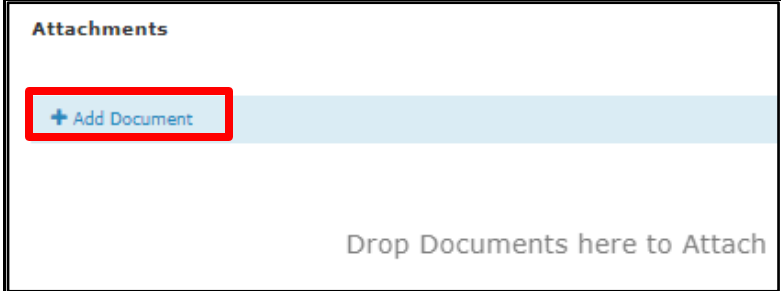
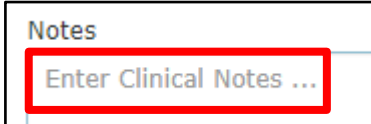
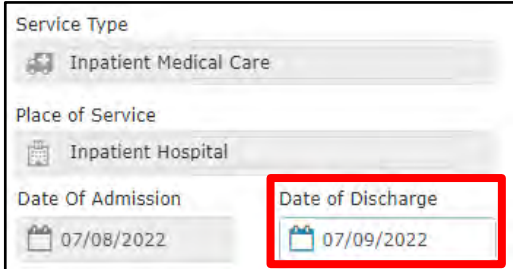
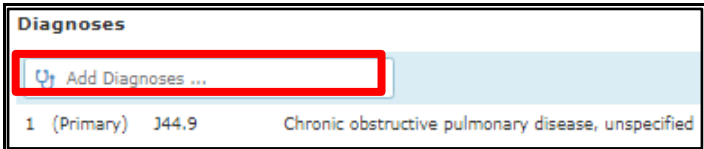
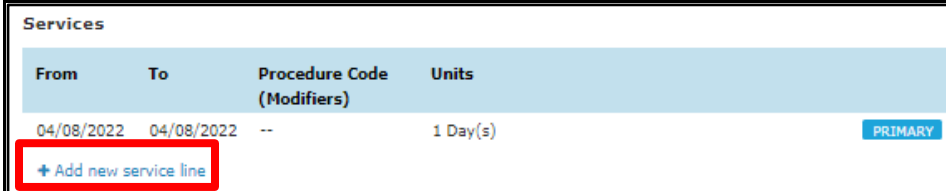
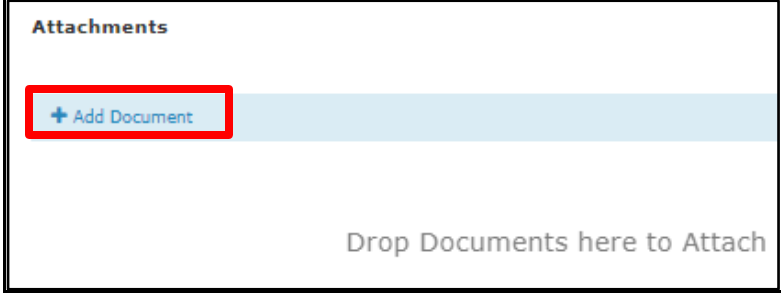
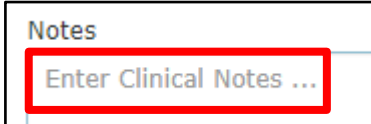
Amending an Authorization Request (cont.)

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="240 451 667 583">Address the Date of Service</td> <td data-bbox="667 451 1562 583">  </td> </tr> <tr> <td data-bbox="240 583 667 785">Add additional diagnoses if applicable</td> <td data-bbox="667 583 1562 785">  </td> </tr> <tr> <td data-bbox="240 785 667 1031">Add new service line</td> <td data-bbox="667 785 1562 1031">  </td> </tr> <tr> <td data-bbox="240 1031 667 1232">Add attachments if applicable</td> <td data-bbox="667 1031 1562 1232">  </td> </tr> <tr> <td data-bbox="240 1232 667 1377">Add notes if applicable</td> <td data-bbox="667 1232 1562 1377">  </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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Amending an Authorization Request (cont.)

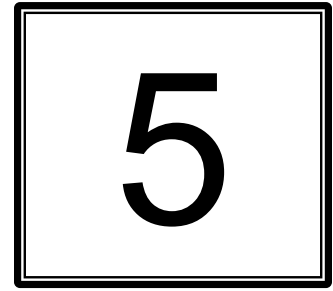
Step	Action												
4. (cont.)	<p data-bbox="251 233 690 268">Amending an outpatient request</p> <p data-bbox="251 275 690 401">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 325 1563 695"><p data-bbox="711 331 893 352">▼ Contact Information</p><table data-bbox="711 359 1559 556"><tr><td data-bbox="711 359 974 380">First Name</td><td data-bbox="1144 359 1291 380">Phone Number</td></tr><tr><td data-bbox="711 386 974 407">Beth</td><td data-bbox="1144 386 1291 407">(843) 999-9999</td></tr><tr><td data-bbox="711 428 974 449">Last Name</td><td data-bbox="1144 428 1291 449">Fax Number</td></tr><tr><td data-bbox="711 455 974 476">Williams</td><td data-bbox="1144 455 1291 476">Optional</td></tr><tr><td data-bbox="711 497 974 518">Email Address</td><td data-bbox="1144 497 1559 535"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr><tr><td data-bbox="711 525 974 546">Optional</td><td></td></tr></table><p data-bbox="727 577 836 598">DECLARATION</p><p data-bbox="727 604 1315 625"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1274 657 1550 678">Cancel « Previous Submit</p></div>	First Name	Phone Number	Beth	(843) 999-9999	Last Name	Fax Number	Williams	Optional	Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations	Optional	
First Name	Phone Number												
Beth	(843) 999-9999												
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Amending an Authorization Request (cont.)

Step	Action														
5.	<p>Amending an inpatient request</p> <table border="1" data-bbox="240 268 1555 405"> <thead> <tr> <th data-bbox="240 268 488 315">If...</th> <th data-bbox="488 268 1555 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 488 405">Amending an inpatient request</td> <td data-bbox="488 315 1555 405">The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information</td> </tr> </tbody> </table> <table border="1" data-bbox="240 451 1555 737"> <tr> <td data-bbox="240 451 597 737">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="597 451 1555 737">  </td> </tr> </table> <table border="1" data-bbox="240 737 1555 905"> <tr> <td data-bbox="240 737 597 905">Add additional diagnoses if applicable</td> <td data-bbox="597 737 1555 905">  </td> </tr> </table> <table border="1" data-bbox="240 905 1555 1157"> <tr> <td data-bbox="240 905 597 1157">Add new service line</td> <td data-bbox="597 905 1555 1157">  </td> </tr> </table> <table border="1" data-bbox="240 1157 1555 1465"> <tr> <td data-bbox="240 1157 597 1465">Add attachments if applicable</td> <td data-bbox="597 1157 1555 1465">  </td> </tr> </table> <table border="1" data-bbox="240 1465 1555 1610"> <tr> <td data-bbox="240 1465 597 1610">Add notes if applicable</td> <td data-bbox="597 1465 1555 1610">  </td> </tr> </table>	If...	Then....	Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information	Providers can enter the date of discharge for members that have discharged.		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
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Amending an Authorization Request (cont.)

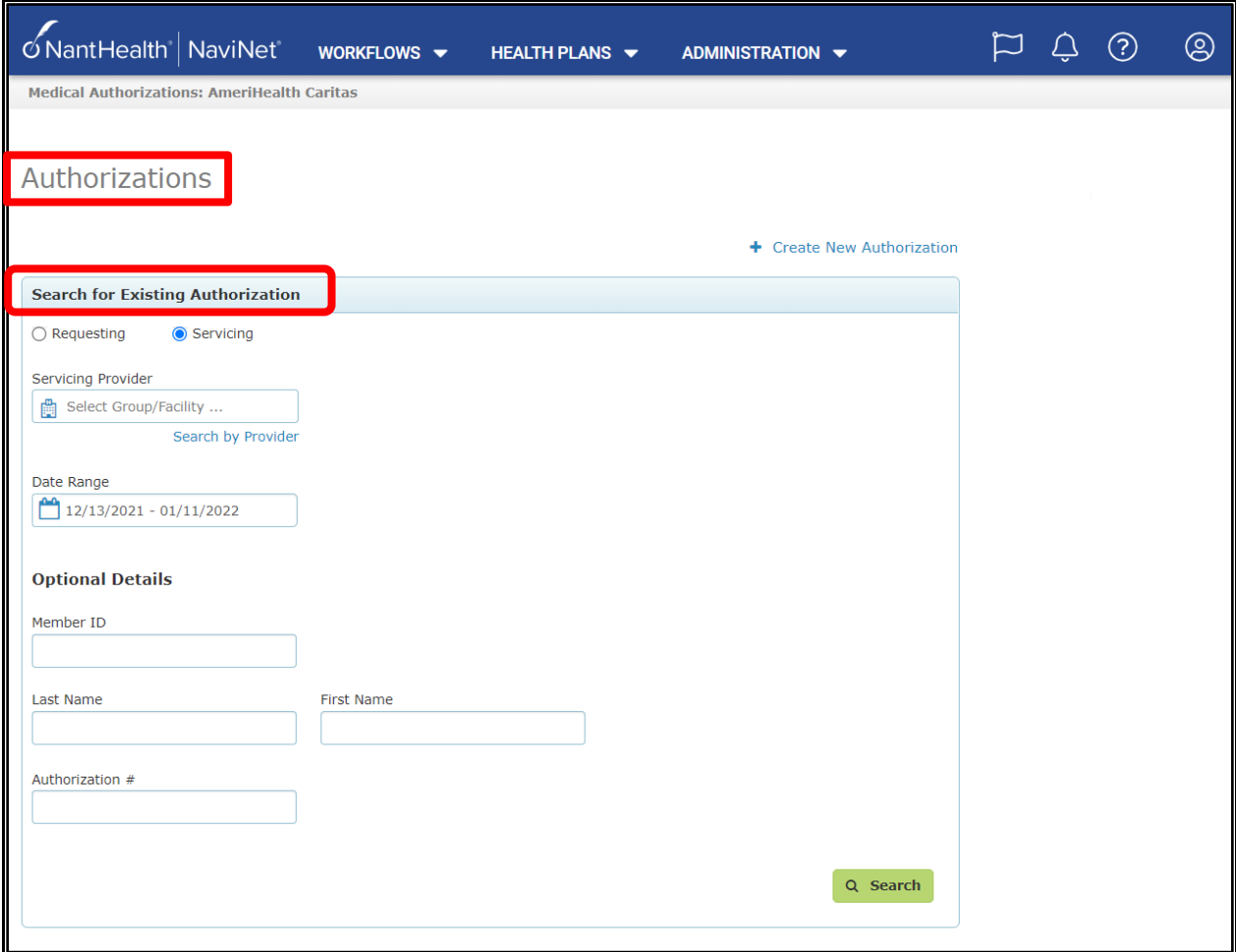
Step	Action
5. (cont.)	<p>Amending an inpatient request</p> <p>Enter contact information, check the Declaration box, and Submit</p> <div data-bbox="565 275 1565 688"><p>Contact Information</p><p>First Name Beth</p><p>Last Name Williams</p><p>Email Address Optional</p><p>Phone Number (843) 999-9999</p><p>Fax Number Optional</p><p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel « Previous Submit</p></div>



5 SEARCH FOR AN EXISTING AUTHORIZATION

Search for an Existing Authorization


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

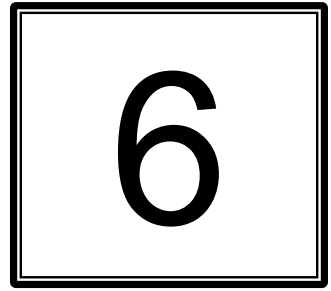
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 390 634 487"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div> <div data-bbox="240 554 1495 1520"><p>NantHealth NaviNet WORKFLOWS HEALTH PLANS ADMINISTRATION</p><p>Medical Authorizations: AmeriHealth Caritas</p><p>Authorizations</p><p>+ Create New Authorization</p><p>Search for Existing Authorization</p><p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p><p>Servicing Provider</p><p>Select Group/Facility ...</p><p>Search by Provider</p><p>Date Range</p><p>12/13/2021 - 01/11/2022</p><p>Optional Details</p><p>Member ID</p><p>Last Name First Name</p><p>Authorization #</p><p>Search</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 Search.</p> <div data-bbox="243 262 1453 1234" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Search for Existing Authorization</p> <p> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> <p>Optional Details</p> <p>Member ID</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 1437 1596" 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>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022																
92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022																

Search: Search for an Existing Authorization (cont.)


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>Note: Additional actions may be accessed from the authorization details to include amending (only available for approved or partially approved requests), create new, attach, authorization search, and view/print as PDF.</p> <table border="1" data-bbox="240 682 1544 961"> <tbody> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

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

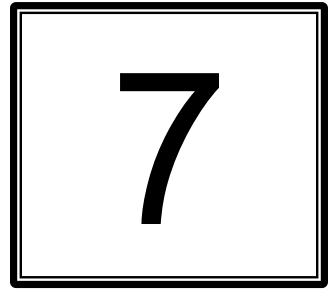
Step	Action																																						
1.	<p>Select Medical Authorization Log under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 426 667 590" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <ul style="list-style-type: none"> Medical Authorizations Medical Authorizations Log  </div>																																						
2.	<p>The user can +Create New, Sort by and Filter By. To see Authorizations created by you, check the box in front of Authorizations Created By Me.</p> <div data-bbox="240 716 1565 1339" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070c0; color: white; padding: 5px;"> Authorizations <i>Showing 148</i> + Create New ... Sort by Date of Service ▼ </div> <table border="0" style="width: 100%; border-top: 1px solid #ccc;"> <tr> <td style="width: 25%; border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">Filter By</div> <div style="font-size: small;">View all</div> <div style="margin-bottom: 5px;">Billing Entities All Billing Entities ▼ </div> <div style="margin-bottom: 5px;">Patient Details Search for name or ID...</div> <div style="margin-bottom: 5px;">Authorization # </div> <div style="margin-bottom: 5px;">Servicing Provider Search for name or ID...</div> <div style="margin-bottom: 5px;">Date of service 📅 12/11/2021-03/10/2022</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;"><input type="checkbox"/> Authorizations Created By Me</div> <div style="font-size: x-small;">Status</div> </td> <td style="width: 55%; padding: 5px;"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid #ccc; 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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: Auth Details, +Create New, History, Attach, and Refresh Status.</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' button and the 'Pending' status label 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="240 764 472 835">History</td> <td data-bbox="472 764 1526 835">Provides detailed history of the request</td> </tr> <tr> <td data-bbox="240 835 472 907">Attach</td> <td data-bbox="472 835 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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History	Provides detailed history of the request												
Attach	Ability to attach documents												
Refresh Status	Allows the user to refresh the status for any updates.												

Search: Medical Authorization Log (cont.)

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

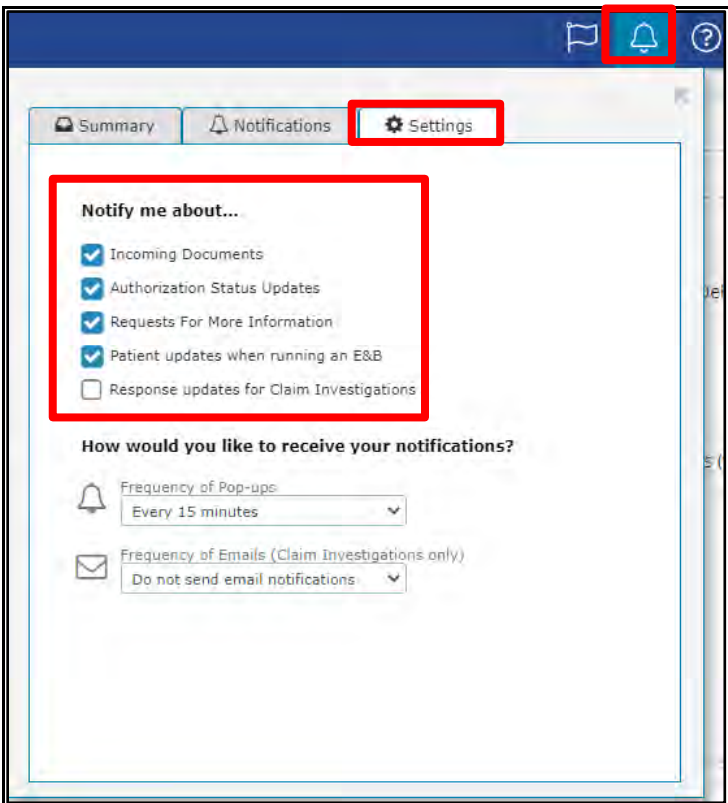
Request for More Information (RFMI)

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.

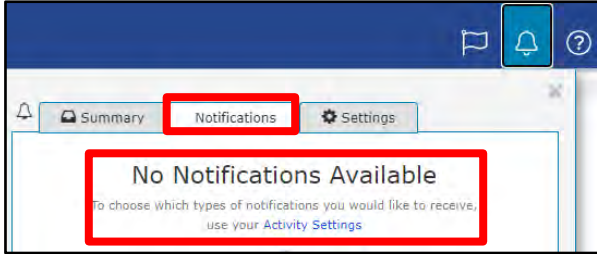
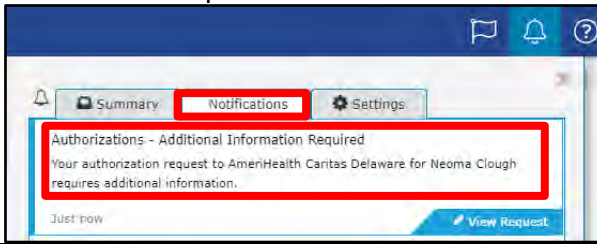
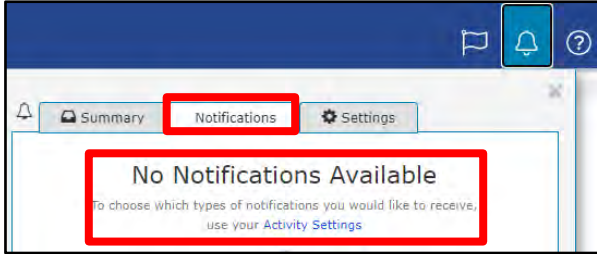
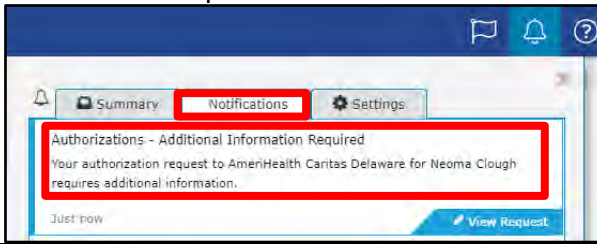
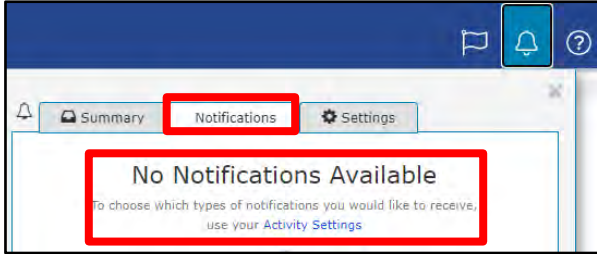
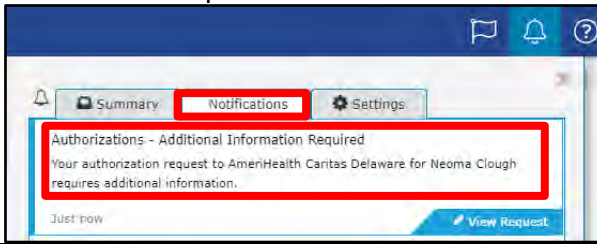
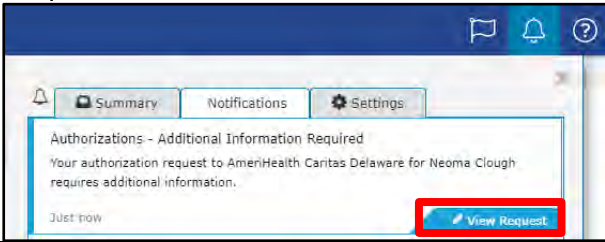
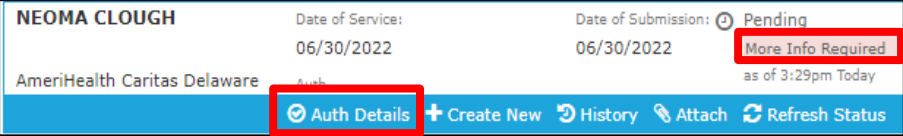


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


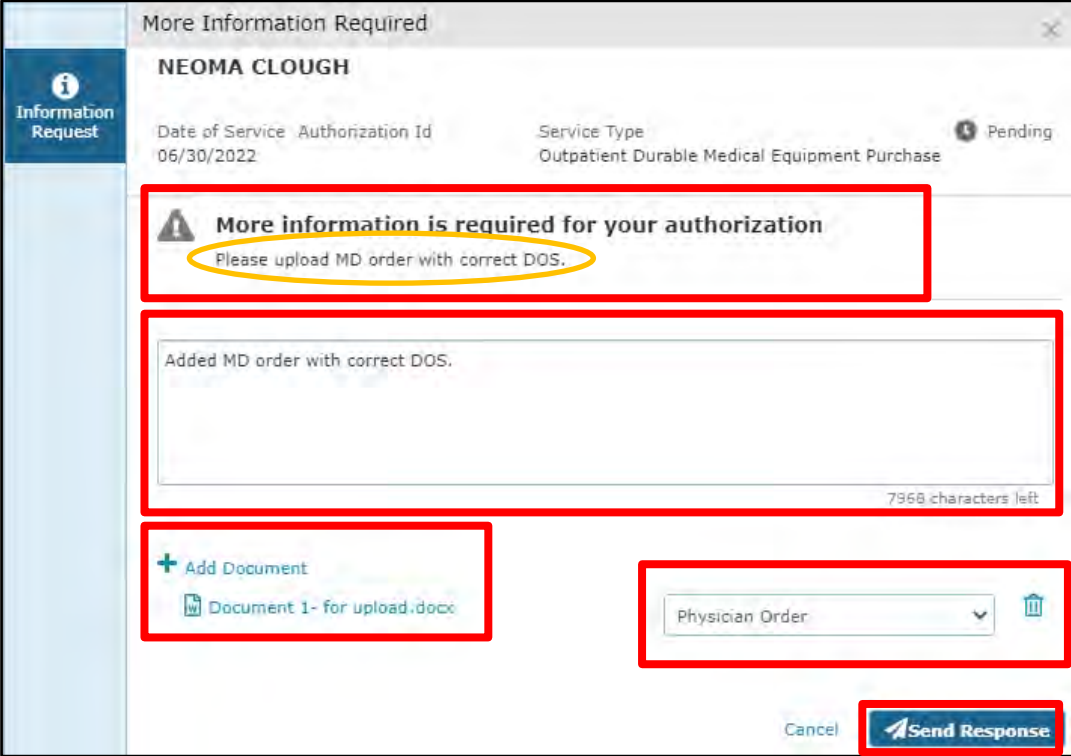
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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.)

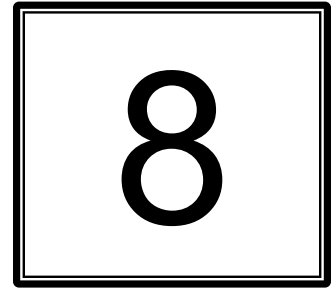
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 281 1312 951"> <thead> <tr> <th data-bbox="240 281 618 317">If...</th> <th data-bbox="618 281 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 642">No notifications exist</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="250 1052 1528 1360"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="250 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>  						

Request for More Information (RFMI) (cont.)

Step	Action
<p>3. (cont.)</p>	<p>3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area.</p> 
<p>4.</p>	<p>Complete the more information required information request. The requested information will be listed under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send the response back to the health plan select Send Response.</p> 

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 History.</p>  <p>The screenshot displays the 'Authorization Details' for NEOMA CLOUGH. The 'History' tab is highlighted with a red box. The history list includes:</p> <ul style="list-style-type: none">Attached Physician Order by Jessica Williams 07/27/2022 7:35pmResponse Sent by Jessica Williams 07/27/2022 7:35pmMore Information Required from Health Plan 07/27/2022 3:16pmPending from Health Plan 06/30/2022 9:10am



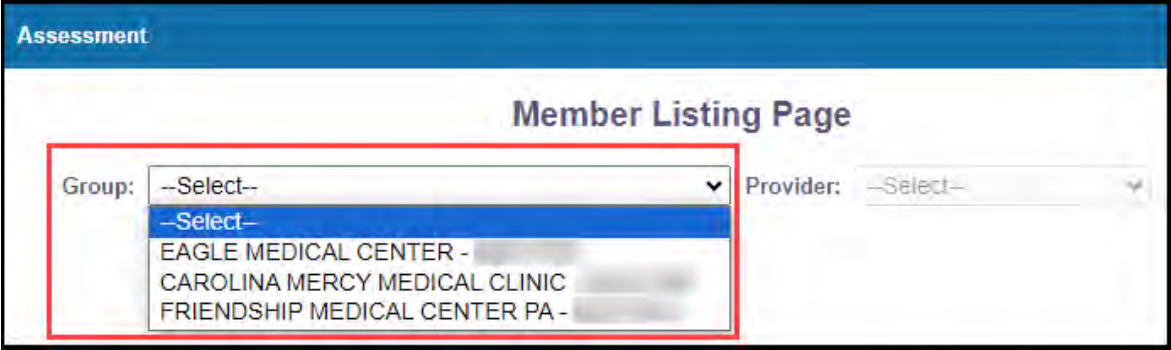
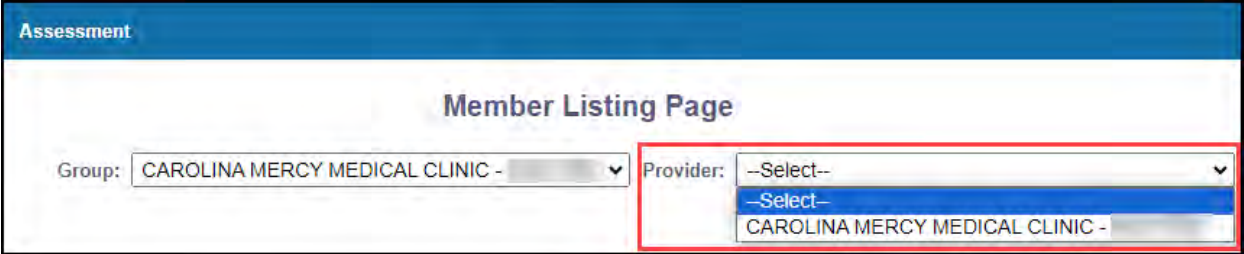
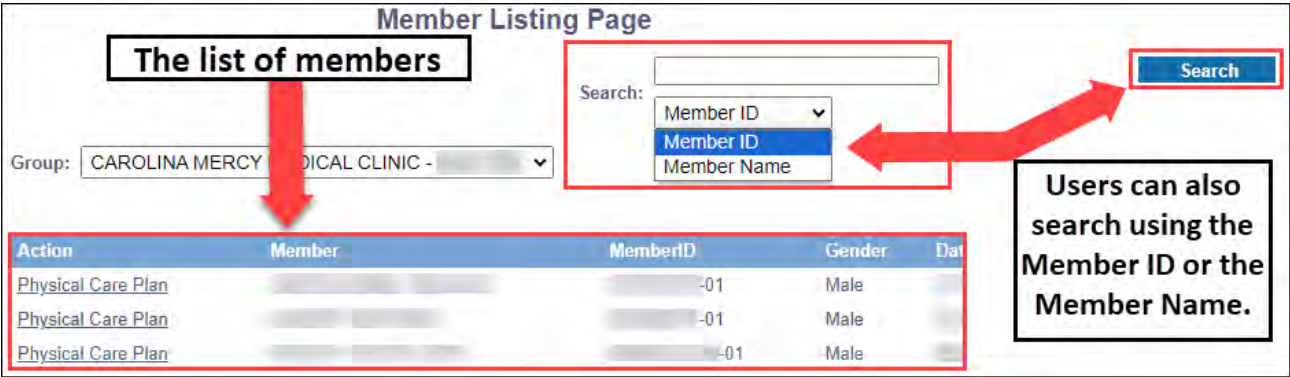
8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet



Providers may want to view assessments for their patients.

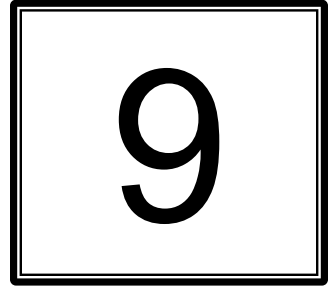
Step	Action
<i>From the health plan specific homepage...</i>	
1.	<p>Select Forms & Dashboards under Workflows for this Plan.</p>  <p>The screenshot shows a light blue box titled "Workflows for this Plan" containing a list of options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim Submission", and "Forms & Dashboards". The "Forms & Dashboards" option is highlighted with a red rectangular border.</p>
2.	<p>Select View Health Risk Assessment Form 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 Assessment.</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>Result: 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>Result: 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 Search.</p>  <p>The list of members</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>Users can also search using the Member ID or the Member Name.</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																	
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Physical Care Plan		-01	Male																		

Locating Assessments in NaviNet (cont.)

Step	Action												
7.	<p>Once the member is located, select Physical Care Plan under Action.</p> <table border="1" data-bbox="228 279 1518 405"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date Of Birth</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <div data-bbox="228 430 1560 567">  <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	Physical Care Plan		-01	Male			
Action	Member	MemberID	Gender	Date Of Birth									
Physical Care Plan		-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 1255 959"> <thead> <tr> <th colspan="2">Assessment Summary</th> </tr> <tr> <th>Assessment</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Initial Assessment-PEDS</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	Initial Assessment-PEDS	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												
Initial Assessment-PEDS	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

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

Escalation Process and Training Requests – Account Executives and Providers

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