



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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TABLE OF CONTENTS

- 1 Logging In To NaviNet 2**
 - Logging in to NaviNet3
- 2 Plan Central 6**
 - Plan Central Overview7
- 3 Creating a New Authorization 8**
 - Creating a New Authorization9
 - Creating a New Authorization - Outpatient Request..... 13
 - Creating a New Authorization – Inpatient Request 17
 - Creating a New Authorization – InterQual – Outpatient and Inpatient23
 - Creating a New Authorization – Inpatient Emergent Admission Notification.....27
 - Creating a New Authorization – Inpatient Delivery Notification 33
 - Authorization Status – Approved and Pending.....49
- 4 Amending an Authorization 50**
 - Amending an Authorization Request 51
- 5 Search For An Existing Authorization..... 56**
 - Search for an Existing Authorization 57
- 6 Medical Authorization Log 60**
 - Search: Medical Authorization Log 61
- 7 Request For More Information (RFMI)..... 64**
 - Request for More Information (RFMI) 65
- 8 Locating Assessments in NaviNet..... 69**
 - Locating Assessments in NaviNet 70
- 9 Resources 73**
 - Plan Contact Information 74
 - Escalation Process and Training Requests – Account Executives and Providers75




1 LOGGING IN TO NAVINET

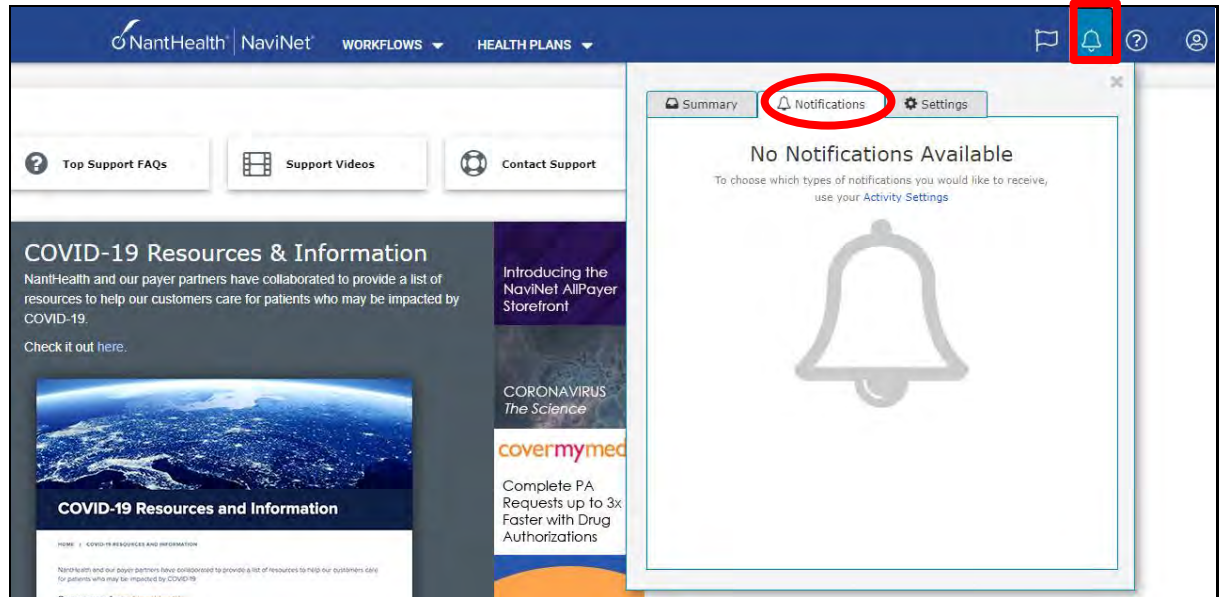
Logging in to NaviNet

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>  <p>The screenshot shows the NantHealth NaviNet login interface. At the top, the NantHealth logo and 'NaviNet' text are visible. Below the logo, there are three input fields: 'Username', 'Password', and a 'SIGN IN' button. The 'Username' and 'Password' fields are highlighted with red boxes. The 'SIGN IN' button is also highlighted with a red box. Below the input fields, there are three links: 'Forgot username?', 'Forgot password?', and 'Register for a new account'.</p>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont.)



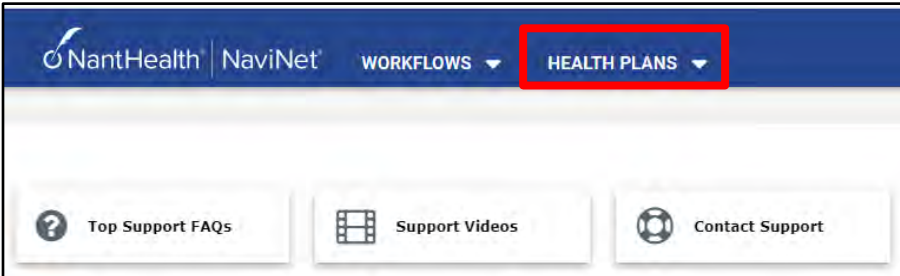

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot shows the NantHealth NaviNet home page. The top navigation bar includes the NantHealth logo, "NaviNet", and menu items for "WORKFLOWS" and "HEALTH PLANS". On the right side of the navigation bar, there is a bell icon for notifications, a help icon, and a user profile icon. A red box highlights the bell icon. Below the navigation bar, there are three main sections: "Top Support FAQs", "Support Videos", and "Contact Support". The main content area features a "COVID-19 Resources & Information" section with a blue background and a "CORONAVIRUS The Science" section with a purple background. A "covermymed" logo is also visible. A dialog box titled "No Notifications Available" is open in the foreground, with the "Notifications" tab selected and circled in red. The dialog box contains a large bell icon and text that reads: "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 1565 1119"> <thead> <tr> <th colspan="4">My Plans</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>AmeriHealth Caritas Next</td> <td>Blue Cross Complete of Michigan</td> <td>Medicare</td> </tr> <tr> <td>AmeriHealth Caritas District of Columbia (ACDC)</td> <td>AmeriHealth Caritas Ohio</td> <td>First Choice Next</td> <td>New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Florida</td> <td>AmeriHealth Caritas PA Community HealthChoices</td> <td>First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td>PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Louisiana</td> <td>AmeriHealth Caritas VIP Care</td> <td>Keystone First</td> <td>Select Health of South Carolina</td> </tr> <tr> <td>AmeriHealth Caritas New Hampshire</td> <td>AmeriHealth Caritas VIP Care Plus</td> <td>Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td>AmeriHealth Caritas North Carolina</td> <td>AmeriHealth PA Medical Assistance Plan</td> <td>Keystone First VIP Choice</td> <td></td> </tr> </tbody> </table>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.


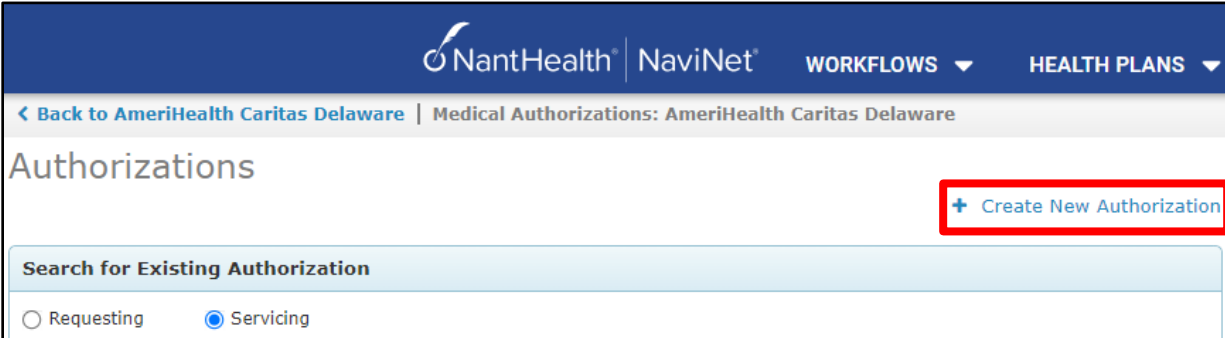
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	<ul style="list-style-type: none"> Instructional videos on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




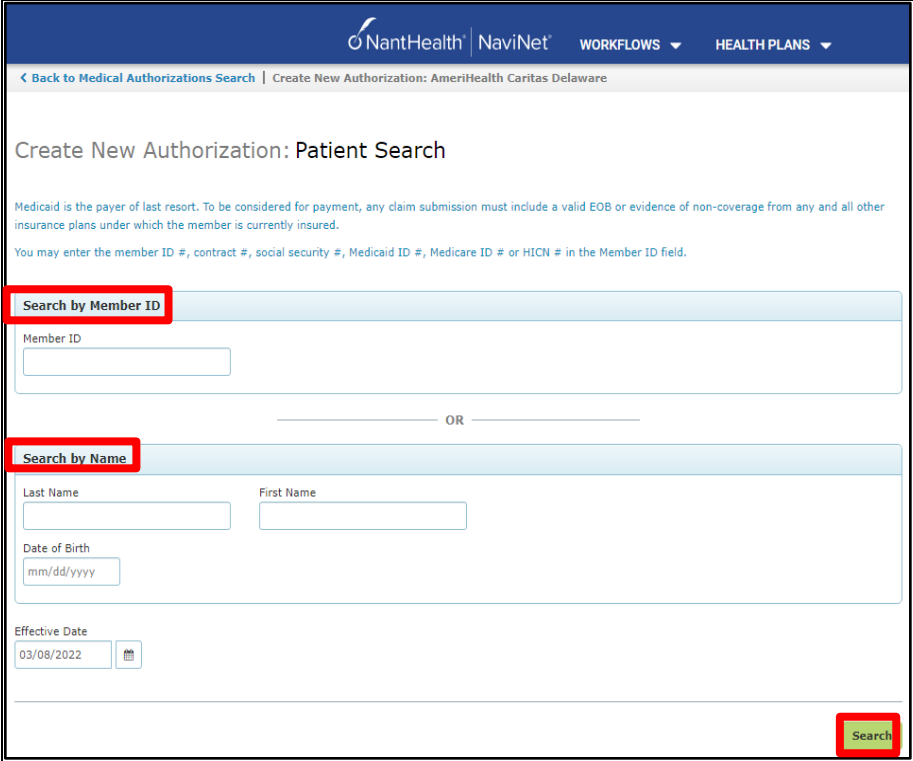
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

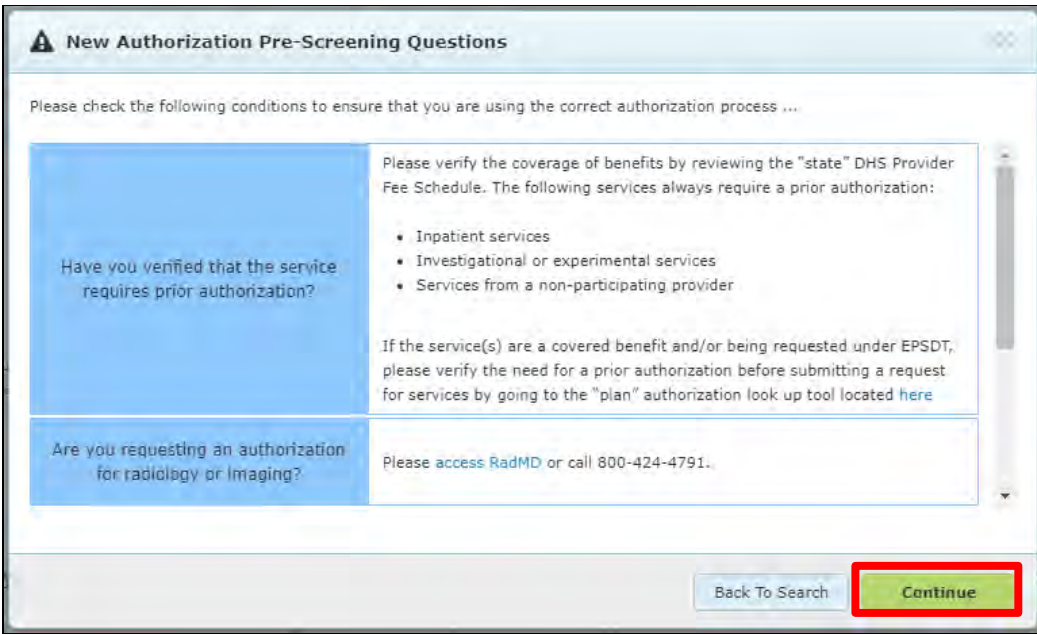
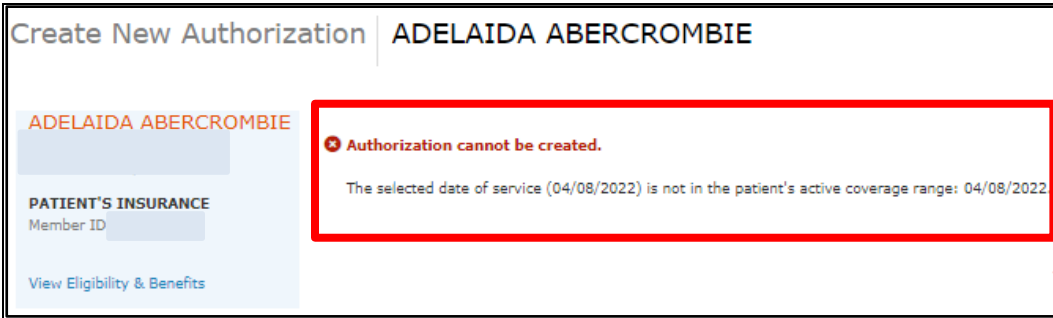
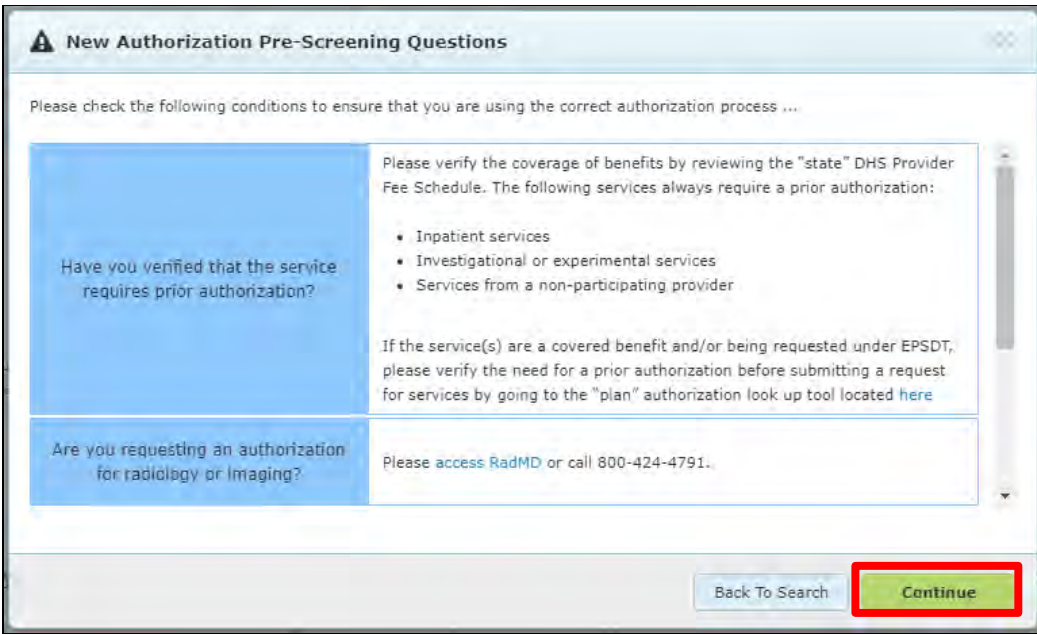
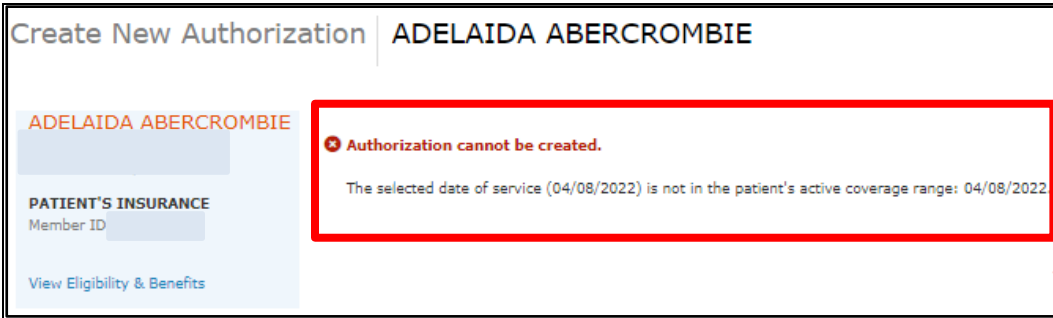
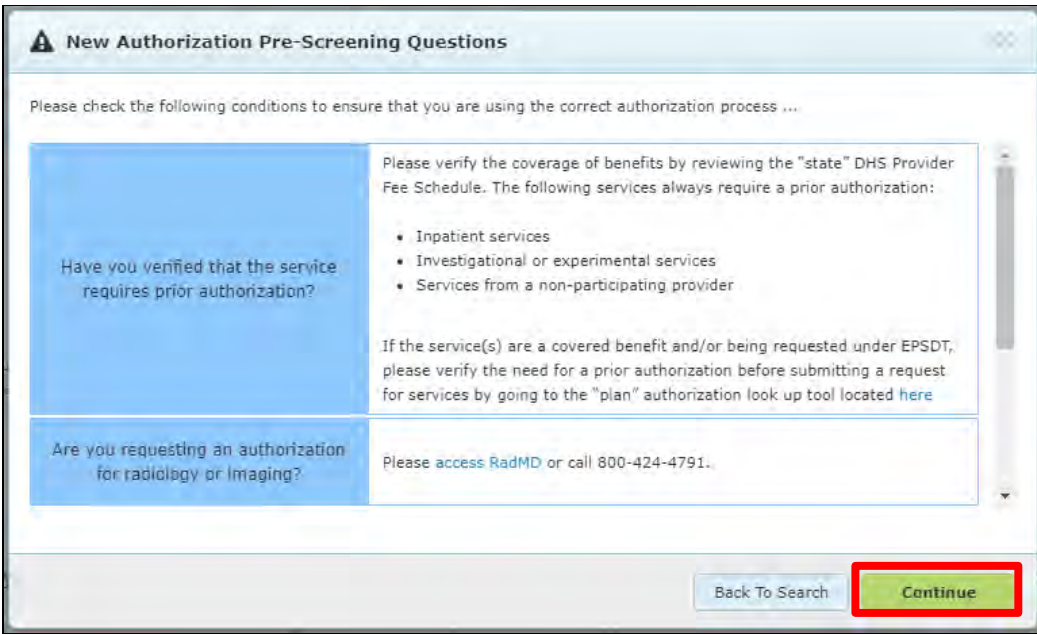
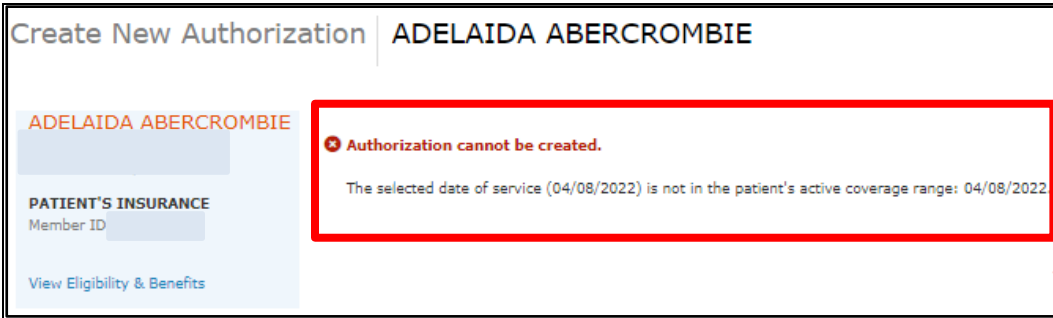
To create a new authorization:

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="219 380 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="219 531 1125 1287" style="border: 1px solid black; padding: 5px;">  </div> <div data-bbox="219 1339 1287 1549" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> <div data-bbox="235 1398 956 1549" style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Create New Authorization: Patient Search</p> <div data-bbox="240 1486 792 1528" style="border: 1px solid red; padding: 2px; margin-top: 5px;"> ✘ Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </div> </div>

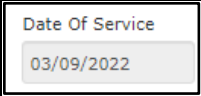
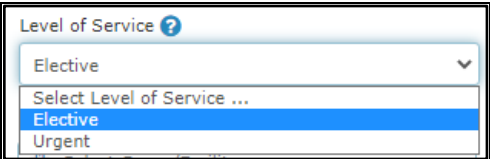
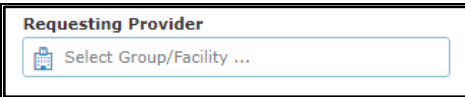

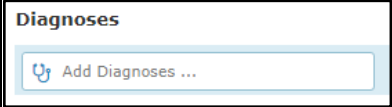
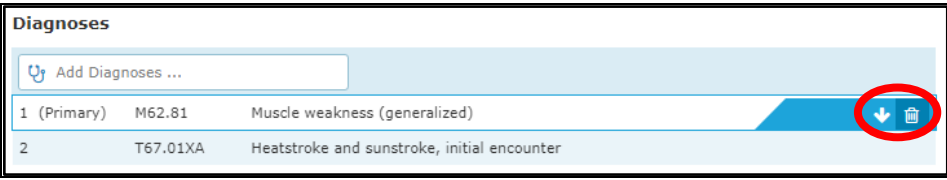
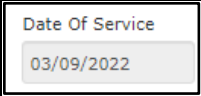
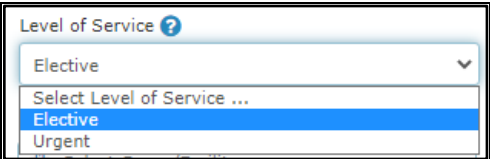
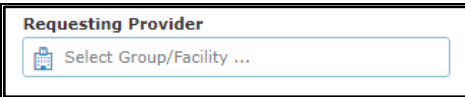

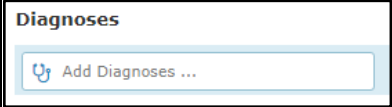
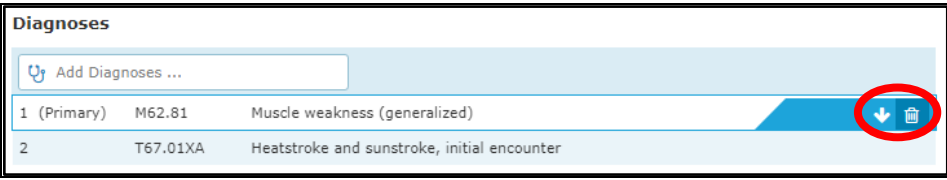
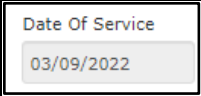
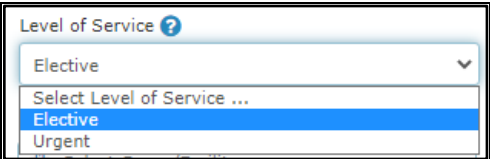
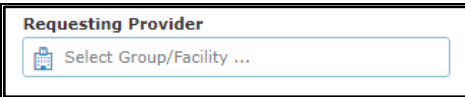

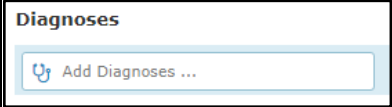
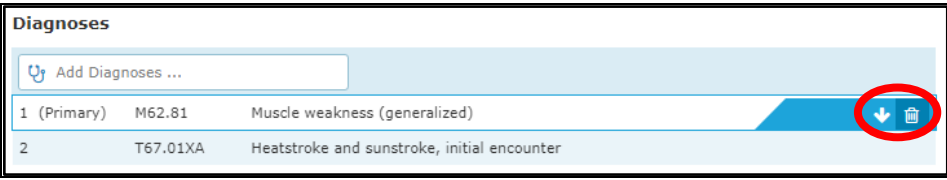
Creating a New Authorization (cont.)

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.	<p>Enter service type and place of service, then select Next</p> <div data-bbox="207 268 1523 898"> </div> <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>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Creating an outpatient episode</td> <td>Continue to the next step (step 6)</td> </tr> <tr> <td>Creating an inpatient episode</td> <td>Continue to step 7</td> </tr> </tbody> </table> <p>Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.</p> <div data-bbox="207 1539 906 1812"> </div> <div data-bbox="930 1539 1498 1812"> <p>Discard Auth – deletes the request</p> <p>Cancel – allows the user to continue</p> <p>Save As Draft – allows the user to come back and complete the request later</p> </div>	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 7
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Creating 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="203 224 324 252">Services</p> <table border="1" data-bbox="203 252 1567 1808"> <tr> <td data-bbox="203 252 527 945"> <p data-bbox="219 262 349 289">From / To</p> </td> <td data-bbox="527 252 1567 945"> <p data-bbox="535 262 966 294">From (start date) / To (end date)</p> <div data-bbox="535 304 868 399"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p data-bbox="535 409 1534 640">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"> <div style="border: 2px solid red; padding: 5px;"> <ul style="list-style-type: none"> • Invalid / Missing Date(s) of Service - Please Correct and Resubmit </div> <p>Service Type <input type="text" value="Outpatient Durable Medical Equipment P..."/></p> <p>Place of Service <input type="text" value="Home"/></p> </div> </td> </tr> <tr> <td data-bbox="203 945 527 1228"> <p data-bbox="219 955 446 982">Procedure Code</p> </td> <td data-bbox="527 945 1567 1228"> <p data-bbox="535 955 1526 1102">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code.</p> <div data-bbox="535 1113 738 1218"> <p>Procedure Code</p> <input type="text"/> </div> </td> </tr> <tr> <td data-bbox="203 1228 527 1375"> <p data-bbox="219 1239 349 1266">Modifiers</p> </td> <td data-bbox="527 1228 1567 1375"> <p data-bbox="535 1239 1104 1270">Free text field. This is not a mandatory field.</p> <div data-bbox="535 1281 812 1365"> <p>Modifiers</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </td> </tr> <tr> <td data-bbox="203 1375 527 1533"> <p data-bbox="219 1386 300 1413">Units</p> </td> <td data-bbox="527 1375 1567 1533"> <p data-bbox="535 1386 852 1417">Free text numeric value.</p> <div data-bbox="535 1428 812 1522"> <p>Units</p> <input type="text" value="1"/> Unit(s) </div> </td> </tr> <tr> <td data-bbox="203 1533 527 1808"> <p data-bbox="219 1543 462 1606">Add New Service Line</p> </td> <td data-bbox="527 1533 1567 1808"> <p data-bbox="535 1543 1518 1648">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="535 1659 836 1753"> <p>+ Add New Service Line</p> </div> </td> </tr> </table>	<p data-bbox="219 262 349 289">From / To</p>	<p data-bbox="535 262 966 294">From (start date) / To (end date)</p> <div data-bbox="535 304 868 399"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p data-bbox="535 409 1534 640">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. 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This is not a mandatory field.</p> <div data-bbox="535 1281 812 1365"> <p>Modifiers</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<p data-bbox="219 1386 300 1413">Units</p>	<p data-bbox="535 1386 852 1417">Free text numeric value.</p> <div data-bbox="535 1428 812 1522"> <p>Units</p> <input type="text" value="1"/> Unit(s) </div>	<p data-bbox="219 1543 462 1606">Add New Service Line</p>	<p data-bbox="535 1543 1518 1648">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="535 1659 836 1753"> <p>+ Add New Service Line</p> </div>
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<p data-bbox="219 1386 300 1413">Units</p>	<p data-bbox="535 1386 852 1417">Free text numeric value.</p> <div data-bbox="535 1428 812 1522"> <p>Units</p> <input type="text" value="1"/> Unit(s) </div>										
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Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="219 226 467 260">Attachments</p> <p data-bbox="219 277 467 310">+ Add Document</p> <p data-bbox="544 277 1555 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="544 516 1511 751"> <p data-bbox="565 533 690 554">Attachments</p> <p data-bbox="565 579 716 617">+ Add Document</p> <p data-bbox="846 688 1219 718">Drop Documents here to Attach</p> </div> <div data-bbox="544 768 1511 1213"> <p data-bbox="565 785 690 806">Attachments</p> <p data-bbox="565 831 716 869">+ Add Document</p> <p data-bbox="565 886 829 911">  Document 1- for upload.docx </p> <p data-bbox="992 890 1289 928"> Select document type ... </p> <ul data-bbox="992 928 1300 1205" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1328 890 1490 928">Delete</p> </div>

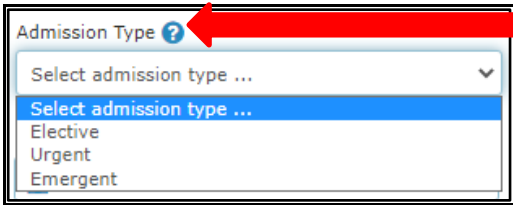
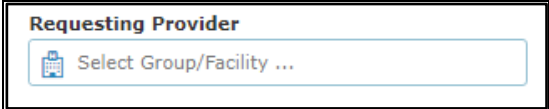

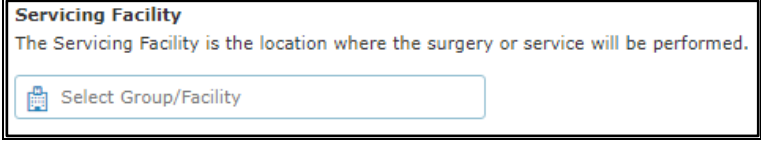
Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="245 224 553 254">Notes</p> <p data-bbox="245 264 553 294">Notes</p> <p data-bbox="561 264 1547 373">Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="561 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p data-bbox="245 569 553 598">Contact Information</p> <p data-bbox="561 569 1547 716">Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p data-bbox="561 730 1547 800">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="561 863 1547 1289"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;">Cancel << Previous Submit</p> </div> <p data-bbox="245 1331 915 1358">***Proceed to Step 8 for InterQual instructions***</p>


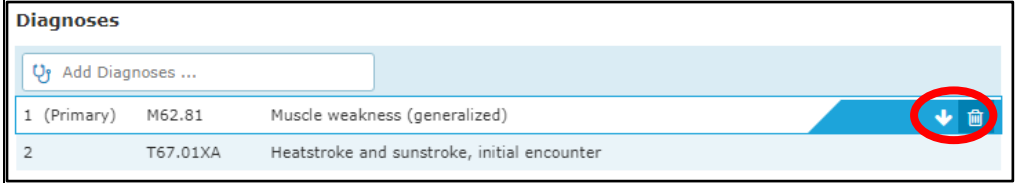
Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p>Service Type Select the appropriate service type and place of service according to the request.</p> <div data-bbox="431 310 1068 554" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="431 604 1422 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="431 877 667 982" 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 1157 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 1373 1097 1675" style="border: 1px solid black; padding: 5px;"> <div style="border: 2px solid red; padding: 2px; margin-bottom: 5px;"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> </div> <p>Service Type</p> <p> Inpatient Medical Care</p> <p>Place of Service</p> <p> Inpatient Hospital</p> <p>Date Of Admission Date of Discharge</p> <p> 06/29/2022  06/30/2022</p> </div>				

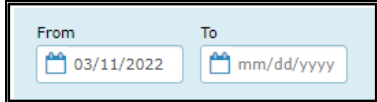
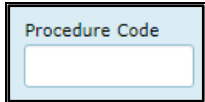

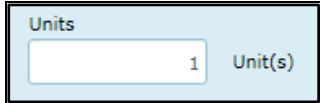
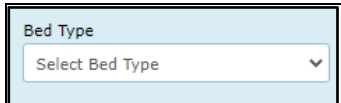
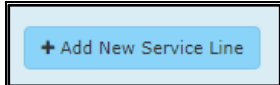
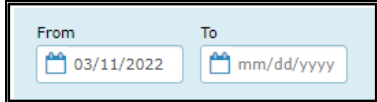
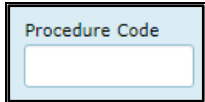

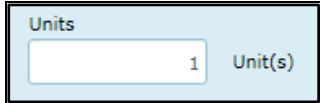
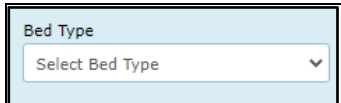
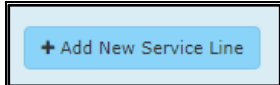
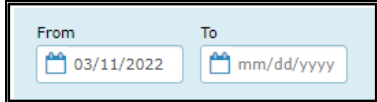
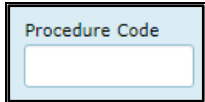

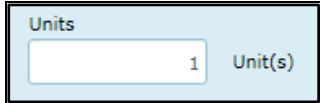
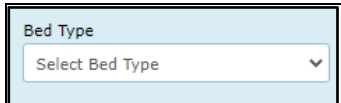
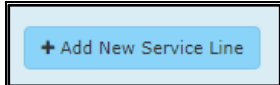
Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	<p data-bbox="217 224 402 300">Admission Type</p> <p data-bbox="418 224 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="423 520 589 552">If</th> <th data-bbox="594 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 589 621">Elective</td> <td data-bbox="594 558 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 589 722">Urgent</td> <td data-bbox="594 627 1406 722">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 728 589 774">Emergent</td> <td data-bbox="594 728 1406 774">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="217 831 402 907">Requesting Provider</p> <p data-bbox="418 831 1479 907">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 917 963 1026">  </div>								
	<p data-bbox="217 1068 402 1144">Servicing Provider</p> <p data-bbox="418 1068 1528 1144">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 1155 963 1264">  </div>								
	<p data-bbox="217 1278 402 1354">Servicing Facility</p> <p data-bbox="418 1278 1341 1320">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1331 1174 1472">  </div>								


Creating a New Authorization – Inpatient (cont.)

Step	Action																
7.	<p data-bbox="203 224 357 256">Diagnoses</p> <p data-bbox="203 262 357 294">Diagnoses</p> <p data-bbox="537 262 1495 294">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422">  </div> <p data-bbox="537 438 1520 585">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="537 602 1547 783">  <table border="1" data-bbox="537 602 1547 783"> <thead> <tr> <th colspan="4">Diagnoses</th> </tr> </thead> <tbody> <tr> <td colspan="4">Add Diagnoses ...</td> </tr> <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 (cont.)

Step	Action												
7.	<p data-bbox="207 226 326 254">Services</p> <table border="1" data-bbox="207 254 1471 1635"> <tr> <td data-bbox="207 254 529 457"> <p data-bbox="217 262 354 289">From / To</p> </td> <td data-bbox="529 254 1471 457"> <p data-bbox="539 262 1458 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 348 915 449">  <p>The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022'. The 'To' field contains a placeholder 'mm/dd/yyyy'.</p> </div> </td> </tr> <tr> <td data-bbox="207 457 529 814"> <p data-bbox="217 466 448 493">Procedure Code</p> </td> <td data-bbox="529 457 1471 814"> <p data-bbox="539 466 1458 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="542 709 743 810">  <p>The screenshot shows a text input field labeled 'Procedure Code'.</p> </div> </td> </tr> <tr> <td data-bbox="207 814 529 968"> <p data-bbox="217 823 350 850">Modifiers</p> </td> <td data-bbox="529 814 1471 968"> <p data-bbox="539 823 1117 850">This is a free text field and is not mandatory.</p> <div data-bbox="542 867 818 961">  <p>The screenshot shows a text input field labeled 'Modifiers' with three small square icons to its right.</p> </div> </td> </tr> <tr> <td data-bbox="207 968 529 1171"> <p data-bbox="217 976 293 1003">Units</p> </td> <td data-bbox="529 968 1471 1171"> <p data-bbox="539 976 1458 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1062 857 1163">  <p>The screenshot shows a numeric input field labeled 'Units' with the value '1' and the label 'Unit(s)' to its right.</p> </div> </td> </tr> <tr> <td data-bbox="207 1171 529 1375"> <p data-bbox="217 1180 354 1207">Bed Type</p> </td> <td data-bbox="529 1171 1471 1375"> <p data-bbox="539 1180 1377 1249">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1266 878 1367">  <p>The screenshot shows a dropdown menu labeled 'Bed Type' with the text 'Select Bed Type' and a downward arrow.</p> </div> </td> </tr> <tr> <td data-bbox="207 1375 529 1635"> <p data-bbox="217 1383 483 1453">+ Add New Service Line</p> </td> <td data-bbox="529 1375 1471 1635"> <p data-bbox="539 1383 1446 1495">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1512 818 1600">  <p>The screenshot shows a blue button with a plus sign and the text '+ Add New Service Line'.</p> </div> </td> </tr> </table>	<p data-bbox="217 262 354 289">From / To</p>	<p data-bbox="539 262 1458 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 348 915 449">  <p>The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022'. The 'To' field contains a placeholder 'mm/dd/yyyy'.</p> </div>	<p data-bbox="217 466 448 493">Procedure Code</p>	<p data-bbox="539 466 1458 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. 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Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p data-bbox="201 224 521 254">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>

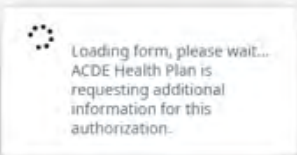
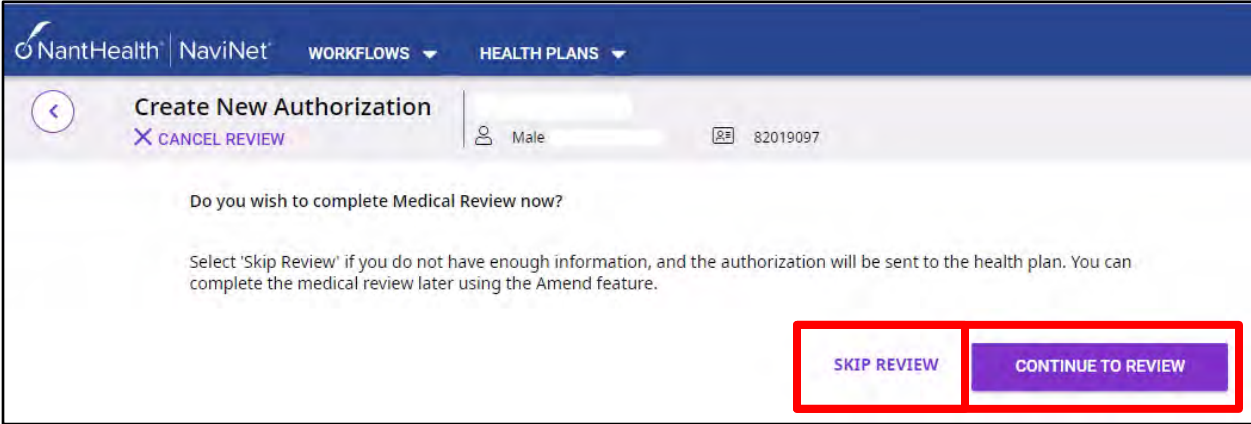
Creating a New Authorization – Inpatient (cont.)

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



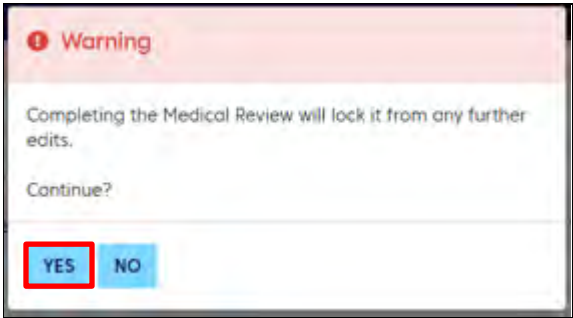
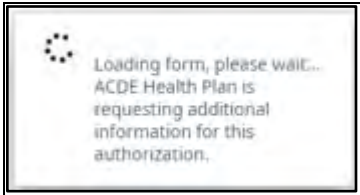
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

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="207 562 634 814" style="border: 1px solid black; padding: 10px; text-align: center;">  </div>						
10.	<p>Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’</p> <div data-bbox="207 930 1451 1350" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1398 1468 1925"> <thead> <tr> <th data-bbox="207 1398 526 1440">If....</th> <th data-bbox="531 1398 1468 1440">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1446 526 1713">Skip Review</td> <td data-bbox="531 1446 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="207 1719 526 1925">Continue to Review</td> <td data-bbox="531 1719 1468 1925"> <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>						

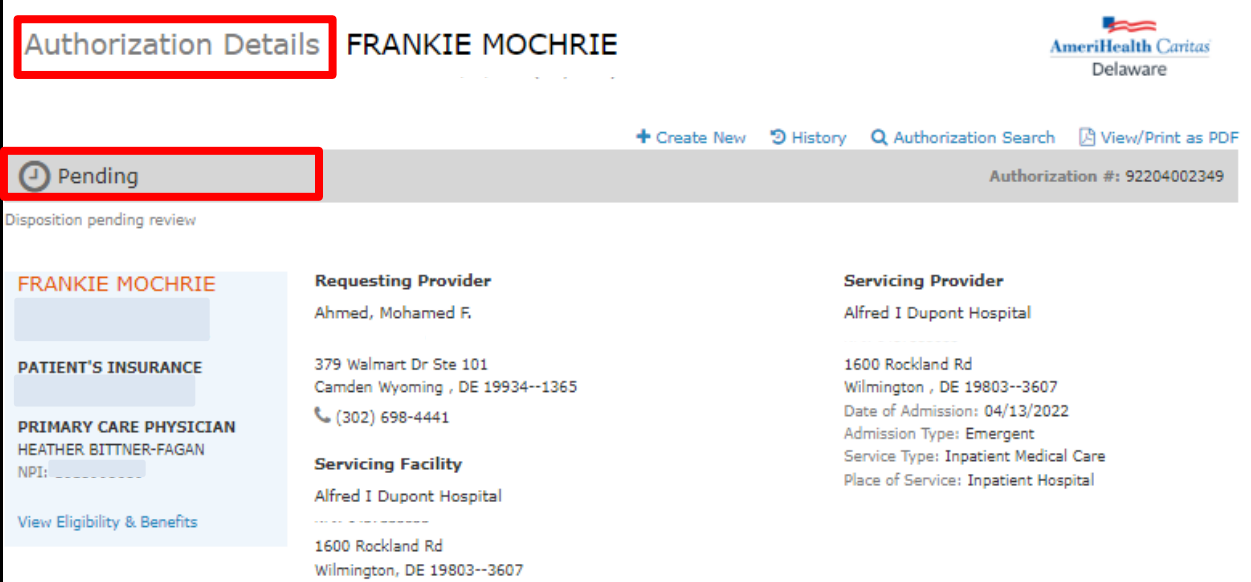
Creating a New Authorization - InterQual (cont.)

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 exclamation mark icon. The text reads: "Warning", "Completing the Medical Review will lock it from any further edits.", and "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red box) and "NO".</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular progress indicator. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "authorization.".</p>						




Creating a New Authorization - InterQual (cont.)

Step	Action																														
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p>  <p>The screenshot displays the 'Authorization Details' for a patient named FRANKIE MOCHRIE. The status is 'Pending'. The screen is divided into three main sections: Patient Information, Requesting Provider, and Servicing Provider.</p> <table border="1"> <thead> <tr> <th data-bbox="217 562 490 590">FRANKIE MOCHRIE</th> <th data-bbox="516 562 695 583">Requesting Provider</th> <th data-bbox="1040 562 1203 583">Servicing Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="217 590 490 638">[Redacted]</td> <td data-bbox="516 590 695 617">Ahmed, Mohamed F.</td> <td data-bbox="1040 590 1203 617">Alfred I Dupont Hospital</td> </tr> <tr> <td data-bbox="217 644 490 672">PATIENT'S INSURANCE</td> <td data-bbox="516 644 695 672">379 Walmart Dr Ste 101</td> <td data-bbox="1040 644 1203 672">1600 Rockland Rd</td> </tr> <tr> <td data-bbox="217 678 490 705">PRIMARY CARE PHYSICIAN</td> <td data-bbox="516 678 695 705">Camden Wyoming , DE 19934--1365</td> <td data-bbox="1040 678 1203 705">Wilmington , DE 19803--3607</td> </tr> <tr> <td data-bbox="217 711 490 739">HEATHER BITTNER-FAGAN</td> <td data-bbox="516 711 695 739">(302) 698-4441</td> <td data-bbox="1040 711 1203 739">Date of Admission: 04/13/2022</td> </tr> <tr> <td data-bbox="217 745 490 772">NPI: [Redacted]</td> <td data-bbox="516 745 695 772">Servicing Facility</td> <td data-bbox="1040 745 1203 772">Admission Type: Emergent</td> </tr> <tr> <td data-bbox="217 779 490 806">View Eligibility & Benefits</td> <td data-bbox="516 779 695 806">Alfred I Dupont Hospital</td> <td data-bbox="1040 779 1203 806">Service Type: Inpatient Medical Care</td> </tr> <tr> <td></td> <td data-bbox="516 812 695 840">[Redacted]</td> <td data-bbox="1040 812 1203 840">Place of Service: Inpatient Hospital</td> </tr> <tr> <td></td> <td data-bbox="516 846 695 873">1600 Rockland Rd</td> <td></td> </tr> <tr> <td></td> <td data-bbox="516 879 695 907">Wilmington, DE 19803--3607</td> <td></td> </tr> </tbody> </table>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	[Redacted]	Ahmed, Mohamed F.	Alfred I Dupont Hospital	PATIENT'S INSURANCE	379 Walmart Dr Ste 101	1600 Rockland Rd	PRIMARY CARE PHYSICIAN	Camden Wyoming , DE 19934--1365	Wilmington , DE 19803--3607	HEATHER BITTNER-FAGAN	(302) 698-4441	Date of Admission: 04/13/2022	NPI: [Redacted]	Servicing Facility	Admission Type: Emergent	View Eligibility & Benefits	Alfred I Dupont Hospital	Service Type: Inpatient Medical Care		[Redacted]	Place of Service: Inpatient Hospital		1600 Rockland Rd			Wilmington, DE 19803--3607	
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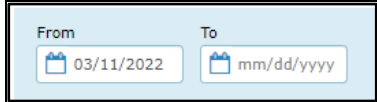
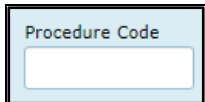

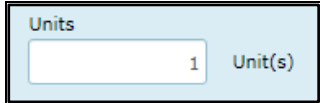
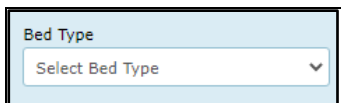
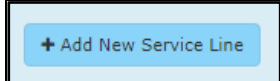
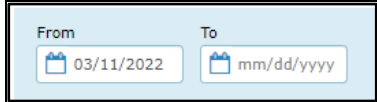
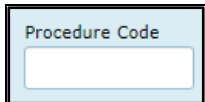

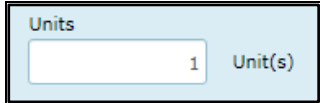
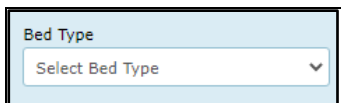
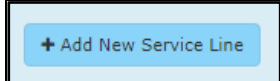
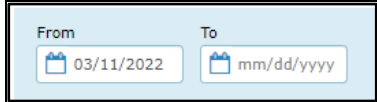
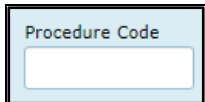

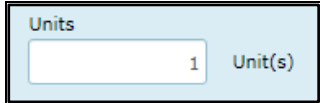
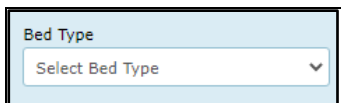
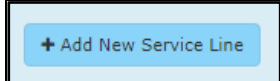
Creating a New Authorization – Inpatient Emergent Admission Notification

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>Requesting Provider</p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381"> </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="219 226 365 254">Diagnoses</p> <p data-bbox="219 268 365 296">Diagnoses</p> <p data-bbox="548 268 1494 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 352 941 462"><p data-bbox="560 361 673 382">Diagnoses</p><p data-bbox="576 409 747 430">Add Diagnoses ...</p></div> <p data-bbox="548 478 1542 625">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="548 640 1559 823"><p data-bbox="560 651 673 672">Diagnoses</p><p data-bbox="576 699 747 720">Add Diagnoses ...</p><table border="1" data-bbox="560 735 1542 808"><tbody><tr><td data-bbox="565 745 581 766">1</td><td data-bbox="609 745 673 766">(Primary) M62.81</td><td data-bbox="812 745 1055 766">Muscle weakness (generalized)</td><td data-bbox="1347 724 1542 787"></td></tr><tr><td data-bbox="565 787 581 808">2</td><td data-bbox="690 787 771 808">T67.01XA</td><td data-bbox="812 787 1136 808">Heatstroke and sunstroke, initial encounter</td><td></td></tr></tbody></table></div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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2	T67.01XA	Heatstroke and sunstroke, initial encounter							

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

Step	Action												
6.	<p data-bbox="207 226 326 254">Services</p> <table border="1" data-bbox="207 254 1471 1598"> <tr> <td data-bbox="207 254 529 457"> <p data-bbox="219 262 354 289">From / To</p> </td> <td data-bbox="529 254 1471 457"> <p data-bbox="540 262 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="540 348 914 449">  </div> </td> </tr> <tr> <td data-bbox="207 457 529 814"> <p data-bbox="219 466 446 493">Procedure Code</p> </td> <td data-bbox="529 457 1471 814"> <p data-bbox="540 466 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="540 705 743 806">  </div> </td> </tr> <tr> <td data-bbox="207 814 529 968"> <p data-bbox="219 823 349 850">Modifiers</p> </td> <td data-bbox="529 814 1471 968"> <p data-bbox="540 823 1203 850">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 867 818 957">  </div> </td> </tr> <tr> <td data-bbox="207 968 529 1171"> <p data-bbox="219 976 293 1003">Units</p> </td> <td data-bbox="529 968 1471 1171"> <p data-bbox="540 976 1459 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1163">  </div> </td> </tr> <tr> <td data-bbox="207 1171 529 1339"> <p data-bbox="219 1180 354 1207">Bed Type</p> </td> <td data-bbox="529 1171 1471 1339"> <p data-bbox="540 1180 1390 1207">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1224 878 1325">  </div> </td> </tr> <tr> <td data-bbox="207 1339 529 1598"> <p data-bbox="219 1348 483 1417">+ Add New Service Line</p> </td> <td data-bbox="529 1339 1471 1598"> <p data-bbox="540 1348 1390 1459">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1476 818 1556">  </div> </td> </tr> </table>	<p data-bbox="219 262 354 289">From / To</p>	<p data-bbox="540 262 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="540 348 914 449">  </div>	<p data-bbox="219 466 446 493">Procedure Code</p>	<p data-bbox="540 466 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="540 705 743 806">  </div>	<p data-bbox="219 823 349 850">Modifiers</p>	<p data-bbox="540 823 1203 850">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 867 818 957">  </div>	<p data-bbox="219 976 293 1003">Units</p>	<p data-bbox="540 976 1459 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1163">  </div>	<p data-bbox="219 1180 354 1207">Bed Type</p>	<p data-bbox="540 1180 1390 1207">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1224 878 1325">  </div>	<p data-bbox="219 1348 483 1417">+ Add New Service Line</p>	<p data-bbox="540 1348 1390 1459">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1476 818 1556">  </div>
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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><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<p data-bbox="1365 810 1430 831">Delete</p></div>

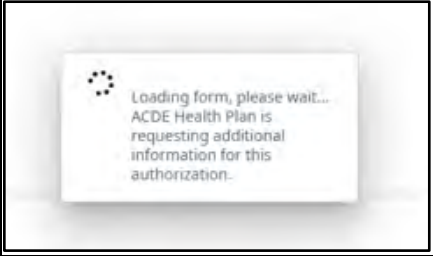
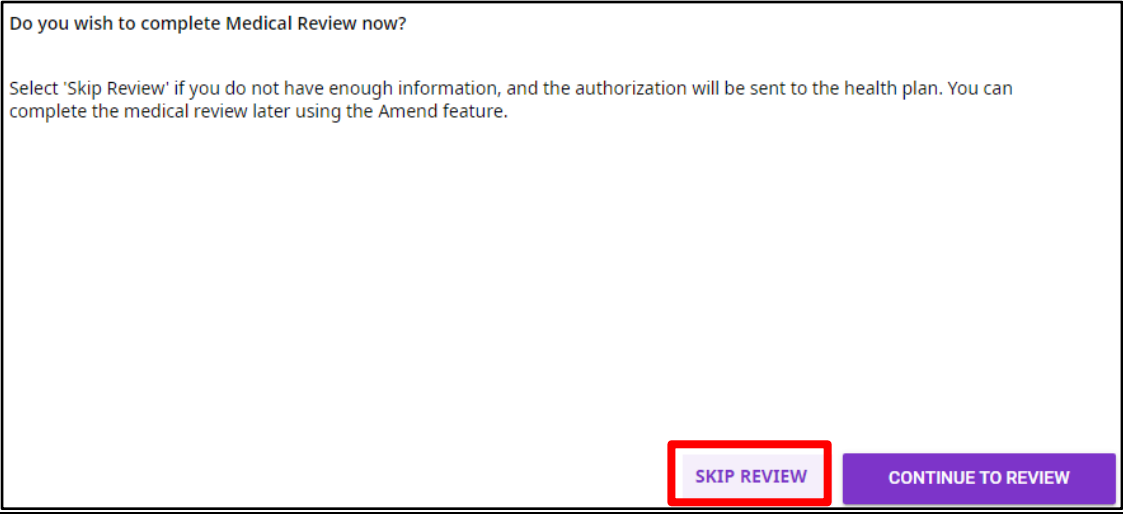
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="207 224 521 254">Notes</p> <p data-bbox="207 260 521 569">Notes</p> <p data-bbox="532 260 1555 373">Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="532 388 1555 569"> <p data-bbox="544 401 1544 535">Notes Enter Clinical Notes ...</p> <p data-bbox="1393 537 1528 558">264 characters left</p> </div> <p data-bbox="207 575 521 604">Contact Information</p> <p data-bbox="532 575 1555 730">Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p data-bbox="532 737 1555 814">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="532 829 1555 1241"> <p data-bbox="544 842 760 863">▼ Contact Information</p> <div data-bbox="544 869 862 1016"> <p data-bbox="544 869 850 932">First Name</p> <p data-bbox="544 953 850 1016">Last Name</p> </div> <div data-bbox="1045 869 1235 1016"> <p data-bbox="1045 869 1224 932">Phone Number</p> <p data-bbox="1045 953 1224 1016">Fax Number Optional</p> </div> <div data-bbox="544 1037 850 1100"> <p data-bbox="544 1037 850 1100">Email Address Optional</p> </div> <div data-bbox="1045 1016 1393 1079"> <p data-bbox="1045 1016 1393 1079"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> </div> <div data-bbox="544 1100 1528 1184"> <p data-bbox="565 1108 695 1129">DECLARATION</p> <p data-bbox="565 1142 1256 1163"><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> </div> <div data-bbox="1208 1199 1528 1226"> <p data-bbox="1208 1199 1528 1226">Cancel « Previous Submit</p> </div> </div>

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


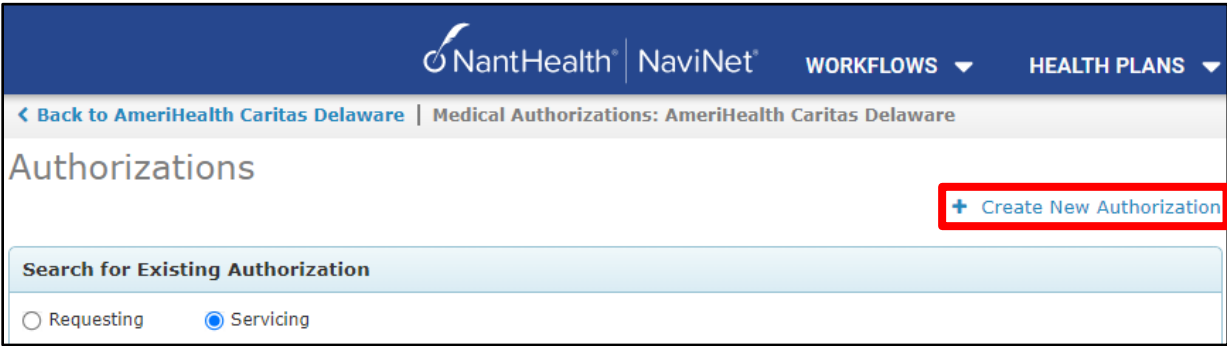


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


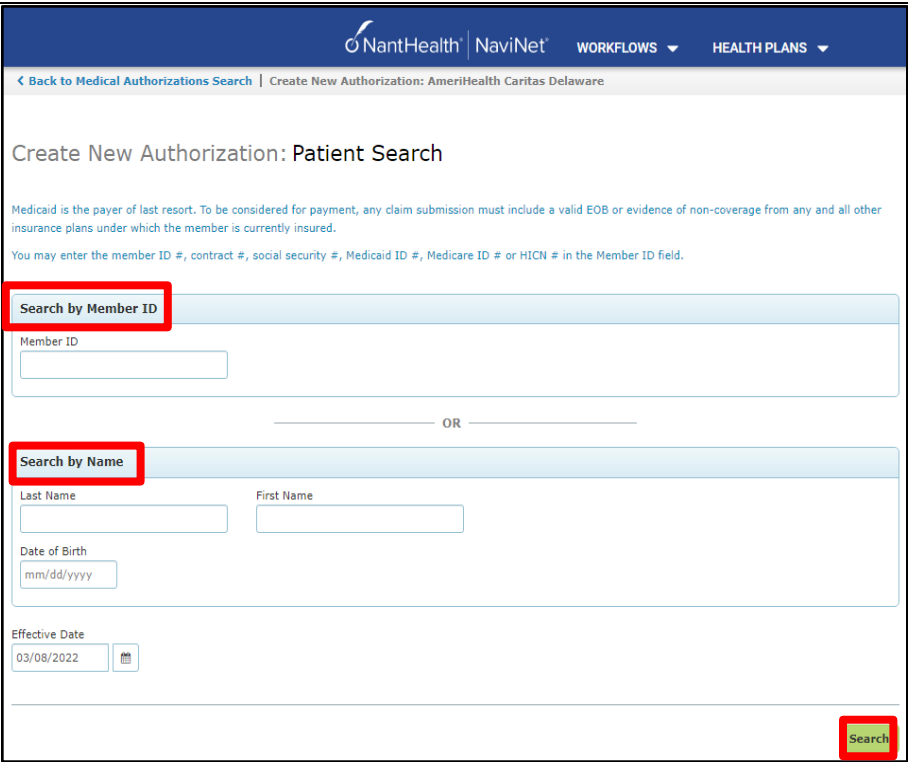

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a thin black border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."</p>
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select "Skip Review."</p>  <p>A screenshot of a web form. At the top, it asks "Do you wish to complete Medical Review now?". Below this, it provides instructions: "Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature." At the bottom right, there are two buttons: a white button with a red border labeled "SKIP REVIEW" and a purple button labeled "CONTINUE TO REVIEW".</p> <p>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

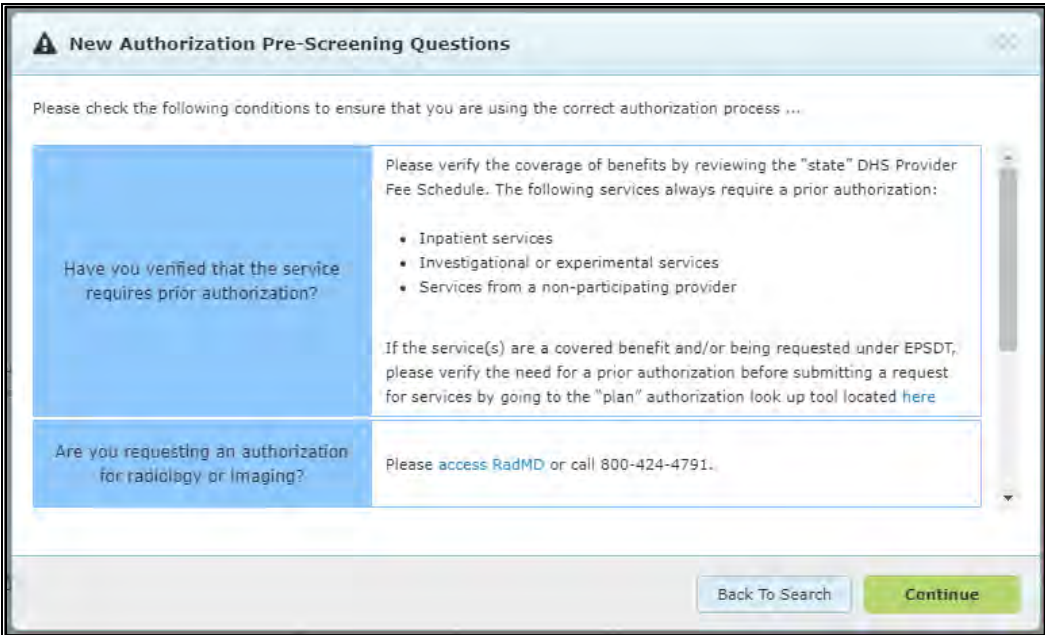
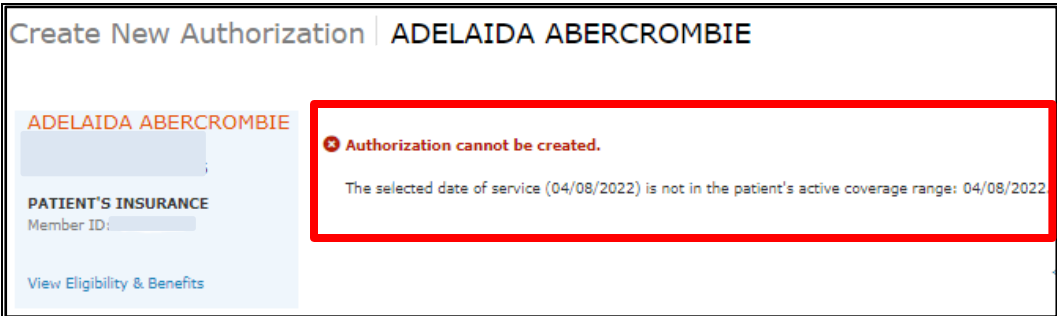
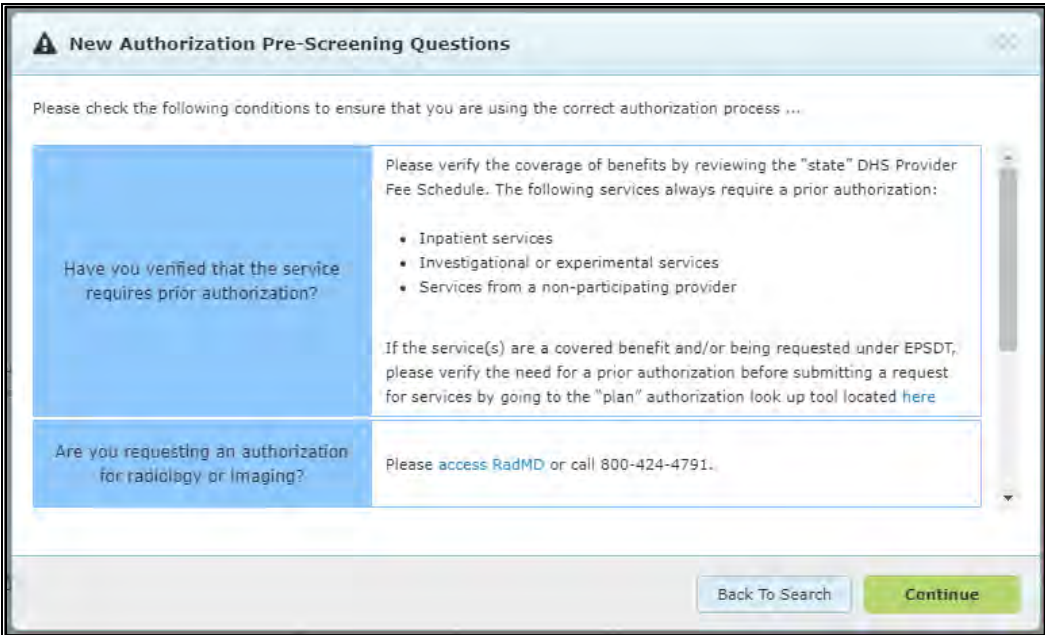
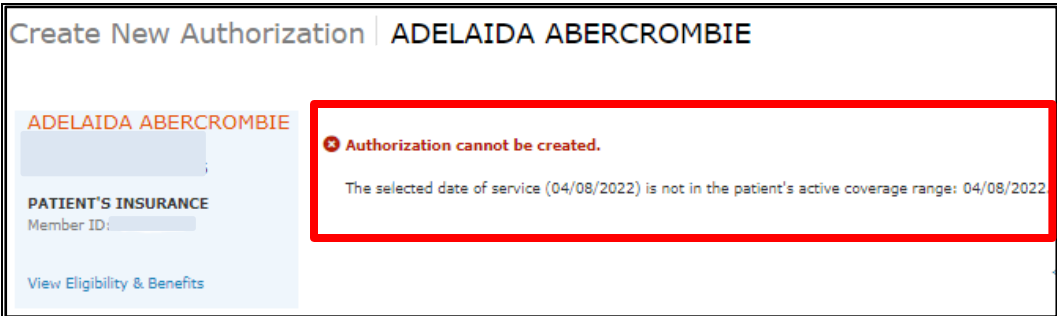
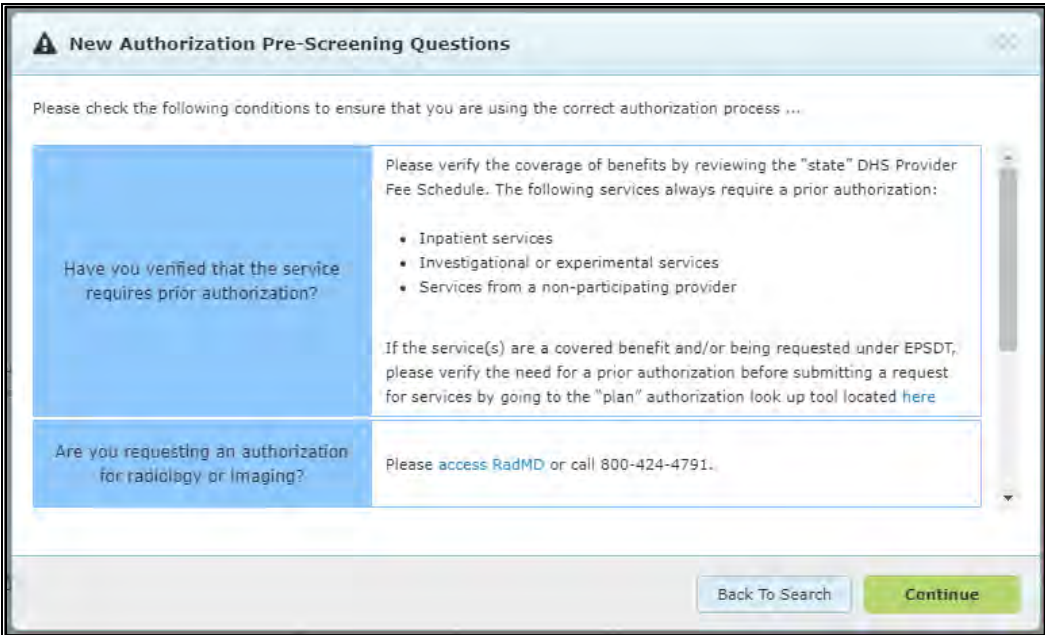
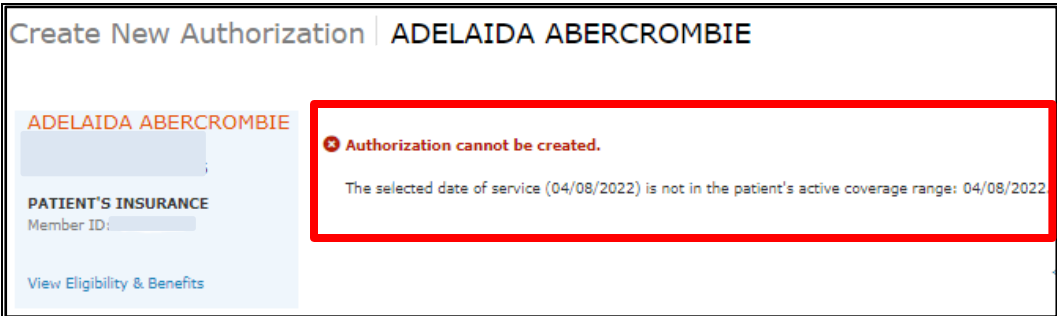
To create an Inpatient Delivery Notification:

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>

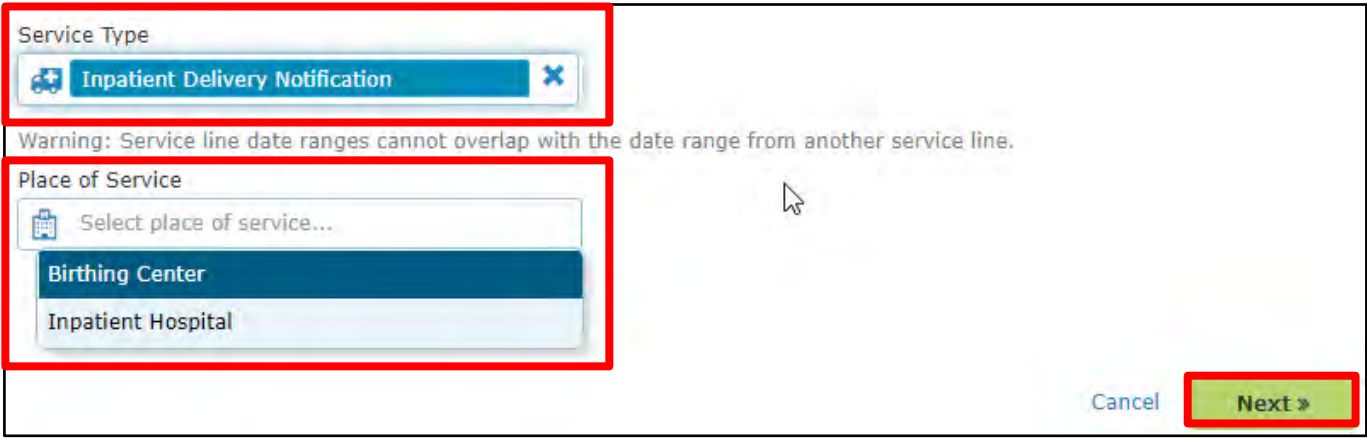
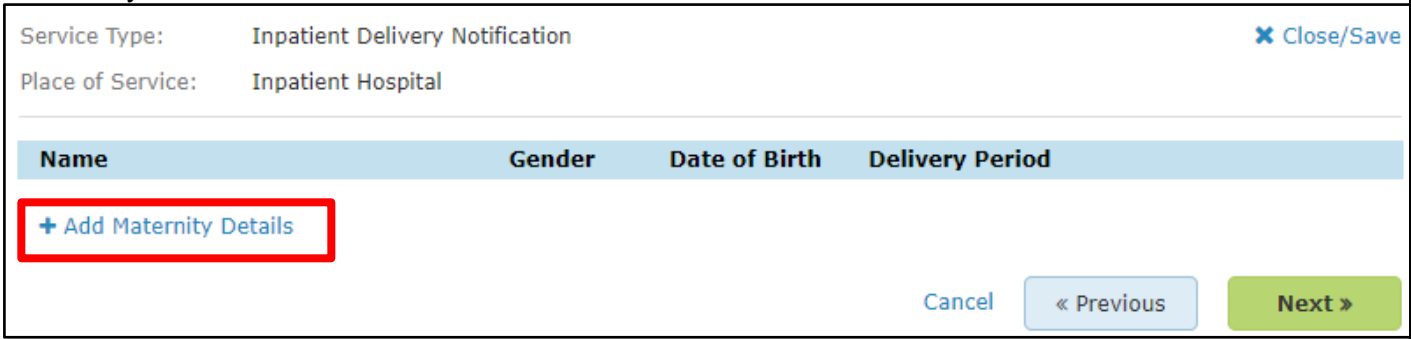
Creating a New Authorization – Inpatient Delivery Notification (cont.)

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" style="border: 1px solid black; padding: 5px;">  <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="220 495 1123 1251" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472" style="border: 1px solid black; padding: 5px;"> <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...						
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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 						






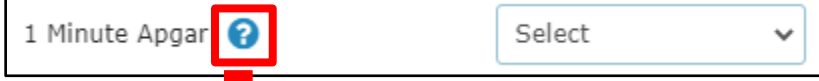
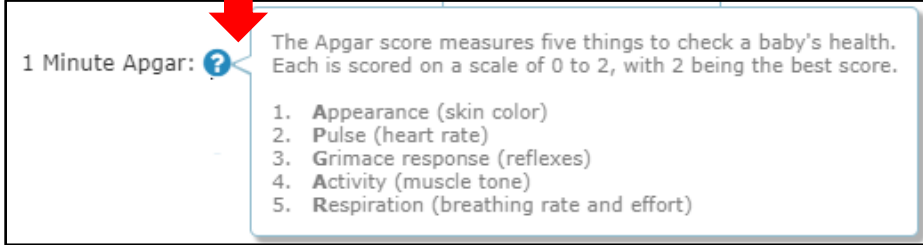
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: 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> 






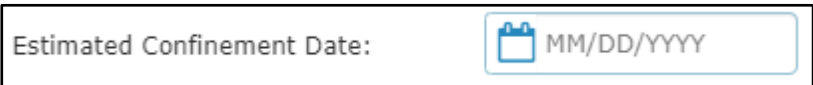
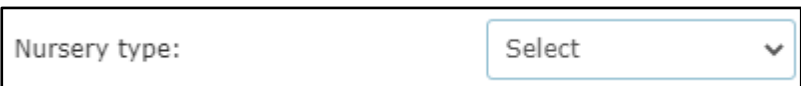
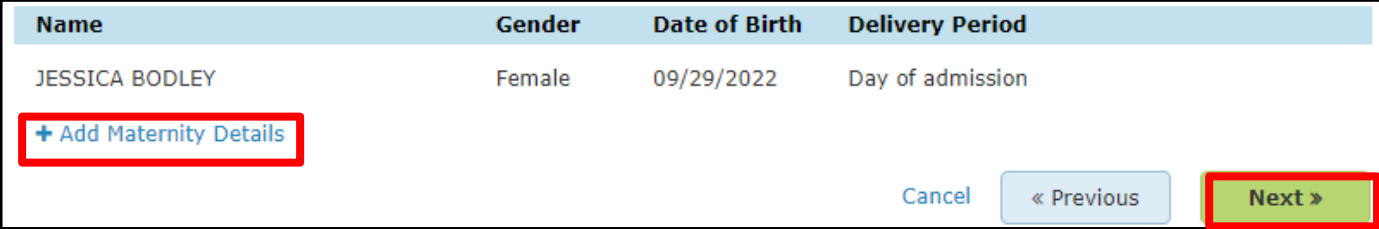
Creating a New Authorization – Inpatient Delivery Notification (cont.)

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







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

Step	Action	
6.	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.  

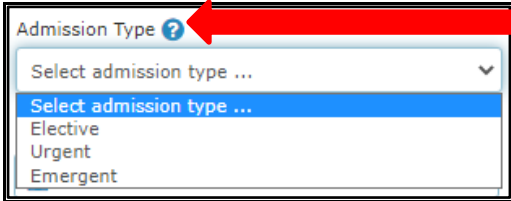


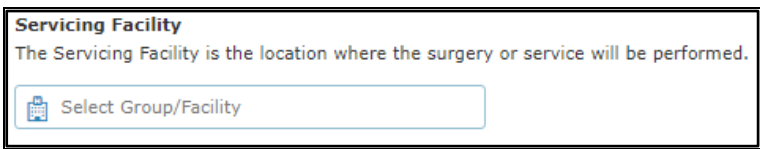
Creating a New Authorization – Inpatient Delivery Notification (cont.)

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="201 1455 1572 1682"> <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> + Add Maternity Details 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="423 359 667 394">Date Of Admission</td><td data-bbox="711 359 943 394">Date of Discharge</td></tr><tr><td data-bbox="423 394 667 449"> 03/09/2022</td><td data-bbox="711 394 943 449"> Optional</td></tr></table></div> <p data-bbox="418 485 1539 520">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 533 1386 625"><ul style="list-style-type: none"><li data-bbox="483 562 1338 598">• 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				

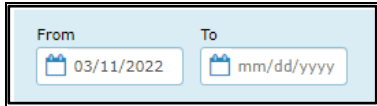
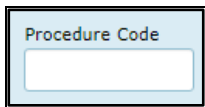

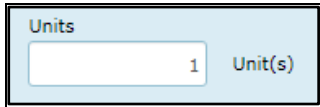
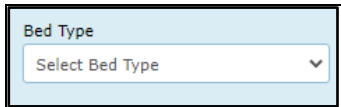
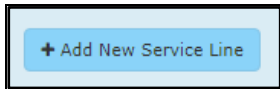
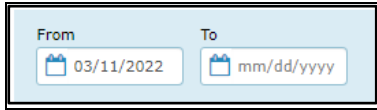
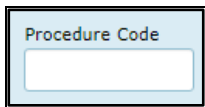

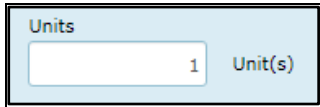
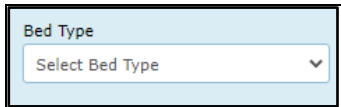
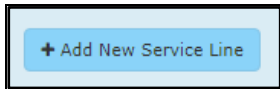
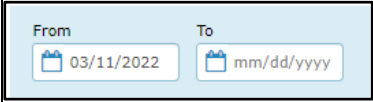
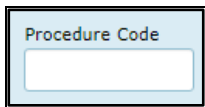

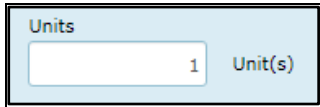
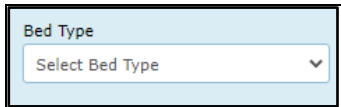
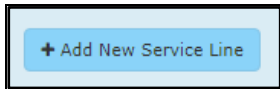
Creating a New Authorization – Inpatient Delivery Notification

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 1047 474" style="border: 1px solid black; padding: 5px;"> <p>Admission Type ? </p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> <div data-bbox="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 783" 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="537 732 711 783">Emergent</td> <td data-bbox="711 732 1531 783">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> <p data-bbox="217 793 509 825">Requesting Provider</p> <p data-bbox="537 793 1484 867">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 877 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 1226" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div> <p data-bbox="217 1247 461 1278">Servicing Facility</p> <p data-bbox="537 1247 1463 1278">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1289 1292 1436" 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
If	Then								
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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="207 226 370 258">Diagnoses</p> <p data-bbox="207 268 370 300">Diagnoses</p> <p data-bbox="537 268 1479 338">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 930 464"><p data-bbox="548 359 659 384">Diagnoses</p><input data-bbox="553 401 911 443" type="text" value="Add Diagnoses ..."/></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="537 636 1547 825"><p data-bbox="548 646 659 672">Diagnoses</p><input data-bbox="553 688 911 730" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 741 1536 814"><tbody><tr><td data-bbox="553 741 581 766">1</td><td data-bbox="586 741 659 766">(Primary) M62.81</td><td data-bbox="805 741 1040 766">Muscle weakness (generalized)</td><td data-bbox="1344 741 1536 783" rowspan="2"></td></tr><tr><td data-bbox="553 783 581 808">2</td><td data-bbox="675 783 748 808">T67.01XA</td><td data-bbox="805 783 1130 808">Heatstroke and sunstroke, initial encounter</td></tr></tbody></table></div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter
1	(Primary) M62.81	Muscle weakness (generalized)						
2	T67.01XA	Heatstroke and sunstroke, initial encounter						

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

Step	Action												
9.	<p data-bbox="207 226 326 258">Services</p> <table border="1" data-bbox="207 258 1471 1680"> <tr> <td data-bbox="207 258 529 506">From / To</td> <td data-bbox="529 258 1471 506"> <p data-bbox="540 268 1409 380">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="540 390 914 499">  </div> </td> </tr> <tr> <td data-bbox="207 506 529 858">Procedure Code</td> <td data-bbox="529 506 1471 858"> <p data-bbox="540 516 1450 737">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will 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="540 747 743 852">  </div> </td> </tr> <tr> <td data-bbox="207 858 529 1010">Modifiers</td> <td data-bbox="529 858 1471 1010"> <p data-bbox="540 869 1117 905">This is a free text field and is not mandatory.</p> <div data-bbox="540 915 818 1003">  </div> </td> </tr> <tr> <td data-bbox="207 1010 529 1215">Units</td> <td data-bbox="529 1010 1471 1215"> <p data-bbox="540 1020 1455 1094">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1104 857 1209">  </div> </td> </tr> <tr> <td data-bbox="207 1215 529 1421">Bed Type</td> <td data-bbox="529 1215 1471 1421"> <p data-bbox="540 1226 1382 1299">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1310 878 1415">  </div> </td> </tr> <tr> <td data-bbox="207 1421 529 1680">+ Add New Service Line</td> <td data-bbox="529 1421 1471 1680"> <p data-bbox="540 1432 1446 1543">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1554 818 1642">  </div> </td> </tr> </table>	From / To	<p data-bbox="540 268 1409 380">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="540 390 914 499">  </div>	Procedure Code	<p data-bbox="540 516 1450 737">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will 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="540 747 743 852">  </div>	Modifiers	<p data-bbox="540 869 1117 905">This is a free text field and is not mandatory.</p> <div data-bbox="540 915 818 1003">  </div>	Units	<p data-bbox="540 1020 1455 1094">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1104 857 1209">  </div>	Bed Type	<p data-bbox="540 1226 1382 1299">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1310 878 1415">  </div>	+ Add New Service Line	<p data-bbox="540 1432 1446 1543">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1554 818 1642">  </div>
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Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p data-bbox="203 226 381 258">Attachments</p> <p data-bbox="219 268 430 300">Add Document</p> <p data-bbox="535 268 1550 415">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error can be deleted.</p> <div data-bbox="535 430 1485 661"> <p data-bbox="560 441 673 462">Attachments</p> <p data-bbox="560 493 714 525">+ Add Document</p> <p data-bbox="828 598 1193 630">Drop Documents here to Attach</p> </div> <div data-bbox="535 682 1485 1113"> <p data-bbox="560 693 673 714">Attachments</p> <p data-bbox="560 745 714 777">+ Add Document</p> <p data-bbox="560 798 812 829">  Document 1- for upload.docx </p> <p data-bbox="990 798 1258 829">Select document type ...</p> <ul data-bbox="990 829 1274 1102" 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="1315 808 1453 840">Delete</p> </div>

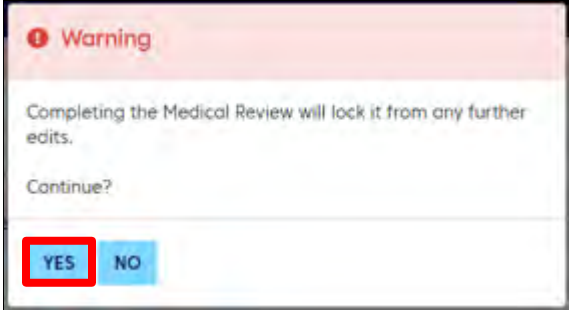
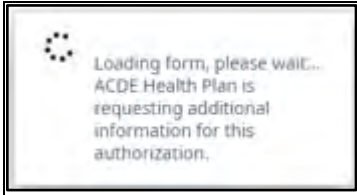
Creating a New Authorization – Inpatient Delivery Notification(cont.)

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


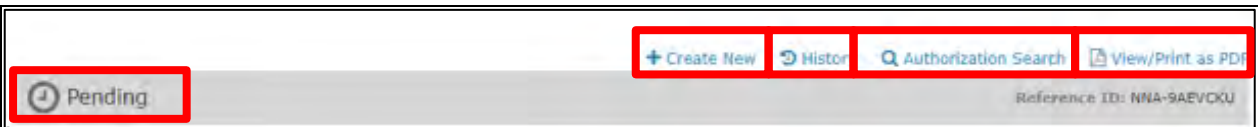
Creating a New Authorization - Inpatient Delivery Notification (cont.)

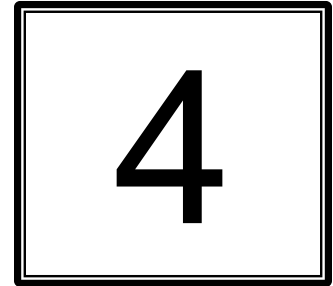
Step	Action																		
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <div data-bbox="207 296 1458 877"><p>Authorization Details FRANKIE MOCHRIE</p><p>AmeriHealth Caritas Delaware</p><p>+ Create New History Authorization Search View/Print 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	
FRANKIE MOCHRIE	Requesting Provider	Servicing Provider																	
PATIENT'S INSURANCE	Ahmed, Mohamed F.	Alfred I Dupont Hospital																	
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View Eligibility & Benefits	Alfred I Dupont Hospital																		
	1600 Rockland Rd Wilmington, DE 19803--3607																		

Authorization Status – Approved and Pending

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

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


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



4 AMENDING AN AUTHORIZATION

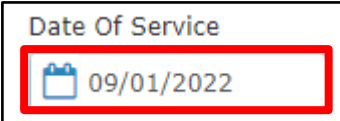
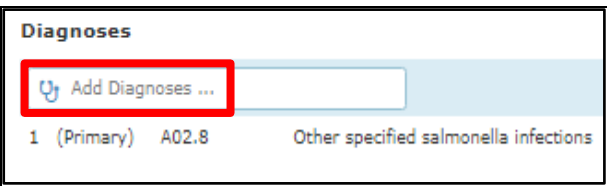
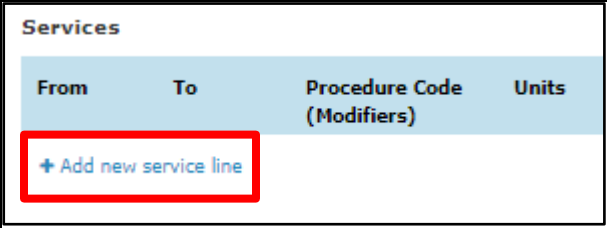
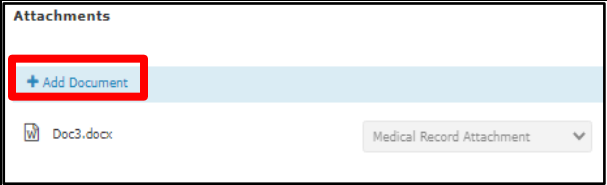
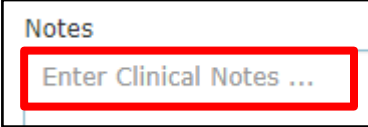
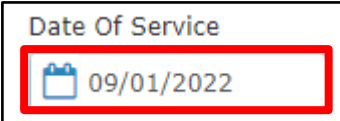
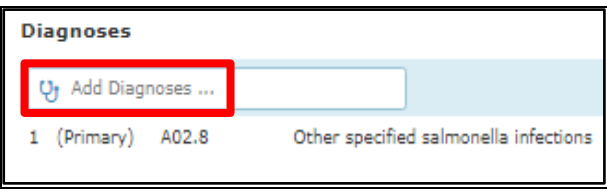
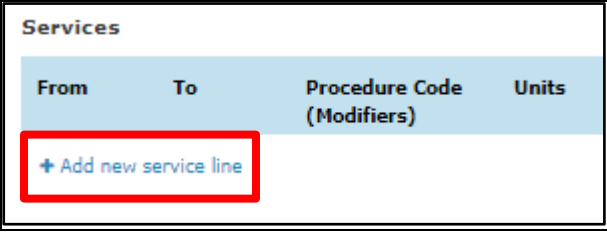
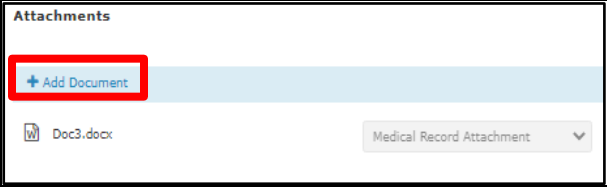
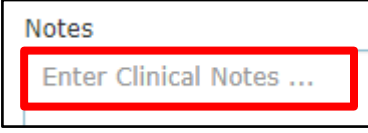
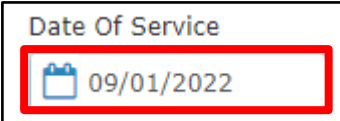
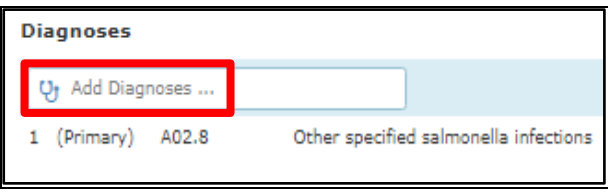
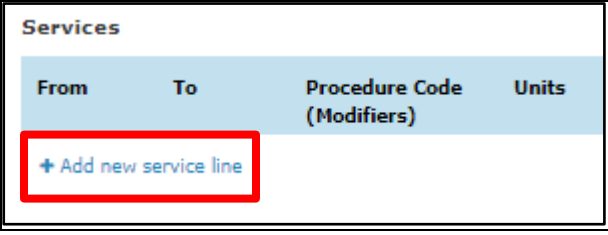
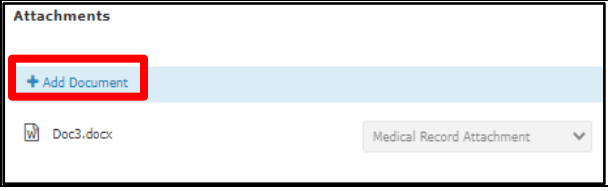
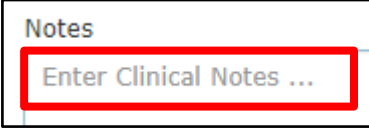
Amending an Authorization Request

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 data-bbox="240 604 597 747" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" data-bbox="240 751 1568 978"> <thead> <tr> <th data-bbox="240 751 894 804">If...</th> <th data-bbox="894 751 1568 804">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 804 894 856">The request was created in NaviNet</td> <td data-bbox="894 804 1568 856">Select Medical Authorizations Log</td> </tr> <tr> <td data-bbox="240 856 894 978">The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td data-bbox="894 856 1568 978">Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)
If...	Then...						
The request was created in NaviNet	Select Medical Authorizations Log						
The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)						
2.	<p>Select Auth Details on the request that needs to be amended.</p> <div data-bbox="240 1031 1360 1192" style="border: 1px solid black; padding: 5px;"> <p>GRETA EMERSON Date of Service: 03/18/2022 Date of Submission: 03/18/2022 ✔ Approved <small>as of 03/18/2022</small></p> <p>AmeriHealth Caritas Auth #: 92203003350</p> <p style="background-color: #0070C0; color: white; padding: 2px; display: flex; justify-content: space-between;"> Auth Details + Create New History Attach Refresh Status </p> </div>						
3.	<p>Select Amend.</p> <div data-bbox="240 1251 1539 1392" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #0070C0; color: white; padding: 2px; display: flex; justify-content: space-between;"> Amend + Create New History Attach Authorization Search View/Print as PDF </p> <p style="background-color: #90EE90; padding: 5px; display: flex; justify-content: space-between;"> ✔ Approved Authorization #: 92203003026 Effective: 03/31/2022</p> </div>						

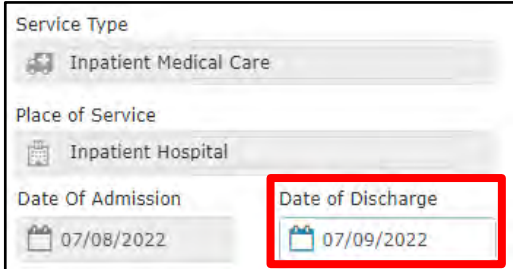
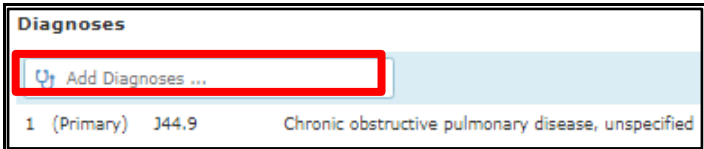
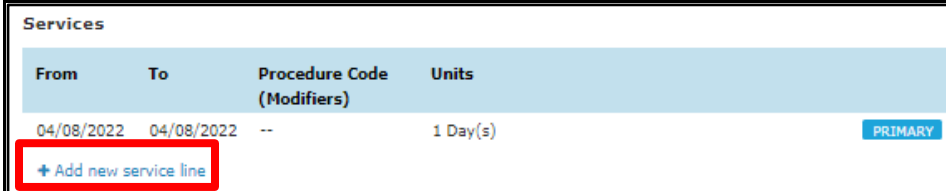
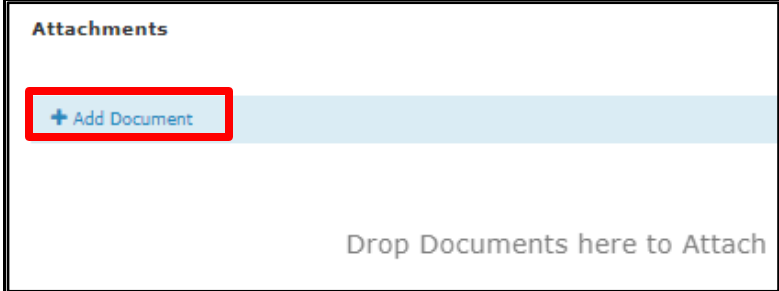
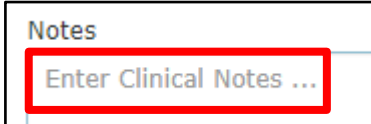
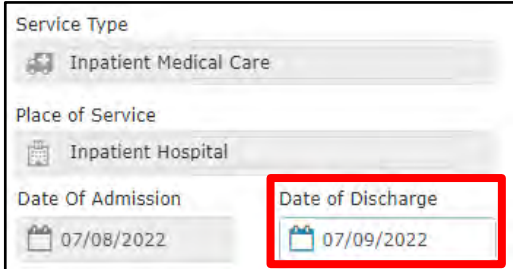
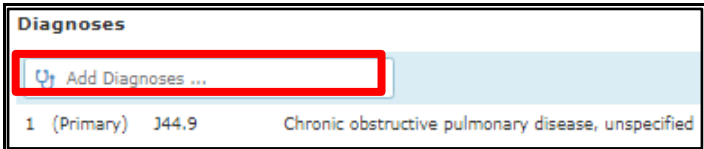
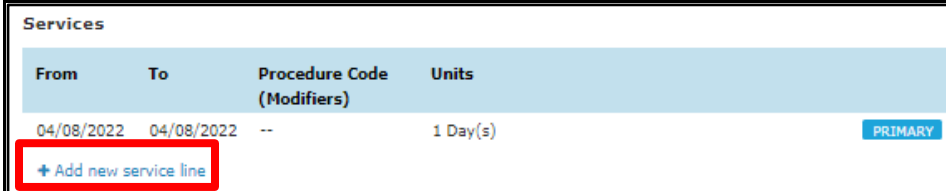
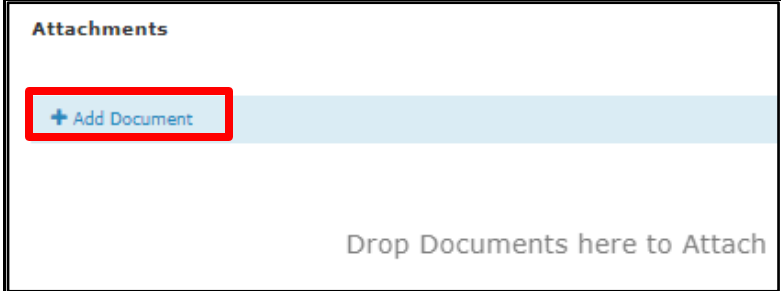
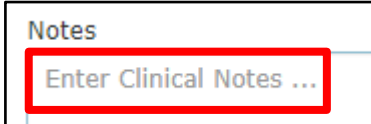
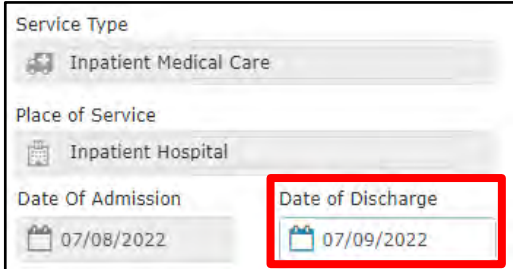
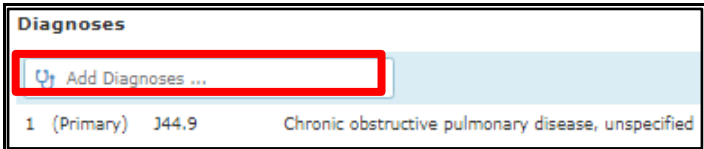
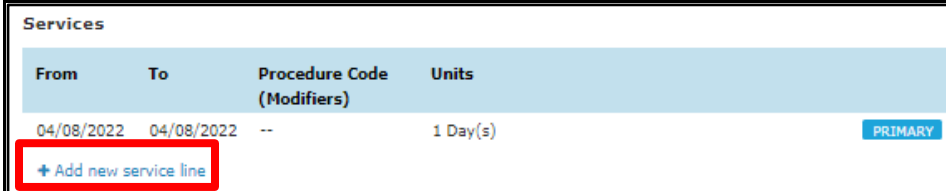
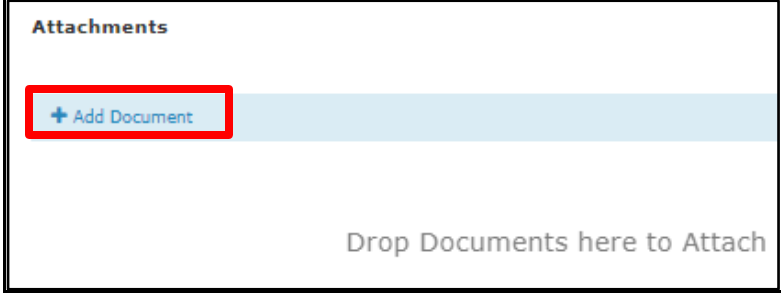
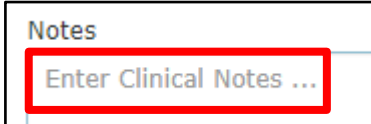
Amending an Authorization Request (cont.)

Step	Action														
4.	<table border="1"> <thead> <tr> <th data-bbox="240 268 548 315">If...</th> <th data-bbox="548 268 1562 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 548 405">Amending an outpatient request</td> <td data-bbox="548 315 1562 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> <tr> <td data-bbox="240 451 667 583">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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Address the Date of Service															
Add additional diagnoses if applicable															
Add new service line															
Add attachments if applicable															
Add notes if applicable															

Amending an Authorization Request (cont.)

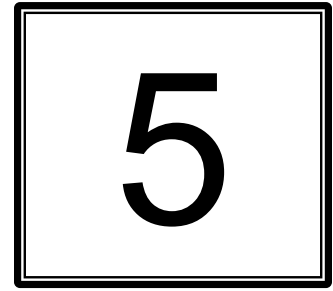
Step	Action
4. (cont.)	<p data-bbox="251 233 673 268">Amending an outpatient request</p> <p data-bbox="251 279 673 401">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 321 1563 695"><p data-bbox="711 327 889 348">▼ Contact Information</p><p data-bbox="711 359 971 491">First Name Beth</p><p data-bbox="711 428 971 491">Last Name Williams</p><p data-bbox="711 499 971 548">Email Address Optional</p><p data-bbox="1143 359 1295 428">Phone Number (843) 999-9999</p><p data-bbox="1143 432 1295 485">Fax Number Optional</p><p data-bbox="1143 491 1406 533"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="727 575 1544 638">DECLARATION <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1276 659 1544 680">Cancel « Previous Submit</p></div>

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	
If...	Then....														
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Amending an Authorization Request (cont.)

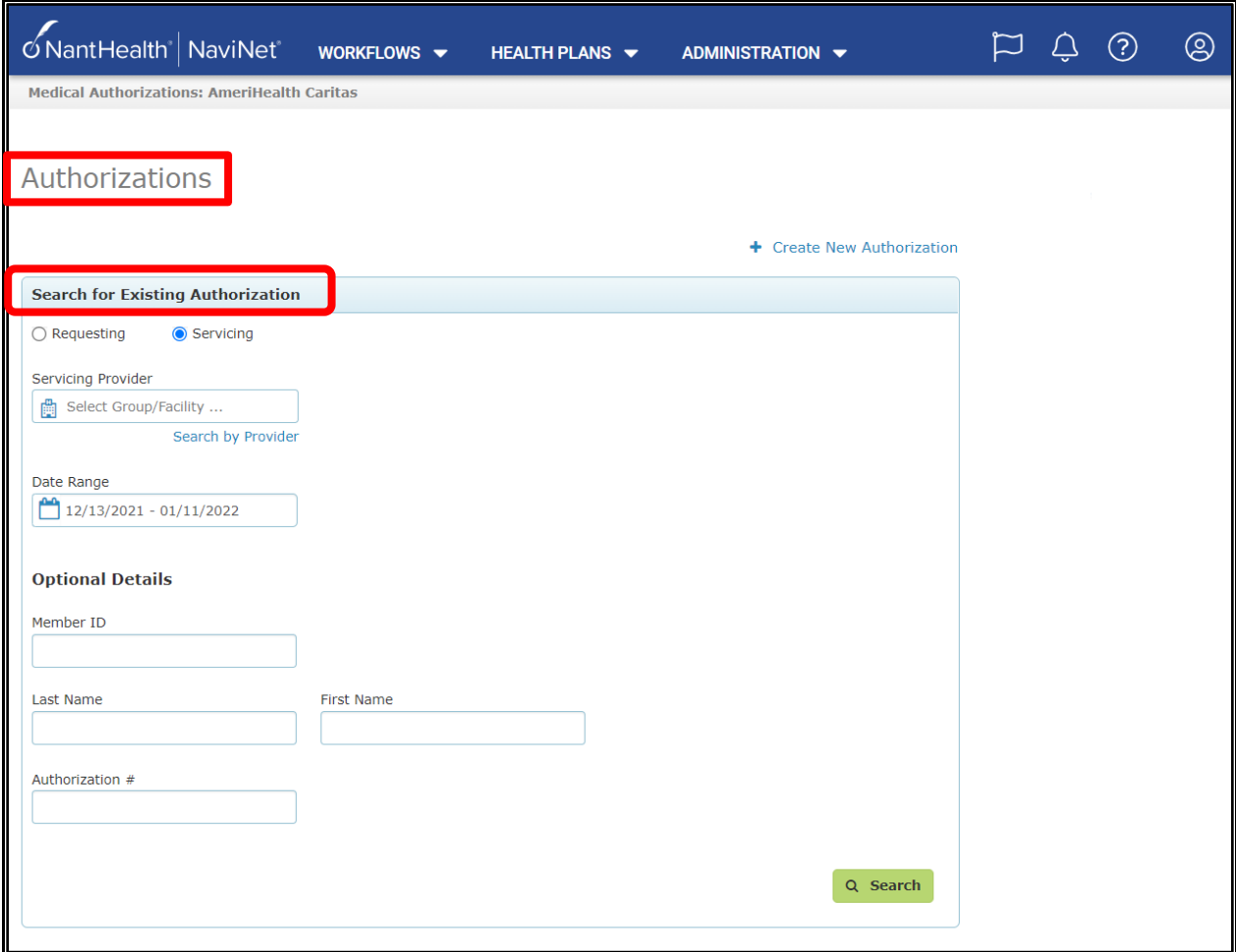
Step	Action						
5. (cont.)	<p data-bbox="251 233 651 268">Amending an inpatient request</p> <div data-bbox="251 275 548 432"><p>Enter contact information, check the Declaration box, and Submit</p></div> <div data-bbox="553 275 1568 695"><p data-bbox="565 289 781 317">▼ Contact Information</p><table data-bbox="565 317 1568 548"><tr><td data-bbox="565 317 894 390">First Name Beth</td><td data-bbox="1068 317 1256 390">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="565 390 894 464">Last Name Williams</td><td data-bbox="1068 390 1256 464">Fax Number Optional</td></tr><tr><td data-bbox="565 464 894 548">Email Address Optional</td><td data-bbox="1068 464 1398 537"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><div data-bbox="565 548 1568 642"><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 data-bbox="1230 653 1568 684">Cancel « Previous Submit</p></div>	First Name Beth	Phone Number (843) 999-9999	Last Name Williams	Fax Number Optional	Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
First Name Beth	Phone Number (843) 999-9999						
Last Name Williams	Fax Number Optional						
Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations						



5 SEARCH FOR AN EXISTING AUTHORIZATION

Search for an Existing Authorization


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

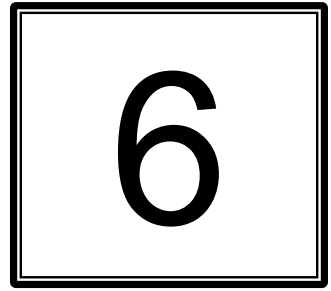
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 390 634 489"><p>Workflows for this Plan</p><p>Medical Authorizations</p></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 1442 1598" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="Filter Results ..."/></p> <table border="1"> <thead> <tr> <th>Authorization #</th> <th>Patient (Member ID) ^</th> <th>Status</th> <th>Requesting Provider</th> <th>Servicing Provider</th> <th>Proc.</th> <th>Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● 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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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).

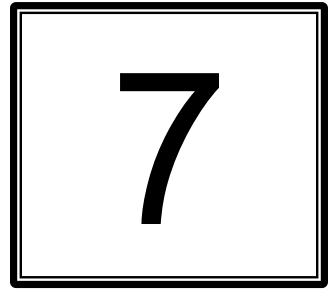
Step	Action																																						
1.	<p>Select Medical Authorization Log under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 426 667 590" style="border: 1px solid black; padding: 5px;"> <p>Workflows 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 1346" 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-right: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">Filter By</div> <div style="margin-bottom: 5px;"> View all </div> <div style="margin-bottom: 5px;"> Billing Entities All Billing Entities </div> <div style="margin-bottom: 5px;"> Patient Details <input type="text" value="Search for name or ID..."/> </div> <div style="margin-bottom: 5px;"> Authorization # <input type="text"/> </div> <div style="margin-bottom: 5px;"> Servicing Provider <input type="text" value="Search for name or ID..."/> </div> <div style="margin-bottom: 5px;"> Date of service <input type="text" value="12/11/2021-03/10/2022"/> </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Authorizations Created By Me </div> <div style="margin-bottom: 5px;"> Status </div> </td> <td style="padding: 5px;"> <table border="0" style="width: 100%; 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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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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 1539 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)

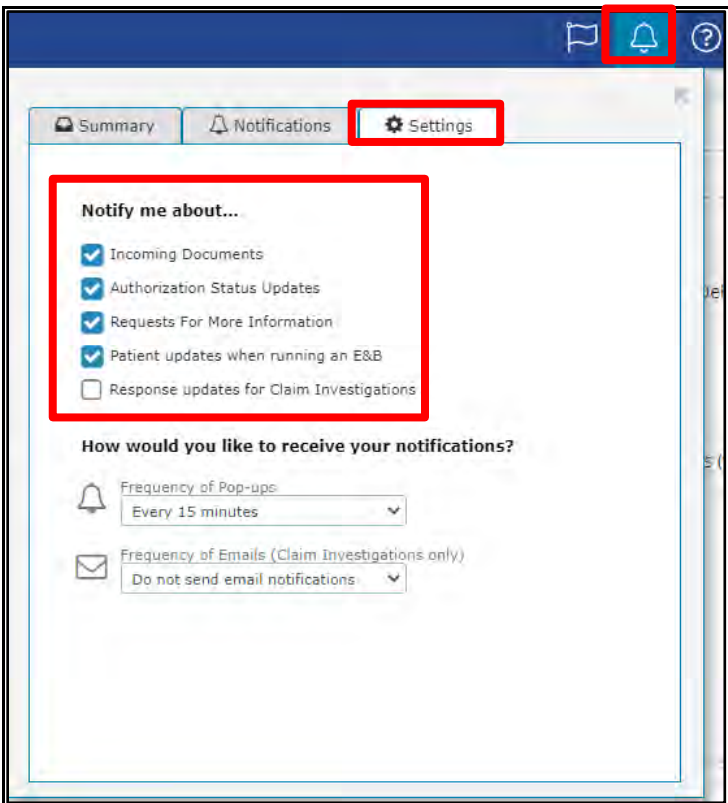
Request for More Information (RFMI)

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.

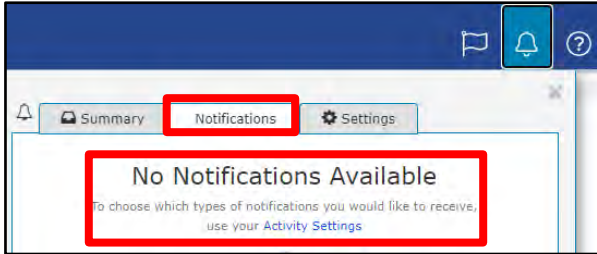
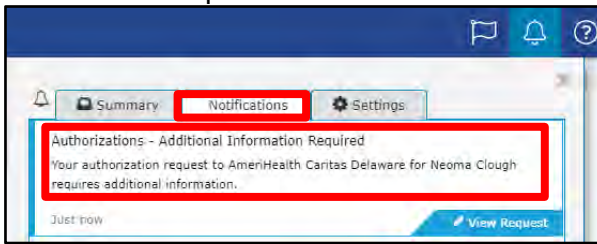
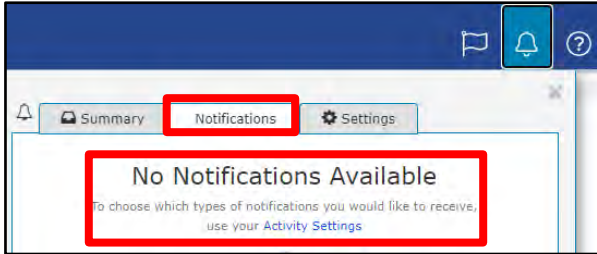
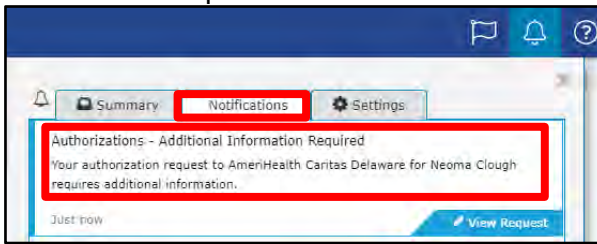
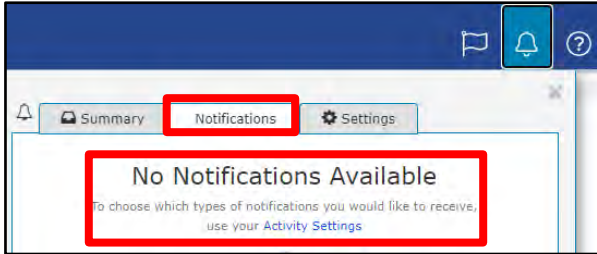
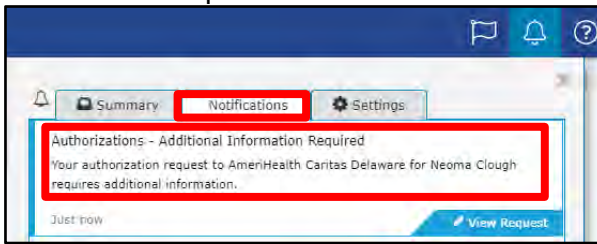
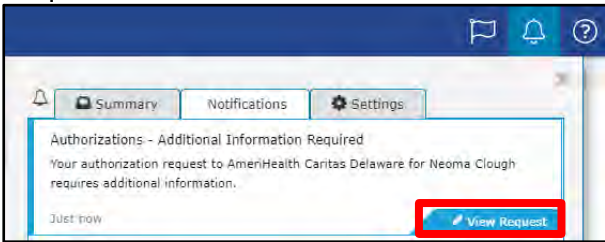
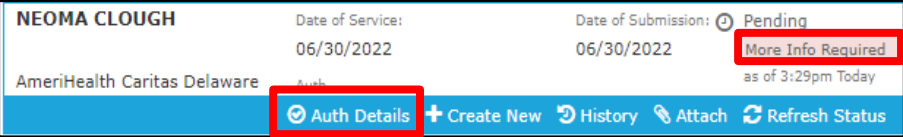


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


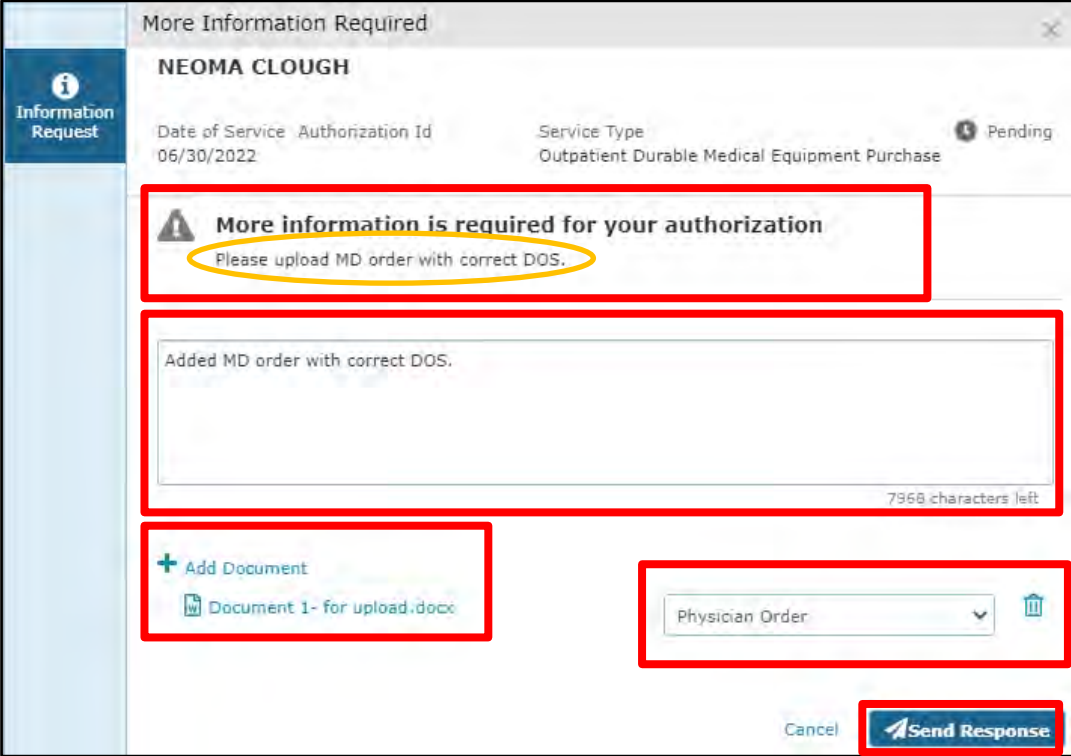
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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.)

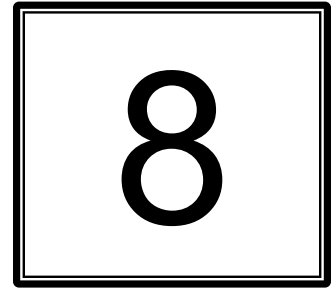
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 281 1312 951"> <thead> <tr> <th data-bbox="240 281 618 317">If...</th> <th data-bbox="618 281 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 642">No notifications exist</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> 
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No notifications exist	<p>The user will see No Notifications Available message.</p> 						
Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 						
3.	<p>There are 3 ways for the user to see RFMI from the health plan.</p> <ol style="list-style-type: none"> <li data-bbox="245 1052 1528 1360"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="245 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 status is 'Pending'. A 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <table border="1"><thead><tr><th>Event</th><th>By</th><th>Time</th></tr></thead><tbody><tr><td>Attached Physician Order</td><td>by Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>Response Sent</td><td>by Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>More Information Required</td><td>from Health Plan</td><td>07/27/2022 3:16pm</td></tr><tr><td>Pending</td><td>from Health Plan</td><td>06/30/2022 9:10am</td></tr></tbody></table> <p>The 'Response Sent' event is also highlighted with a red box.</p>	Event	By	Time	Attached Physician Order	by Jessica Williams	07/27/2022 7:35pm	Response Sent	by Jessica Williams	07/27/2022 7:35pm	More Information Required	from Health Plan	07/27/2022 3:16pm	Pending	from Health Plan	06/30/2022 9:10am
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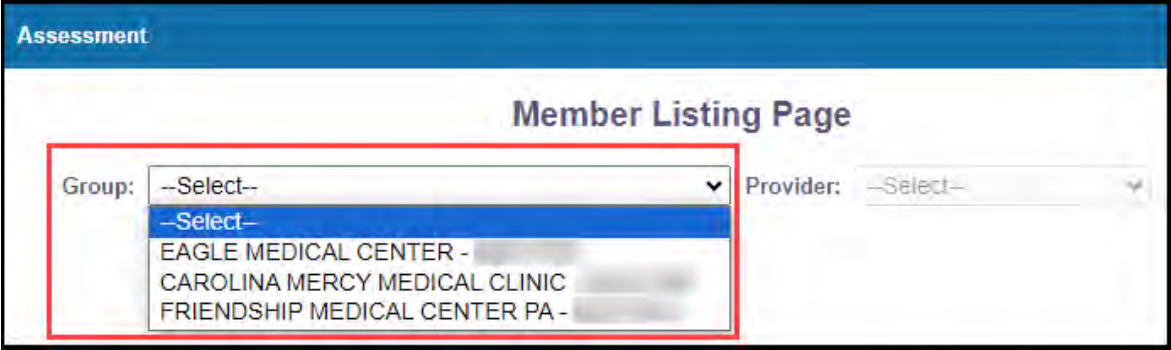
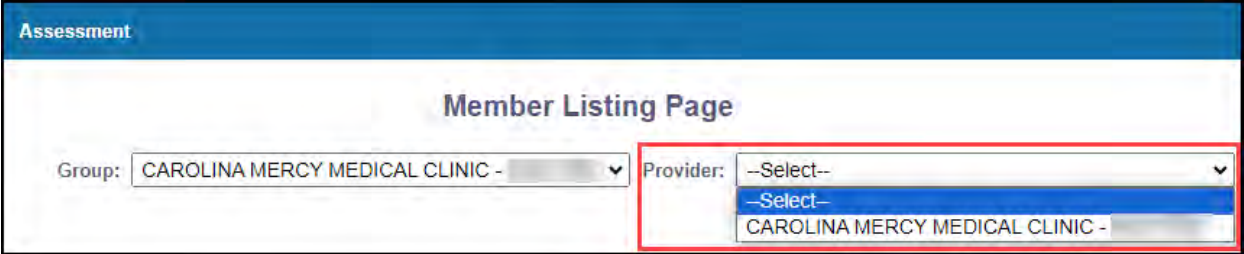
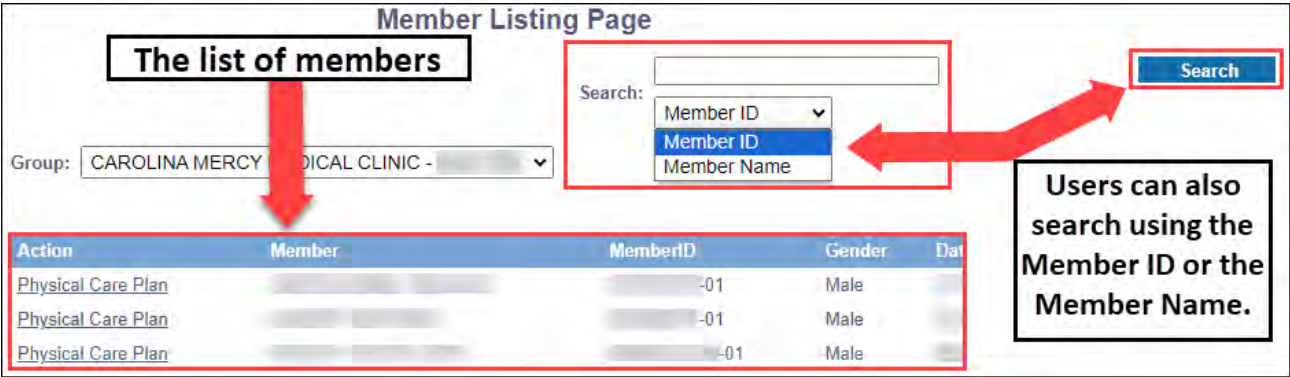
8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet



Providers may want to view assessments for their patients.

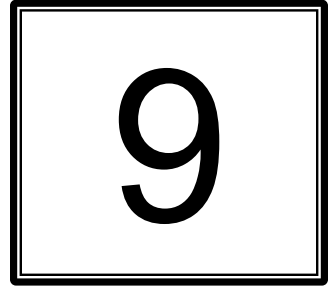
Step	Action
<i>From the health plan specific homepage...</i>	
1.	Select Forms & Dashboards under Workflows for this Plan.  <p>The screenshot shows a light blue box titled "Workflows for this Plan" containing a list of options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim Submission",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

Locating Assessments in NaviNet (cont.)

Step	Action												
7.	<p>Once the member is located, select Physical Care Plan under Action.</p> <table border="1" data-bbox="228 279 1516 403"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date Of Birth</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <div data-bbox="228 430 1560 564">  <p>If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.</p> </div>	Action	Member	MemberID	Gender	Date Of Birth	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 1253 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 1184">  <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