

NaviNet Medical Authorizations Participant Guide

Population Health Training

Original Date: 4/14/2022

Updated Date: 1/14/2025

Next Review Date: 1/14/2026

Review Cycle: Annually

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1 LOGGING IN TO NAVINET

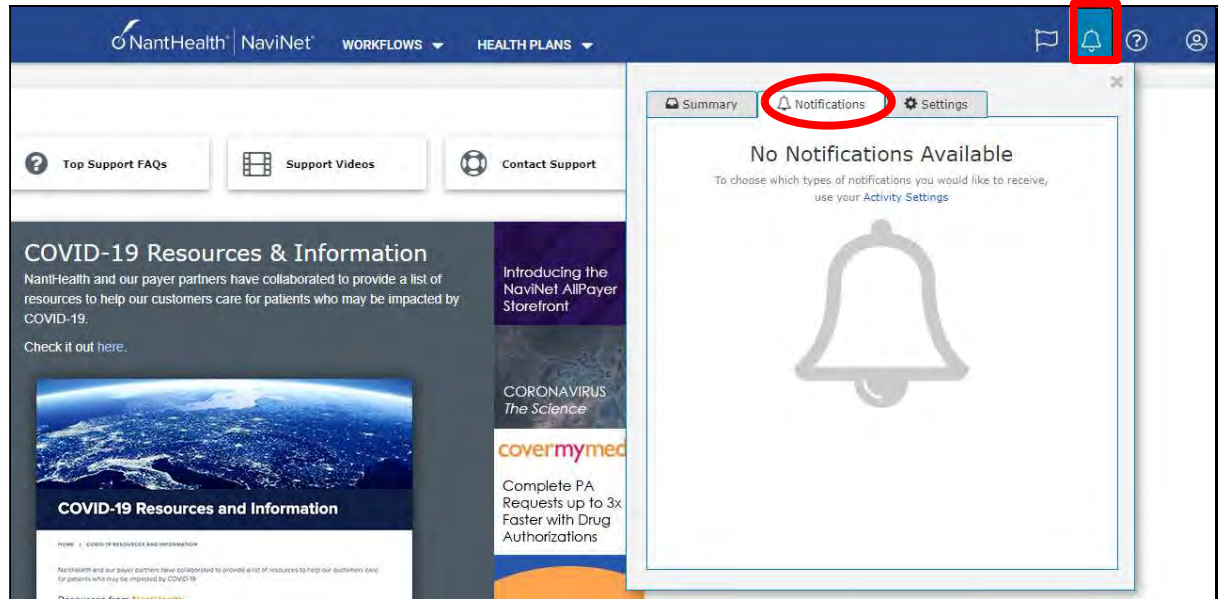
Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 352 1149 1033" data-label="Image"></div>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont.)



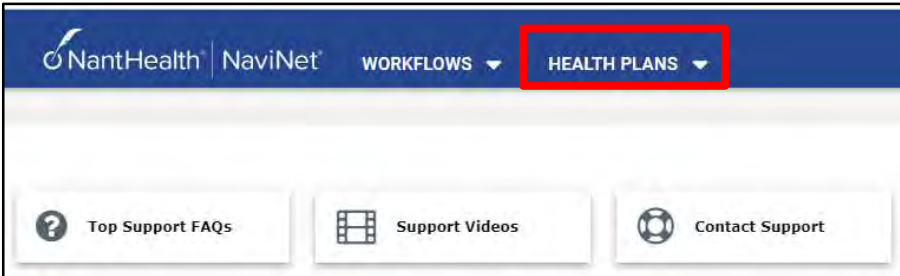
Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot displays the NantHealth NaviNet user interface. At the top right, a blue bell icon representing notifications is highlighted with a red box. Below the main navigation bar, a 'Notifications' pop-up window is open, showing a 'No Notifications Available' message and a large bell icon. The pop-up window has tabs for 'Summary', 'Notifications', and 'Settings', with 'Notifications' selected and circled in red. The background of the interface includes sections for 'COVID-19 Resources & Information', 'Support Videos', and 'Contact Support'.

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.

Workflows for this Plan

Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET**. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.

Important information for providers regarding COVID-19.

AmeriHealth Caritas Delaware has worked with NantHealth | NaviNet to bring you, Medical Authorizations, a robust, intuitive, and streamlined online authorizations workflow on **Monday, September 12, 2022**. In addition to submitting and inquiring on existing Authorizations, you will also be able to:

- Verify if **No Authorization is Required**
- Receive **Auto Approvals**, in some circumstances
- Submit **Amended Authorization**
- **Attach supplemental documentation**
- Sign up for **in-app status change notifications** directly from the health plan
- Access a **multi-payer Authorization log**

Want to learn more about Medical Authorizations? Video tutorials and step-by-step instructions are available via the NantHealth Help Center:

- Tutorial – Authorization Inquiry Process
- Tutorial – Authorization Submission Process

AmeriHealth Caritas Delaware will offer training on the new system. Provider Network Management Account Executives will contact providers with training dates and times.

Training Videos

- Tutorial – Authorization Inquiry Process
- Tutorial – Authorization Submission Process
- Providers Filter
- Claims Adjustment Inquiries
- Care Gap Response Forms
- ADT alerts
- The Condition Optimization Program

Latest Updates

- [EVV UPDATE - The new EVV go-live date is July 1, 2021 \(PDF\)](#)
- [Providence Announces New Name – ModivCare \(PDF\)](#)
- [Your work is essential! Protect yourself and others from flu and COVID-19 this fall and winter \(PDF\)](#)

Hours of Availability

Mon-Fri: 8:00am-6:00pm ET
Sat-Sun: 9:00am-5:00pm ET

Resources

- NaviNet Medical Authorizations Participant Guide
- NaviNet Medical Authorizations Frequently Asked Questions
- Submit Medical Records to Optum

Contact Us

AmeriHealth Caritas Delaware
P.O. Box 406
Essington, PA 19029
Provider Services
1-855-707-5818
AmeriHealth Caritas Delaware Website

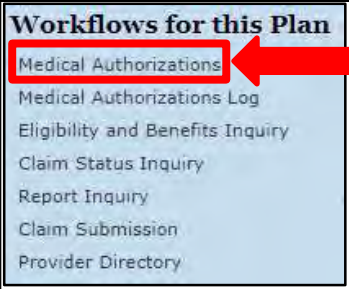

Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> • Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	<ul style="list-style-type: none"> • Instructional videos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




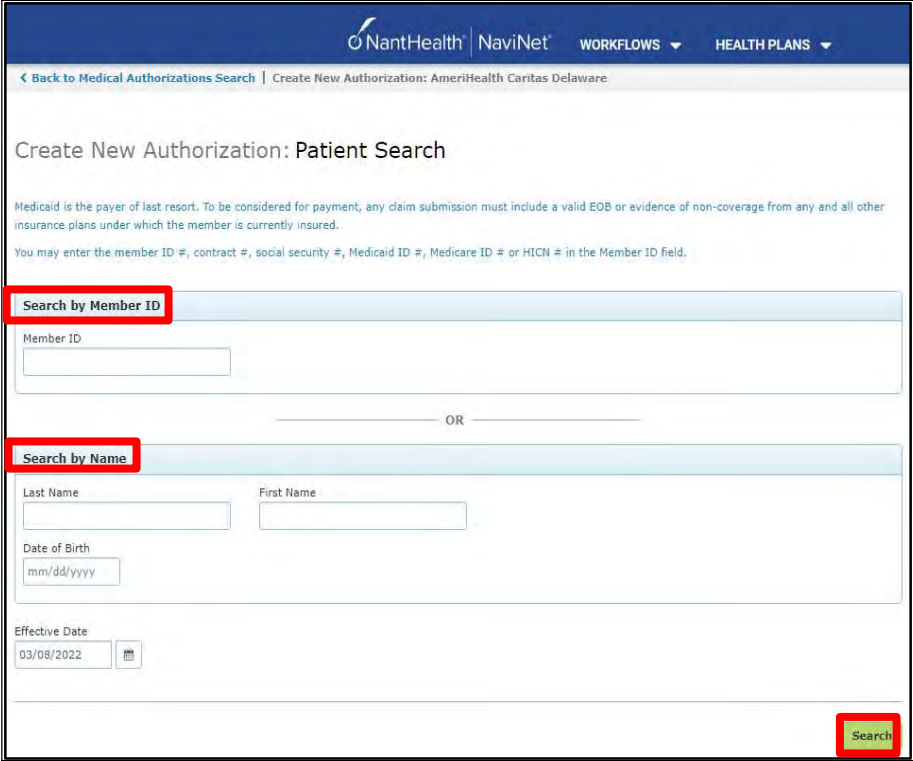
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

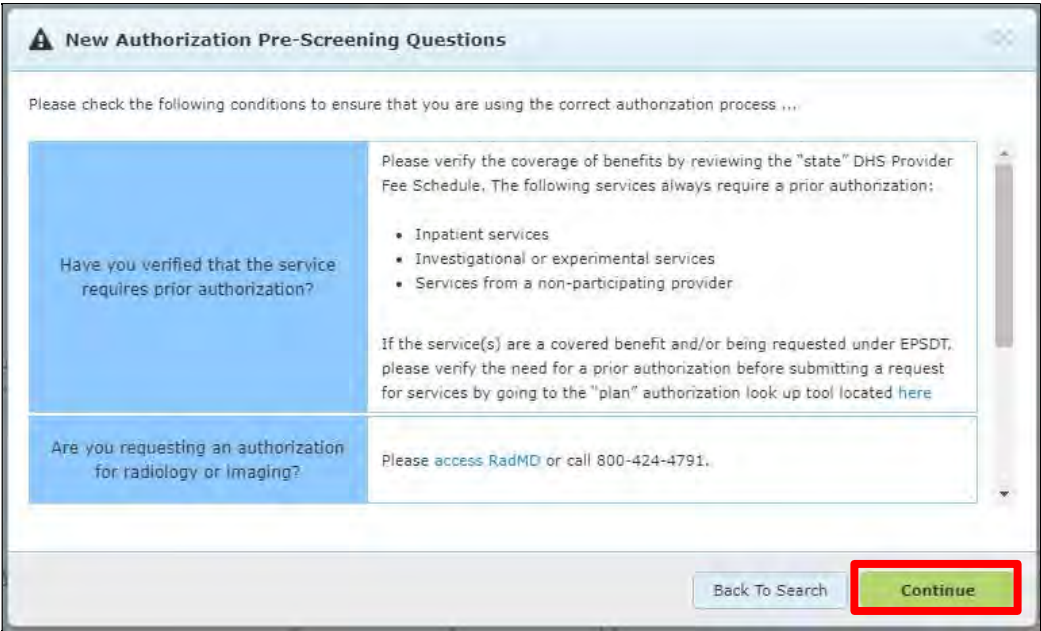

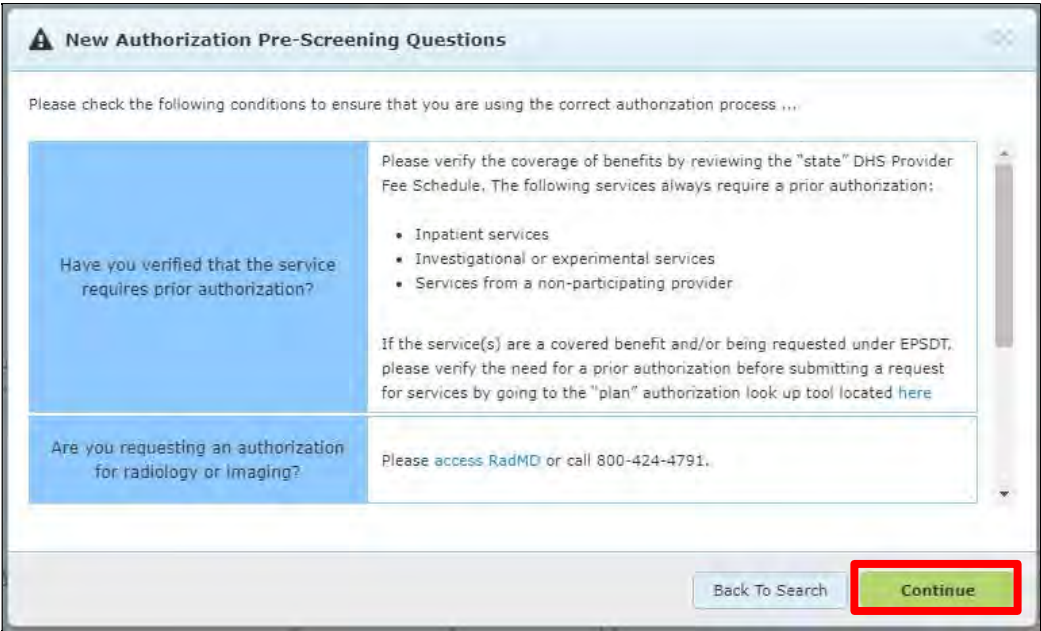

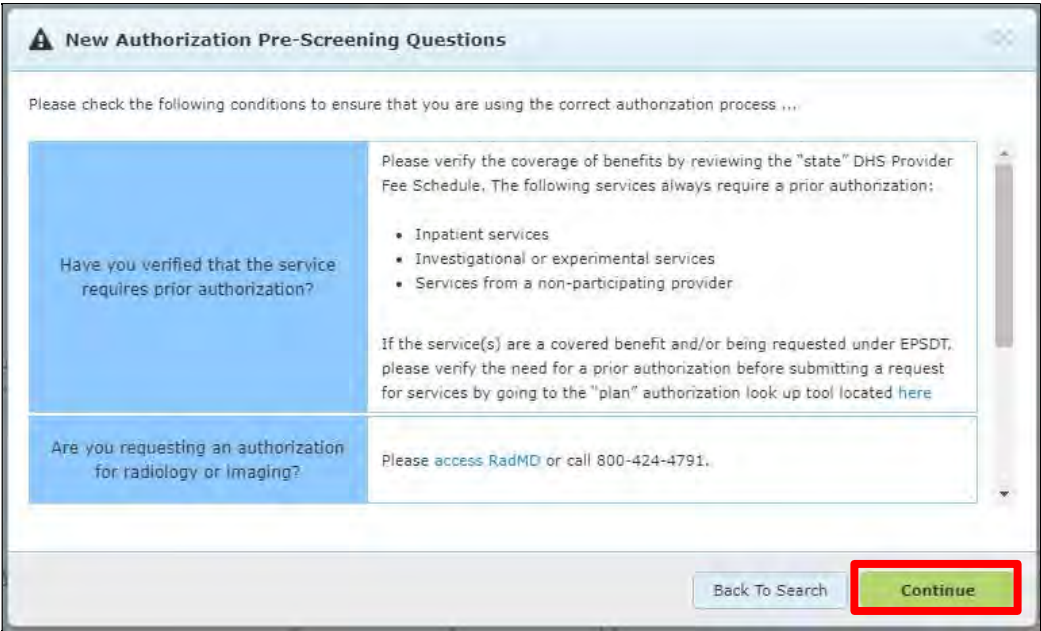

To create a new authorization:

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


Creating a New Authorization (cont.)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="224 380 1552 520" style="border: 1px solid black; padding: 5px;">  <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, the user selects the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="217 531 1125 1287" style="border: 1px solid black; padding: 5px;">  </div> <div data-bbox="217 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="233 1398 956 1549" style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Create New Authorization: Patient Search</p> <p>✘ Subscriber / Insured Not Found. Please Correct and Resubmit.</p> </div> </div>

Creating a New Authorization (cont.)

Step	Action						
<p>4.</p>	<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" data-bbox="203 352 1557 1247"> <thead> <tr> <th data-bbox="203 352 397 401">If...</th> <th data-bbox="397 352 1557 401">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 401 397 1247"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1557 1247"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1442 1079">  </div> <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 1247 397 1669"> <p>The member is ineligible</p> </td> <td data-bbox="397 1247 1557 1669"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1458 1619">  </div> </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1442 1079">  </div> <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> <div data-bbox="407 1304 1458 1619">  </div>
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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"> <p>View Eligibility & Benefits is available to view under the member's demographic information.</p> <p>Eligibility & Benefits can be viewed here.</p> </div> <p>Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.</p> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Creating an outpatient episode</td> <td>Continue to the next step (step 6)</td> </tr> <tr> <td>Creating an inpatient episode</td> <td>Continue to step 7</td> </tr> </tbody> </table> <p>Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.</p> <div data-bbox="207 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 447"> <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" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div> </td> </tr> </table> <table border="1" data-bbox="207 447 1547 861"> <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" style="border: 1px solid black; padding: 5px;"> Level of Service ? Elective Select Level of Service ... 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Creating a New Authorization - Outpatient (cont.)

Step	Action										
6.	<p data-bbox="203 224 326 254">Services</p> <table border="1" data-bbox="203 254 1549 940"> <tr> <td data-bbox="203 254 527 940">From / To</td> <td data-bbox="527 254 1549 940"> <p data-bbox="539 262 963 296">From (start date) / To (end date)</p> <div data-bbox="539 310 867 394"> <p>From: 03/11/2022 To: mm/dd/yyyy</p> </div> <p data-bbox="539 411 1528 632">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p> <div data-bbox="539 646 1487 934"> <p data-bbox="607 680 1390 709">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p>Service Type: Outpatient Durable Medical Equipment P...</p> <p>Place of Service: Home</p> </div> </td> </tr> <tr> <td data-bbox="203 940 527 1224">Procedure Code</td> <td data-bbox="527 940 1549 1224"> <p data-bbox="539 953 1523 1102">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code.</p> <div data-bbox="539 1117 740 1218"> <p>Procedure Code</p> <input type="text"/> </div> </td> </tr> <tr> <td data-bbox="203 1224 527 1375">Modifiers</td> <td data-bbox="527 1224 1549 1375"> <p data-bbox="539 1236 1102 1266">Free text field. This is not a mandatory field.</p> <div data-bbox="539 1281 815 1369"> <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 1528">Units</td> <td data-bbox="527 1375 1549 1528"> <p data-bbox="539 1388 849 1417">Free text numeric value.</p> <div data-bbox="539 1432 815 1520"> <p>Units</p> <input type="text" value="1"/> Unit(s) </div> </td> </tr> <tr> <td data-bbox="203 1528 527 1806">Add New Service Line</td> <td data-bbox="527 1528 1549 1806"> <p data-bbox="539 1541 1511 1650">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="539 1665 834 1753"> <p>+ Add New Service Line</p> </div> </td> </tr> </table>	From / To	<p data-bbox="539 262 963 296">From (start date) / To (end date)</p> <div data-bbox="539 310 867 394"> <p>From: 03/11/2022 To: mm/dd/yyyy</p> </div> <p data-bbox="539 411 1528 632">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p> <div data-bbox="539 646 1487 934"> <p data-bbox="607 680 1390 709">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p>Service Type: Outpatient Durable Medical Equipment P...</p> <p>Place of Service: Home</p> </div>	Procedure Code	<p data-bbox="539 953 1523 1102">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code.</p> <div data-bbox="539 1117 740 1218"> <p>Procedure Code</p> <input type="text"/> </div>	Modifiers	<p data-bbox="539 1236 1102 1266">Free text field. This is not a mandatory field.</p> <div data-bbox="539 1281 815 1369"> <p>Modifiers</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	Units	<p data-bbox="539 1388 849 1417">Free text numeric value.</p> <div data-bbox="539 1432 815 1520"> <p>Units</p> <input type="text" value="1"/> Unit(s) </div>	Add New Service Line	<p data-bbox="539 1541 1511 1650">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="539 1665 834 1753"> <p>+ Add New Service Line</p> </div>
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Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="228 233 467 260">Attachments</p> <p data-bbox="228 279 467 306">+ Add Document</p> <p data-bbox="548 279 1534 499">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. The user can identify the document type based on the drop down list. If the user attaches a document, the document type is mandatory. Select document type drop down. The user also has the ability to delete any document attached in error.</p> <div data-bbox="548 520 1511 751"> <p data-bbox="565 533 690 554">Attachments</p> <p data-bbox="565 575 716 617">+ Add Document</p> <p data-bbox="846 688 1219 716">Drop Documents here to Attach</p> </div> <div data-bbox="548 772 1511 1213"> <p data-bbox="565 785 690 806">Attachments</p> <p data-bbox="565 827 716 869">+ Add Document</p> <p data-bbox="565 890 829 911">Document 1- for upload.docx</p> <p data-bbox="992 890 1284 911">Select document type ...</p> <ul data-bbox="992 926 1300 1199" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1328 890 1490 932">Delete</p> </div>

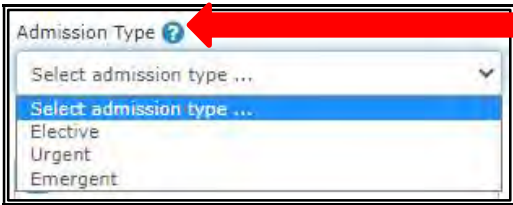
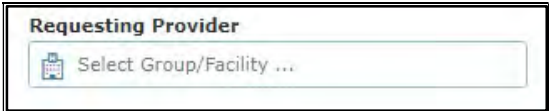

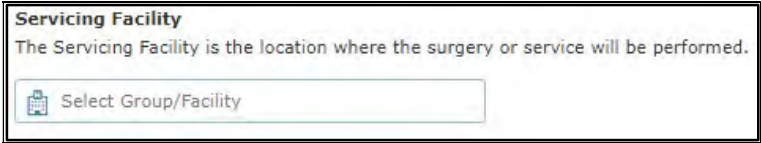
Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="245 224 548 254">Notes</p> <p data-bbox="245 264 548 294">Notes</p> <p data-bbox="565 264 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="565 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p data-bbox="245 569 548 598">Contact Information</p> <p data-bbox="565 569 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="565 730 1547 800">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 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 914 1358">***Proceed to Step 8 for InterQual instructions***</p>


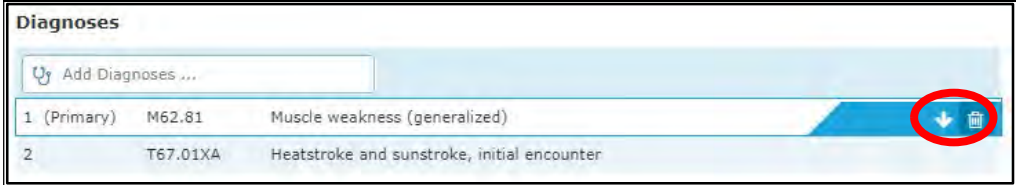






Creating a New Authorization – Inpatient Request

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="431 606 1422 779"> <tr> <td>Service Type</td> <td>Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)</td> </tr> <tr> <td>Place of Service</td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click Next to continue.</p> <div data-bbox="431 879 667 982" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next »</p> </div>	Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)	Place of Service	Location in which services will be rendered.
Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)				
Place of Service	Location in which services will be rendered.				
	<p>Date of Admission/ Date of Discharge Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1161 992 1276" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div> <p>Note: The user will receive the message below if the dates of service overlap in the same case.</p> <div data-bbox="431 1377 1097 1675" style="border: 1px solid black; padding: 5px;"> <div style="border: 2px solid red; padding: 2px; margin-bottom: 5px;"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> </div> <p>Service Type</p> <p> Inpatient Medical Care</p> <p>Place of Service</p> <p> Inpatient Hospital</p> <p>Date Of Admission Date of Discharge</p> <p> 06/29/2022  06/30/2022</p> </div>				


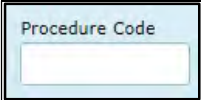


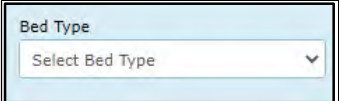


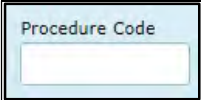


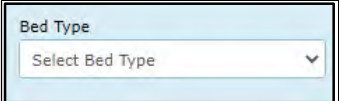


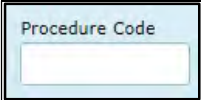


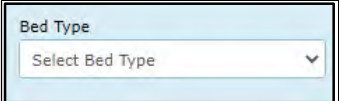

Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	<p data-bbox="217 224 402 300">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
If	Then								
Elective	Potential admission for illness/injury enrollee not 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="203 224 370 254">Diagnoses</p> <p data-bbox="203 262 370 291">Diagnoses</p> <p data-bbox="537 262 1495 296">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="537 436 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="537 600 1547 783">  <table border="1" data-bbox="537 600 1547 783"> <thead> <tr> <th colspan="4">Diagnoses</th> </tr> <tr> <th colspan="4">Add Diagnoses ...</th> </tr> </thead> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td> </td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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Creating a New Authorization – Inpatient (cont.)

Step	Action												
7.	<p>Services</p> <table border="1"> <tr> <td data-bbox="207 254 527 457">From / To</td> <td data-bbox="527 254 1469 457"> <p>From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="207 457 527 814">Procedure Code</td> <td data-bbox="527 457 1469 814"> <p>Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 814 527 968">Modifiers</td> <td data-bbox="527 814 1469 968"> <p>This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 968 527 1171">Units</td> <td data-bbox="527 968 1469 1171"> <p>Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1171 527 1375">Bed Type</td> <td data-bbox="527 1171 1469 1375"> <p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1375 527 1635">+ Add New Service Line</td> <td data-bbox="527 1375 1469 1635"> <p>The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p>From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> 	Procedure Code	<p>Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> 	Modifiers	<p>This is a free text field and is not mandatory.</p> 	Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p>The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> 
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Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p data-bbox="201 224 521 254">Attachments</p> <p data-bbox="217 264 431 294">Add Document</p> <p data-bbox="537 264 1549 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="558 491 711 520">+ 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="558 737 711 766">+ Add Document</p> <p data-bbox="558 793 818 823">Document 1- for upload.docx</p> <p data-bbox="992 800 1252 829">Select document type ...</p> <ul data-bbox="992 835 1276 1100" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1300 806 1438 835">Delete</p> </div>


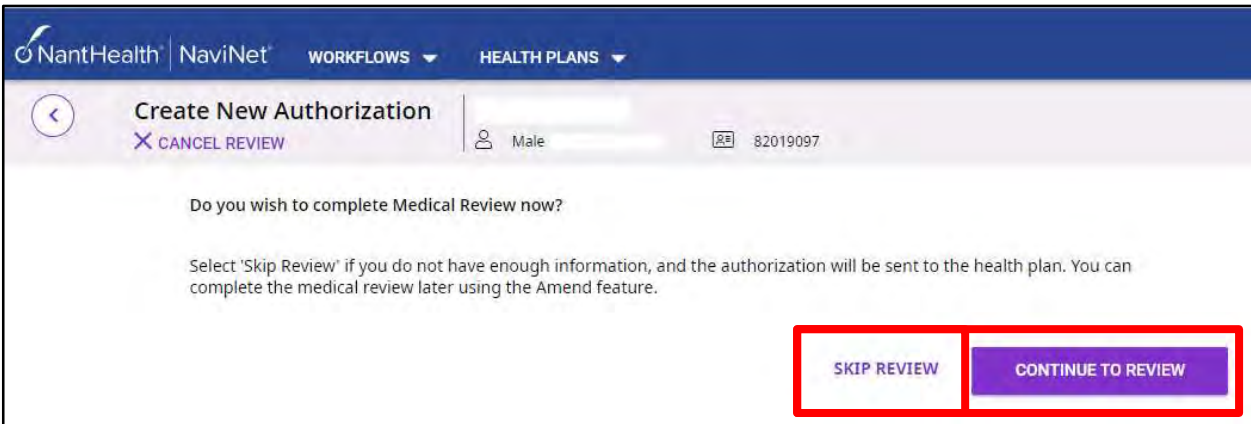
Creating a New Authorization – Inpatient (cont.)

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>Phone Number: (843) 999-9999</p> <p>Fax Number: Optional</p> <p>Email Address: 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



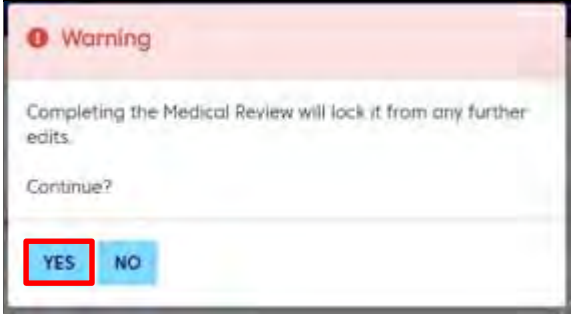
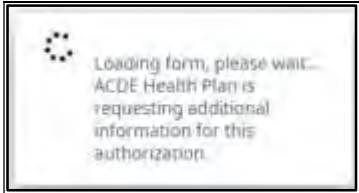
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

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="207 926 1451 1346" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1398 1468 1913"> <thead> <tr> <th data-bbox="207 1398 526 1440">If....</th> <th data-bbox="526 1398 1468 1440">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1440 526 1713">Skip Review</td> <td data-bbox="526 1440 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 1713 526 1913">Continue to Review</td> <td data-bbox="526 1713 1468 1913"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If....	Then...	Skip Review	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>	Continue to Review	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
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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>If...</th><th>Then...</th></tr></thead><tbody><tr><td>Outpatient</td><td><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>Inpatient</td><td><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>
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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>						

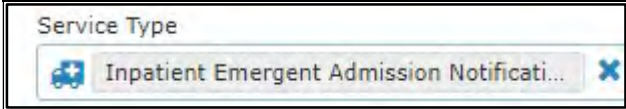

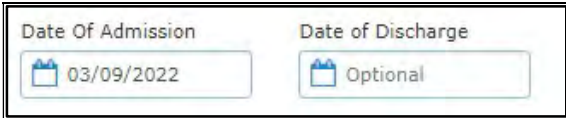
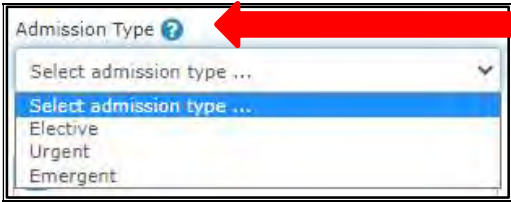
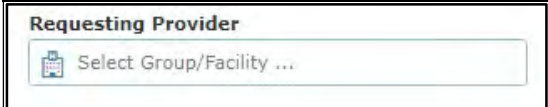

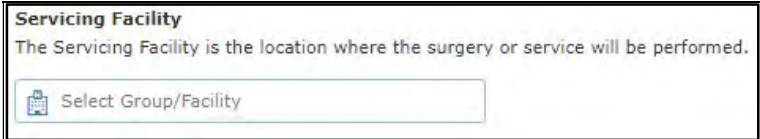
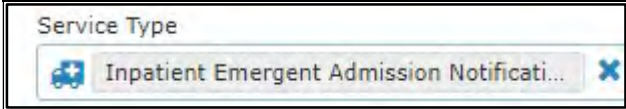

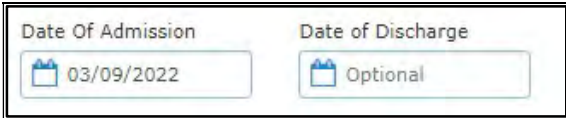
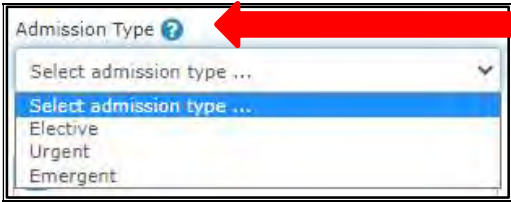
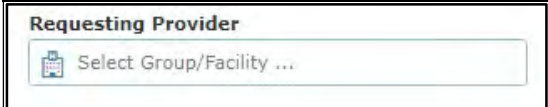

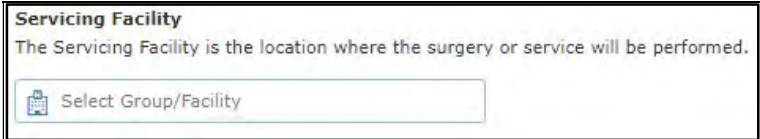
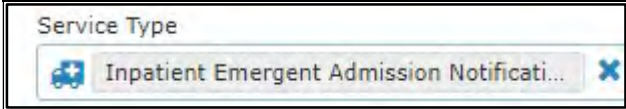

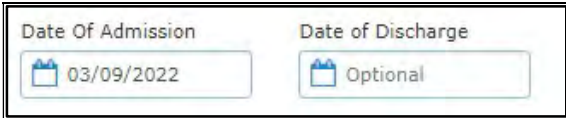
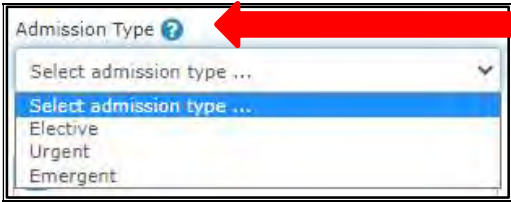
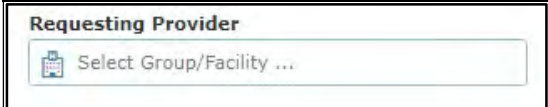

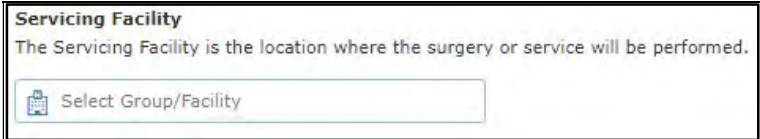
Creating a New Authorization - InterQual (cont.)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1555 636"> <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="204 432 703 636">Decision tree is used (inpatient)</td> <td data-bbox="703 432 1555 636">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....						
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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>						


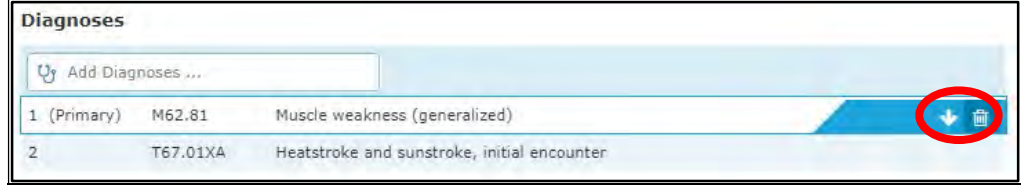
Creating a New Authorization - InterQual (cont.)

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' page for patient FRANKIE MOCHRIE. The page includes a navigation bar with options like '+ Create New', 'History', 'Authorization Search', and 'View/Print as PDF'. A status bar at the top indicates the authorization is 'Pending' with a clock icon. The main content area shows 'Disposition pending review' and details for the 'Requesting Provider' (Ahmed, Mohamed F.), 'Servicing Provider' (Alfred I Dupont Hospital), and 'Servicing Facility' (Alfred I Dupont Hospital). It also lists the patient's insurance and primary care physician (HEATHER BITTNER-FAGAN).</p>


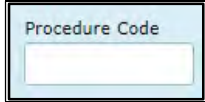

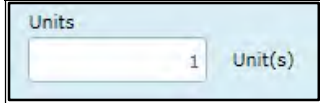
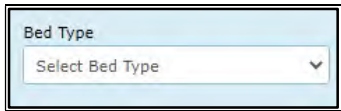
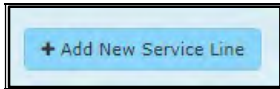

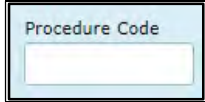

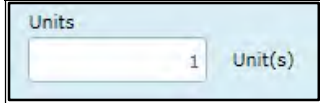
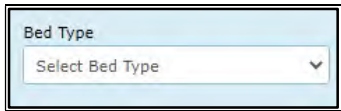
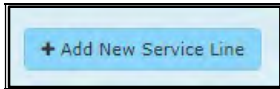

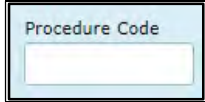

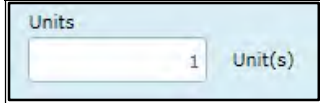
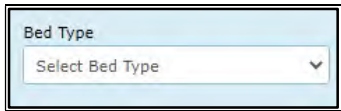
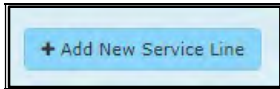
Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action												
6.	<p>Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.</p> <table border="1"> <tr> <td data-bbox="204 321 521 695"> <p>Service Type</p> </td> <td data-bbox="526 321 1549 695"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p>  <p>Click Next to continue.</p>  </td> </tr> <tr> <td data-bbox="204 701 521 911"> <p>Date of Admission/ Date of Discharge</p> </td> <td data-bbox="526 701 1549 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>  </td> </tr> <tr> <td data-bbox="204 917 521 1220"> <p>Admission Type</p> </td> <td data-bbox="526 917 1549 1220"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p>  <div data-bbox="1057 968 1516 1104" style="border: 1px solid black; padding: 5px;"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="204 1226 521 1388"> <p>Requesting Provider</p> </td> <td data-bbox="526 1226 1549 1388"> <p>Requesting provider is the provider that is requesting the service.</p>  </td> </tr> <tr> <td data-bbox="204 1394 521 1598"> <p>Servicing Provider</p> </td> <td data-bbox="526 1394 1549 1598"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p>  </td> </tr> <tr> <td data-bbox="204 1604 521 1814"> <p>Servicing Facility</p> </td> <td data-bbox="526 1604 1549 1814"> <p>Servicing Facility is where the service will be performed.</p>  </td> </tr> </table>	<p>Service Type</p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p>  <p>Click Next to continue.</p> 	<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> 	<p>Admission Type</p>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p>  <div data-bbox="1057 968 1516 1104" style="border: 1px solid black; padding: 5px;"> <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> 	<p>Servicing Provider</p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> 	<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> 
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action												
6.	<p data-bbox="219 218 381 252">Diagnoses</p> <p data-bbox="219 262 381 296">Diagnoses</p> <p data-bbox="544 262 1502 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="544 346 941 462"></div> <p data-bbox="544 472 1550 630">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="544 640 1559 829"><table border="1" data-bbox="552 651 1550 819"><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 – 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 1602"> <tr> <td data-bbox="207 254 527 457">From / To</td> <td data-bbox="527 254 1471 457"> <p data-bbox="540 262 1458 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="207 457 527 814">Procedure Code</td> <td data-bbox="527 457 1471 814"> <p data-bbox="540 470 1458 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 814 527 968">Modifiers</td> <td data-bbox="527 814 1471 968"> <p data-bbox="540 827 1203 854">This is a free text field and is not a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 968 527 1171">Units</td> <td data-bbox="527 968 1471 1171"> <p data-bbox="540 980 1458 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1171 527 1339">Bed Type</td> <td data-bbox="527 1171 1471 1339"> <p data-bbox="540 1184 1390 1211">Select bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1339 527 1602">+ Add New Service Line</td> <td data-bbox="527 1339 1471 1602"> <p data-bbox="540 1352 1390 1457">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p data-bbox="540 262 1458 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> 	Procedure Code	<p data-bbox="540 470 1458 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> 	Modifiers	<p data-bbox="540 827 1203 854">This is a free text field and is not a mandatory field.</p> 	Units	<p data-bbox="540 980 1458 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p data-bbox="540 1184 1390 1211">Select bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p data-bbox="540 1352 1390 1457">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> 
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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="219 262 430 294">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 659"><p data-bbox="560 443 678 464">Attachments</p><p data-bbox="573 491 711 520">+ Add Document</p><p data-bbox="829 600 1195 625">Drop Documents here to Attach</p></div> <div data-bbox="537 676 1482 1108"><p data-bbox="560 688 678 709">Attachments</p><p data-bbox="573 737 711 766">+ Add Document</p><p data-bbox="560 793 820 823">Document 1- for upload.docx</p><p data-bbox="992 800 1252 829">Select document type ...</p><p data-bbox="1360 806 1442 835">Delete</p><ul data-bbox="992 835 1279 1102" style="list-style-type: none">Select document type ...Progress ReportMedical Record AttachmentPatient Medical History DocumentPhysical Therapy NotesContinued treatmentNursing NotesPhysicians ReportPhysician OrderJustification for AdmissionDurable Medical Equipment PrescriptionOrders and Treatment DocumentInitial AssessmentConsentDischarge Summary</div>

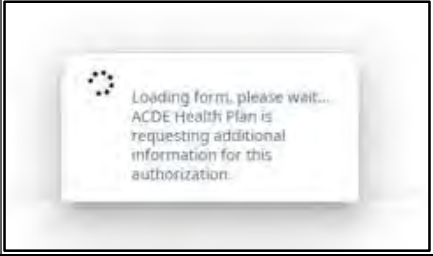
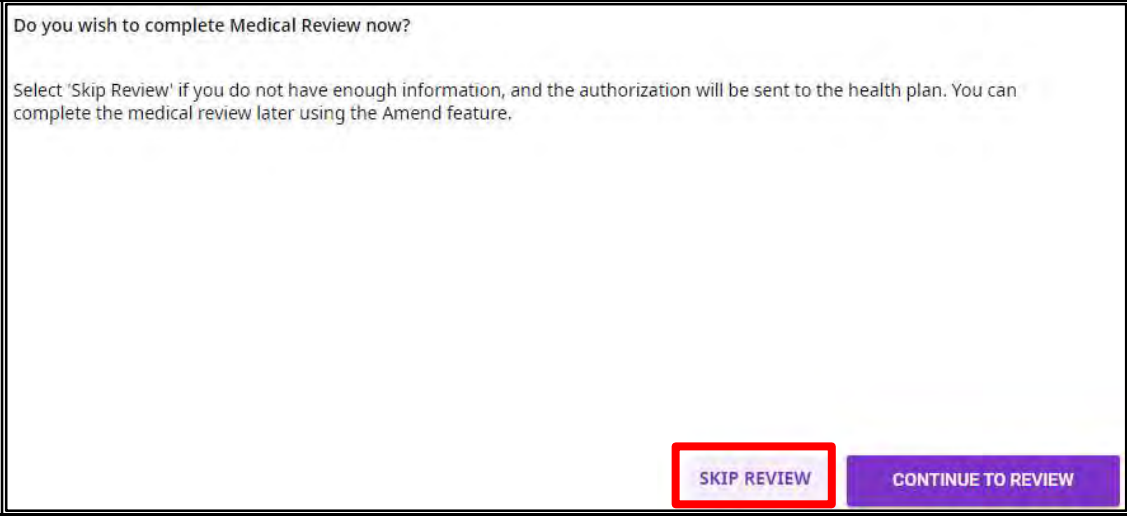
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="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="544 394 1544 562">Notes</p> <p data-bbox="560 426 732 447">Enter Clinical Notes ...</p> <p data-bbox="1393 537 1528 558">264 characters left</p> </div> <p data-bbox="207 575 521 1297">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="544 835 760 856">▼ Contact Information</p> <p data-bbox="544 867 857 940">First Name</p> <p data-bbox="544 951 857 1024">Last Name</p> <p data-bbox="544 1035 857 1108">Email Address Optional</p> <p data-bbox="1047 867 1235 940">Phone Number</p> <p data-bbox="1047 951 1219 1024">Fax Number Optional</p> <p data-bbox="1047 1014 1390 1077"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p data-bbox="544 1098 1528 1182">DECLARATION <input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p data-bbox="1209 1199 1528 1230">Cancel « Previous Submit</p> </div>

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

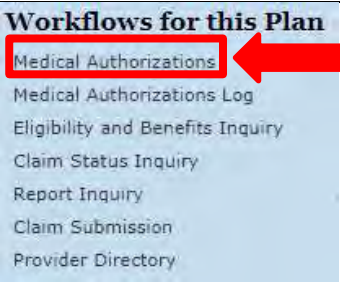



Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


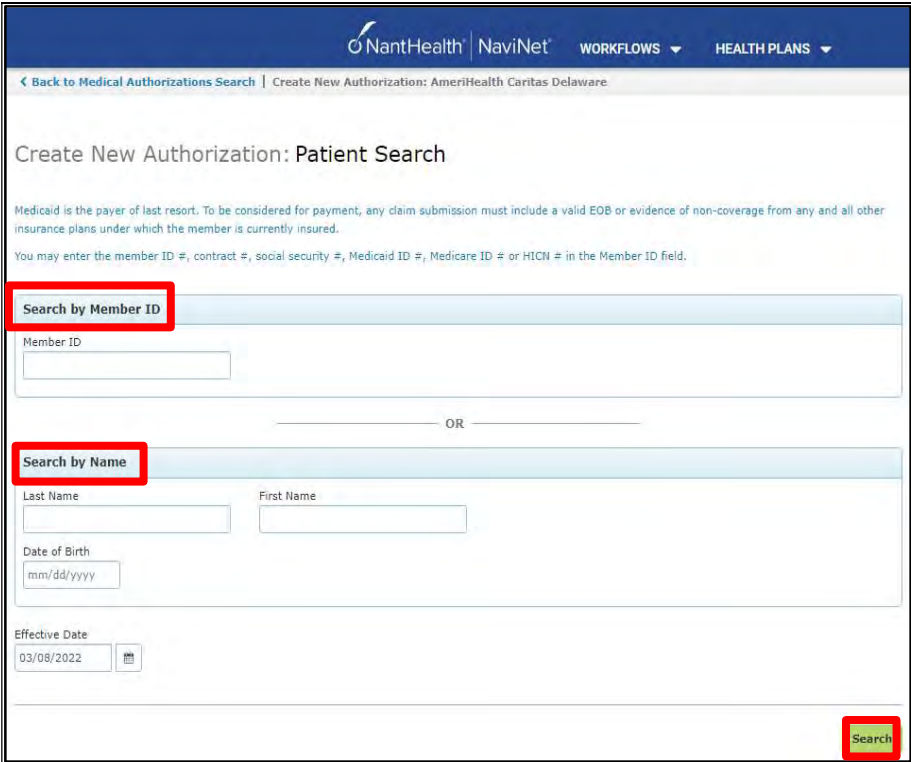

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p> 
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select “Skip Review.”</p>  <p>Note: After selecting Skip Review, the user will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

Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

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



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

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member’s first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="224 344 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="217 495 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="217 1314 966 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="203 352 397 401">If...</th> <th data-bbox="397 352 1559 401">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 401 397 1249"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1249"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="203 1249 397 1633"> <p>The member is ineligible</p> </td> <td data-bbox="397 1249 1559 1633"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1308 1458 1623" data-label="Image"> </div> </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1308 1458 1623" data-label="Image"> </div>
If...	Then...						
<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p>						
<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1308 1458 1623" data-label="Image"> </div>						


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


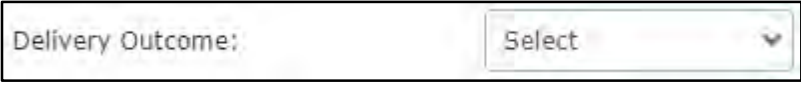


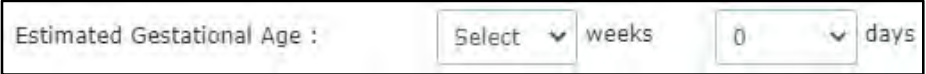
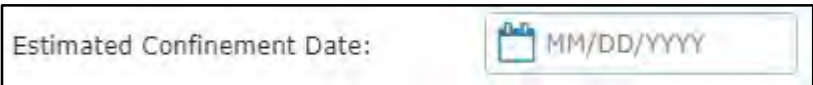
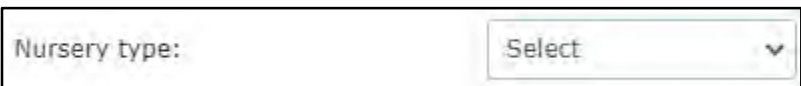
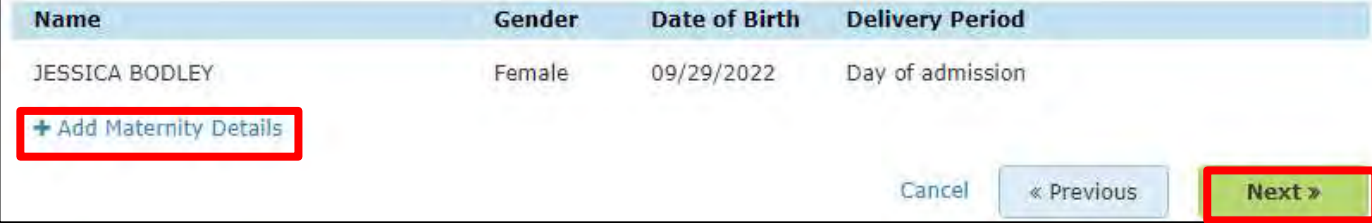
Creating a New Authorization – Inpatient Delivery Notification (cont.)

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 Last Name: <input type="text"/>
	Baby's First Name	Free text field. Enter the baby's first name. Baby's First Name: <input type="text"/>
	Gender	Drop down field. The options are Male, Female, Unknown Gender: <input type="text"/> Select ▼
	Date Of Birth	Select a date from the calendar Date Of Birth: <input type="text"/>  MM/DD/YYYY
	Weight in Grams	Free text field. Enter the weight in grams Weight in Grams: <input type="text"/>
	1 Minute Apgar	Drop down field - select 1-10. Click on the question mark for clarification. 1 Minute Apgar: <input type="text"/> ? <input type="text"/> Select ▼ <div data-bbox="544 1192 1463 1434" style="border: 1px solid gray; padding: 5px;"> <p>1 Minute Apgar: ? The Apgar score measures five things to check a baby's health. Each is scored on a scale of 0 to 2, with 2 being the best score.</p> <ol style="list-style-type: none"> 1. Appearance (skin color) 2. Pulse (heart rate) 3. Grimace response (reflexes) 4. Activity (muscle tone) 5. Respiration (breathing rate and effort) </div>





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

Step	Action
6.	5 Minute Apgar Drop down field - select 1-10. 
	Delivery Outcome Drop down field – select live birth or non live birth. 
	Delivery Method Drop down field – select c-section or normal vaginal delivery. 
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. 
	Estimated Gestational Age Select the appropriate values from the drop down fields. 
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. 
	Nursery type Drop down field – select well baby or NICU. 
7.	Select Save when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select + Add Maternity Details to complete the additional details, then select Next . 




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

Step	Action		
8.	<p data-bbox="228 226 402 386">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 359 667 449">Date Of Admission  03/09/2022</td><td data-bbox="667 359 976 449">Date of Discharge  Optional</td></tr></table></div> <p data-bbox="418 485 1536 518">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 533 1386 621"><ul style="list-style-type: none"><li data-bbox="483 562 1338 596">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission  03/09/2022	Date of Discharge  Optional
Date Of Admission  03/09/2022	Date of Discharge  Optional		

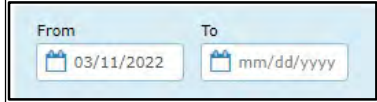
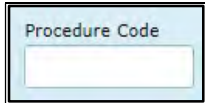

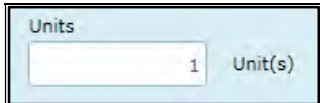
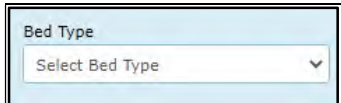
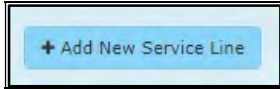
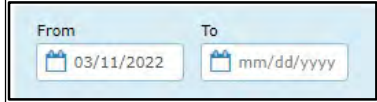
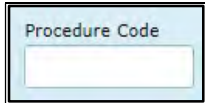

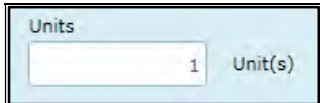
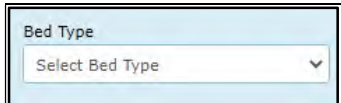
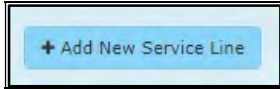
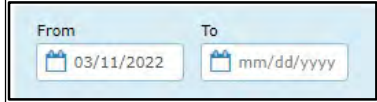
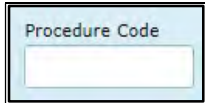

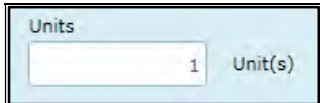
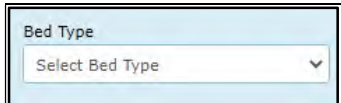
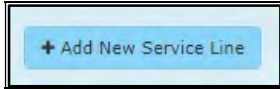
Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<p data-bbox="215 226 446 262">Admission Type</p> <p data-bbox="537 226 1287 262">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 1529 441" 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 1529 779" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="711 527 1529 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="711 562 1529 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 1529 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="537 732 711 779">Emergent</td> <td data-bbox="711 732 1529 779">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
If	Then								
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Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted								
Emergent	Concurrent review, enrollee is currently admitted								
	<p data-bbox="215 793 508 829">Requesting Provider</p> <p data-bbox="537 793 1482 867">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 879 1081 989" style="border: 1px solid black; padding: 5px;"> <p>Requesting Provider</p> <p> Select Group/Facility ...</p> </div>								
	<p data-bbox="215 1031 480 1066">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 1117 1081 1226" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div>								
	<p data-bbox="215 1245 461 1281">Servicing Facility</p> <p data-bbox="537 1245 1463 1281">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1293 1292 1434" style="border: 1px solid black; padding: 5px;"> <p>Servicing Facility</p> <p>The Servicing Facility is the location where the surgery or service will be performed.</p> <p> Select Group/Facility</p> </div>								

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

Step	Action								
9.	<p data-bbox="207 224 370 256">Diagnoses</p> <p data-bbox="207 262 370 294">Diagnoses</p> <p data-bbox="537 262 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 930 459"><p data-bbox="548 359 659 384">Diagnoses</p><p data-bbox="565 407 735 432">Add Diagnoses ...</p></div> <p data-bbox="537 478 1533 625">Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="537 638 1547 821"><p data-bbox="548 648 659 674">Diagnoses</p><p data-bbox="565 697 735 722">Add Diagnoses ...</p><table border="1" data-bbox="553 737 1536 806"><tbody><tr><td data-bbox="553 737 581 762">1</td><td data-bbox="586 737 651 762">(Primary) M62.81</td><td data-bbox="802 737 1040 762">Muscle weakness (generalized)</td><td data-bbox="1446 726 1528 779"></td></tr><tr><td data-bbox="553 779 581 804">2</td><td data-bbox="675 779 756 804">T67.01XA</td><td data-bbox="802 779 1133 804">Heatstroke and sunstroke, initial encounter</td><td></td></tr></tbody></table></div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
1	(Primary) M62.81	Muscle weakness (generalized)							
2	T67.01XA	Heatstroke and sunstroke, initial encounter							


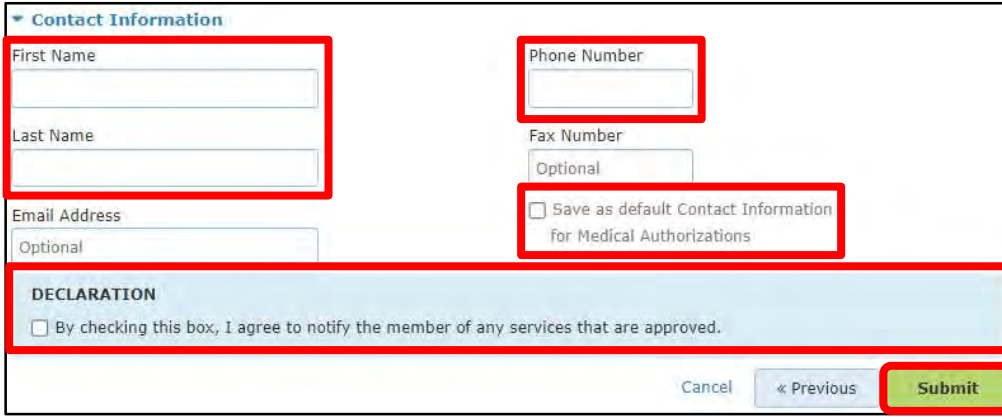

Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action												
9.	<p data-bbox="207 226 326 254">Services</p> <table border="1" data-bbox="207 260 1471 1675"> <tr> <td data-bbox="207 260 529 501">From / To</td> <td data-bbox="529 260 1471 501"> <p data-bbox="540 268 1406 373">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="207 501 529 856">Procedure Code</td> <td data-bbox="529 501 1471 856"> <p data-bbox="540 512 1446 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>  </td> </tr> <tr> <td data-bbox="207 856 529 1010">Modifiers</td> <td data-bbox="529 856 1471 1010"> <p data-bbox="540 867 1114 898">This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 1010 529 1213">Units</td> <td data-bbox="529 1010 1471 1213"> <p data-bbox="540 1020 1451 1089">Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1213 529 1417">Bed Type</td> <td data-bbox="529 1213 1471 1417"> <p data-bbox="540 1224 1377 1293">Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1417 529 1675">+ Add New Service Line</td> <td data-bbox="529 1417 1471 1675"> <p data-bbox="540 1428 1446 1539">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p data-bbox="540 268 1406 373">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> 	Procedure Code	<p data-bbox="540 512 1446 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> 	Modifiers	<p data-bbox="540 867 1114 898">This is a free text field and is not mandatory.</p> 	Units	<p data-bbox="540 1020 1451 1089">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p data-bbox="540 1224 1377 1293">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p data-bbox="540 1428 1446 1539">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> 
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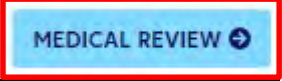
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p data-bbox="203 226 381 258">Attachments</p> <p data-bbox="219 268 430 300">Add Document</p> <p data-bbox="535 268 1550 420">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error can be deleted.</p> <div data-bbox="535 430 1485 661"> <p data-bbox="560 441 673 472">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="560 693 673 724">Attachments</p> <p data-bbox="560 745 714 777">+ Add Document</p> <p data-bbox="560 787 812 829">Document 1- for upload.docx</p> <p data-bbox="982 798 1258 829">Select document type ...</p> <ul data-bbox="982 829 1274 1102" style="list-style-type: none"> Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1307 808 1453 840">Delete</p> </div>


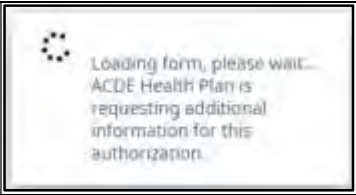
Creating a New Authorization – Inpatient Delivery Notification(cont.)

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>  <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> 
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> 

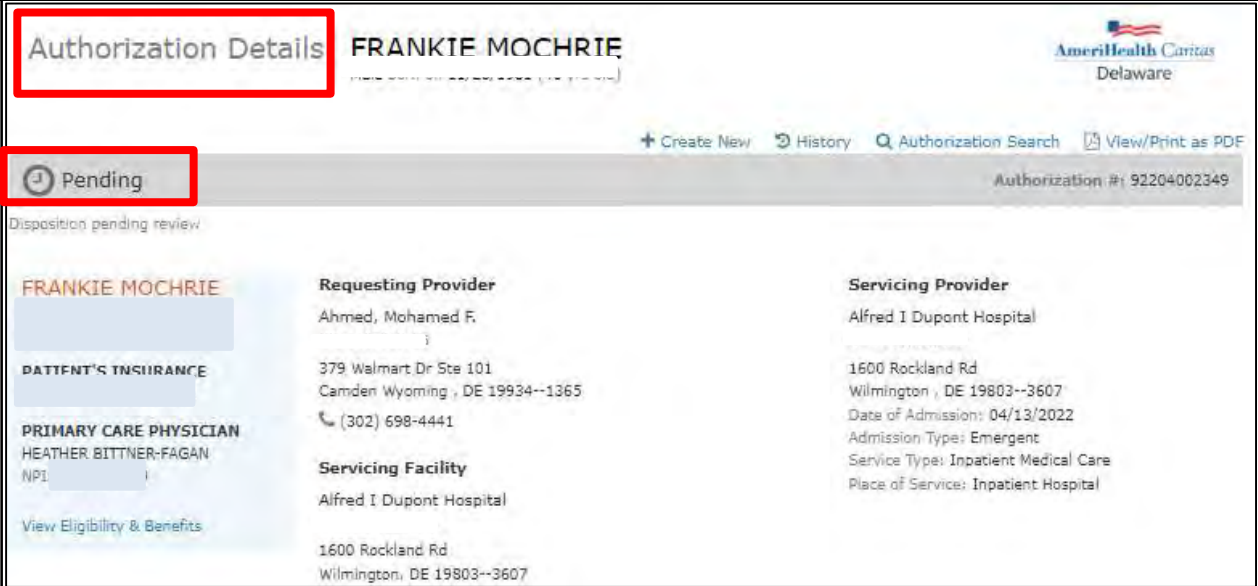

Creating a New Authorization – Inpatient Delivery Notification(cont.)

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 text inside 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 box) and "NO".
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.  A rectangular notice box with a thin border. It contains a loading spinner icon on the left and the text: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."

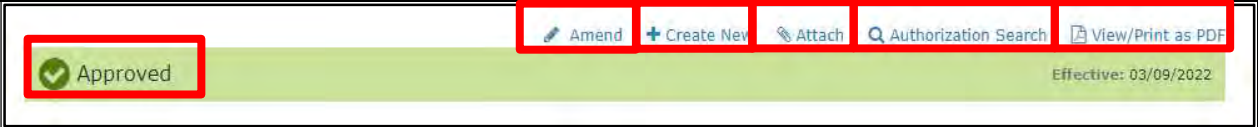

Creating a New Authorization - Inpatient Delivery Notification (cont.)

Step	Action			
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p>  <p>Authorization Details FRANKIE MOCHRIE </p> <p>+ Create New History Authorization Search View/Print as PDF Authorization #: 92204002349</p> <p>Pending Disposition pending review</p> <table border="0"> <tr> <td data-bbox="224 562 483 835"> <p>FRANKIE MOCHRIE</p> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI</p> <p>View Eligibility & Benefits</p> </td> <td data-bbox="516 562 792 877"> <p>Requesting Provider Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</p> <p>Servicing Facility Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p> </td> <td data-bbox="1044 562 1312 793"> <p>Servicing Provider Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p> </td> </tr> </table>	<p>FRANKIE MOCHRIE</p> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI</p> <p>View Eligibility & Benefits</p>	<p>Requesting Provider Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</p> <p>Servicing Facility Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p>	<p>Servicing Provider Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>
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Authorization Status – Approved and Pending

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

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

If...	Then it will look like this...										
Approved	 <p>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1539 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										
Pending	 <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 1215 1539 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
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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

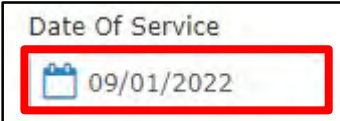
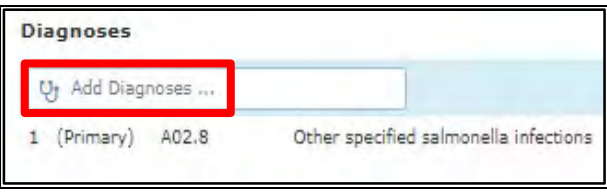
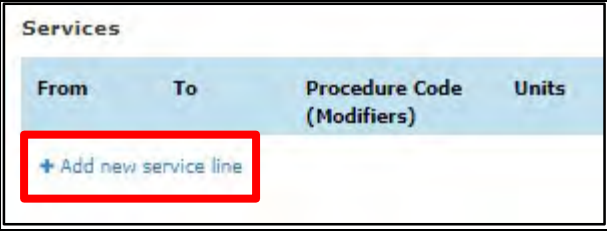
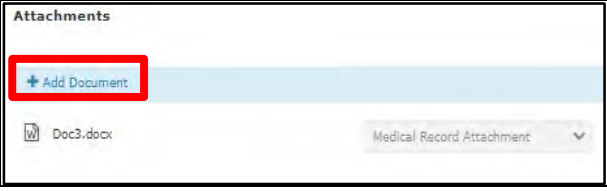
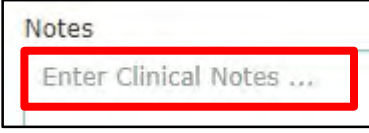
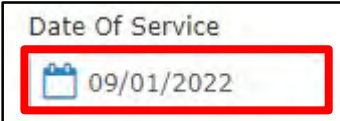
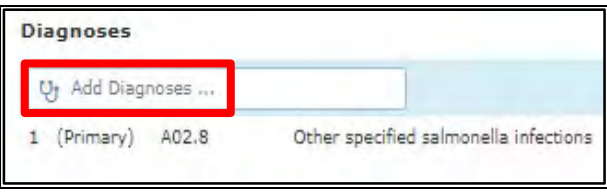
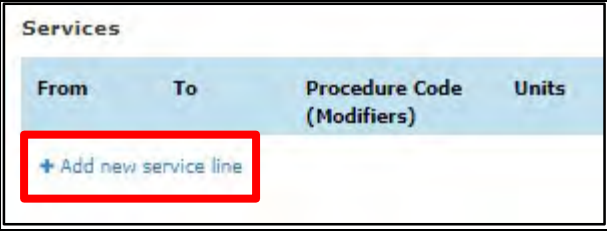
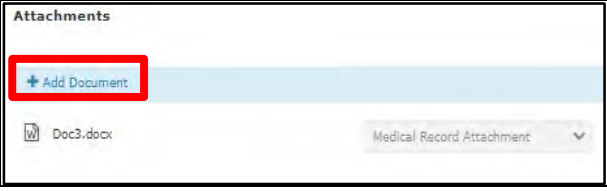
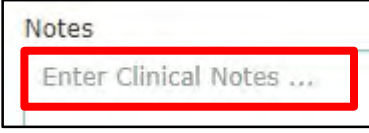
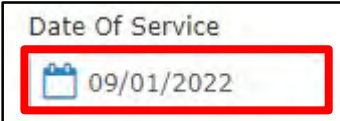
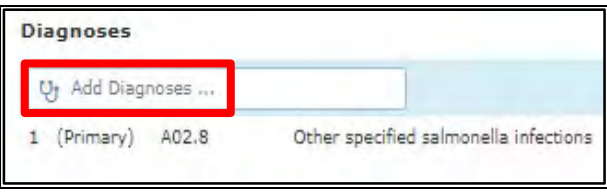
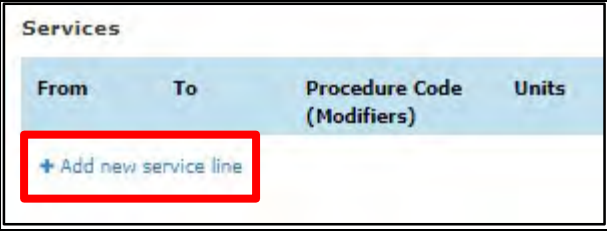
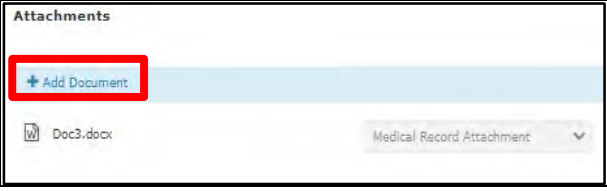
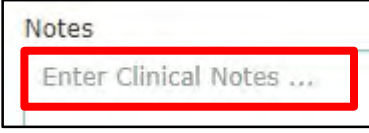
Amending a request is the process of extending existing services **or** requesting another service on the same authorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan.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



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

Step	Action						
1.	<p>Locate the existing request under Workflows for this Plan.</p> <div data-bbox="240 604 597 747" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If...</th> <th style="width: 50%;">Then...</th> </tr> </thead> <tbody> <tr> <td>The request was created in NaviNet</td> <td>Select Medical Authorizations Log</td> </tr> <tr> <td>The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td>Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)
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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 1033 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 as of 03/18/2022</p> <p>AmeriHealth Caritas Auth #: 9220300325</p> <p style="text-align: right;"> Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status </p> </div>						
3.	<p>Select Amend.</p> <div data-bbox="240 1255 1539 1390" style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;"> Amend + Create New ↻ History 📎 Attach 🔍 Authorization Search 📄 View/Print as PDF </p> <p style="background-color: #e0f0e0; padding: 5px;"> ✔ Approved Authorization #: 92203003026 Effective: 03/31/2022 </p> </div>						

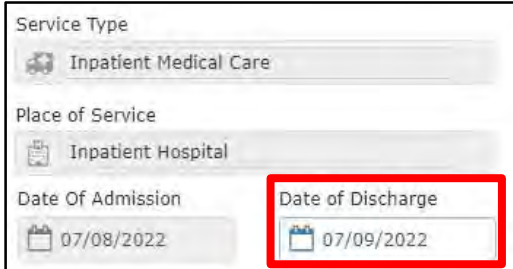
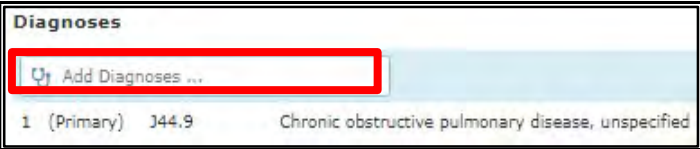
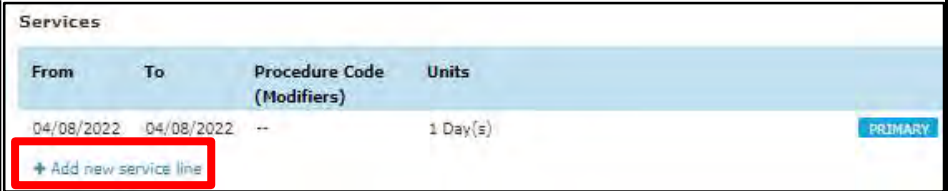
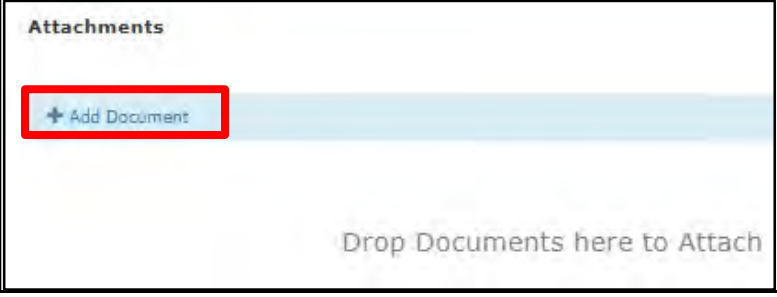
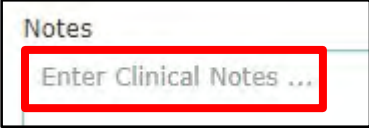
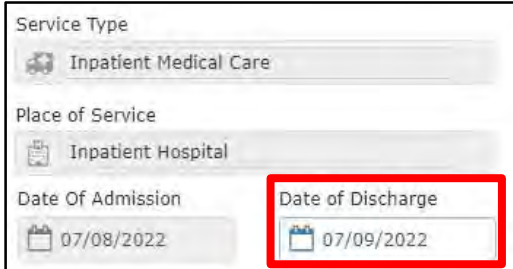
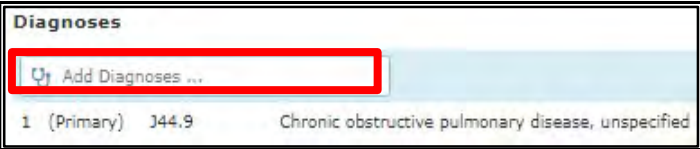
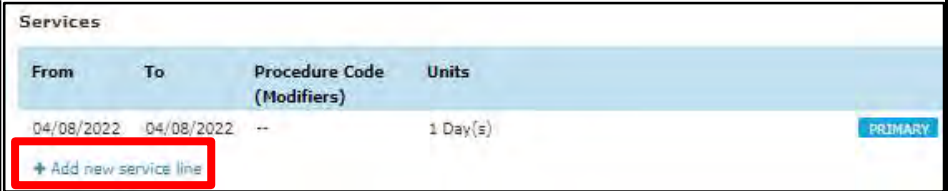
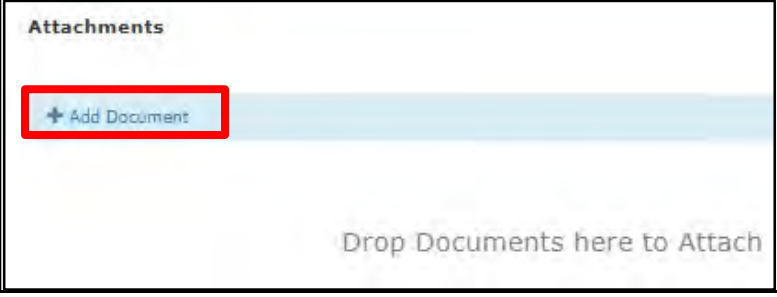
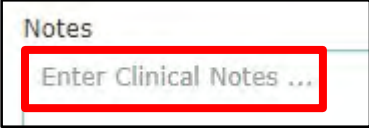
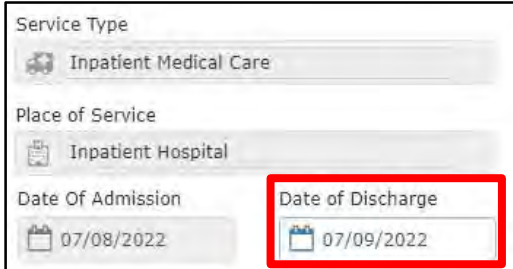
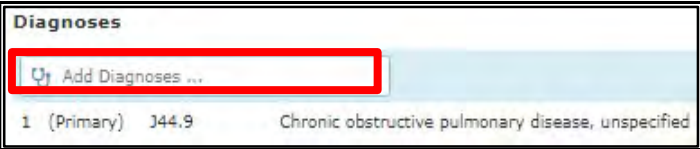
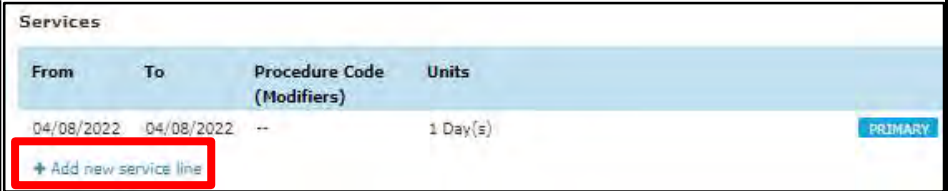
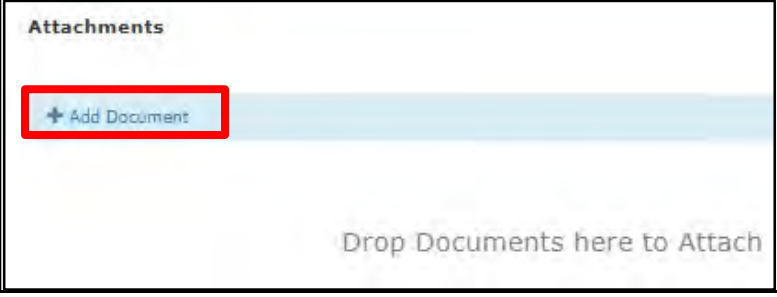
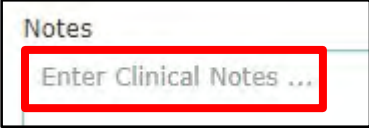
Amending an Authorization Request (cont.)

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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Add notes if applicable															

Amending an Authorization Request (cont.)

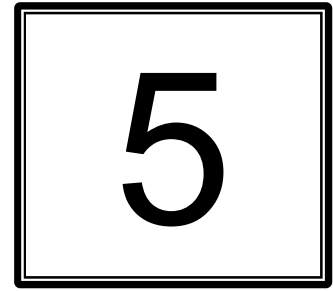
Step	Action
4. (cont.)	<p data-bbox="251 233 690 268">Amending an outpatient request</p> <p data-bbox="251 279 690 401">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 325 1563 695"><p data-bbox="711 331 893 352">▼ Contact Information</p><p data-bbox="711 363 971 493">First Name Beth</p><p data-bbox="711 430 971 483">Last Name Williams</p><p data-bbox="711 499 971 552">Email Address Optional</p><p data-bbox="1141 363 1295 426">Phone Number (843) 999-9999</p><p data-bbox="1141 432 1295 485">Fax Number Optional</p><p data-bbox="1141 491 1406 533"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="727 579 836 600">DECLARATION</p><p data-bbox="727 606 1315 630"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1279 659 1323 680">Cancel</p><p data-bbox="1352 659 1429 680">« Previous</p><p data-bbox="1474 659 1534 680">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="240 451 602 737">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="602 451 1555 737">  </td> </tr> </table> <table border="1" data-bbox="240 737 1555 905"> <tr> <td data-bbox="240 737 602 905">Add additional diagnoses if applicable</td> <td data-bbox="602 737 1555 905">  </td> </tr> </table> <table border="1" data-bbox="240 905 1555 1157"> <tr> <td data-bbox="240 905 602 1157">Add new service line</td> <td data-bbox="602 905 1555 1157">  </td> </tr> </table> <table border="1" data-bbox="240 1157 1555 1465"> <tr> <td data-bbox="240 1157 602 1465">Add attachments if applicable</td> <td data-bbox="602 1157 1555 1465">  </td> </tr> </table> <table border="1" data-bbox="240 1465 1555 1610"> <tr> <td data-bbox="240 1465 602 1610">Add notes if applicable</td> <td data-bbox="602 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....														
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														
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Add additional diagnoses if applicable															
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Amending an Authorization Request (cont.)

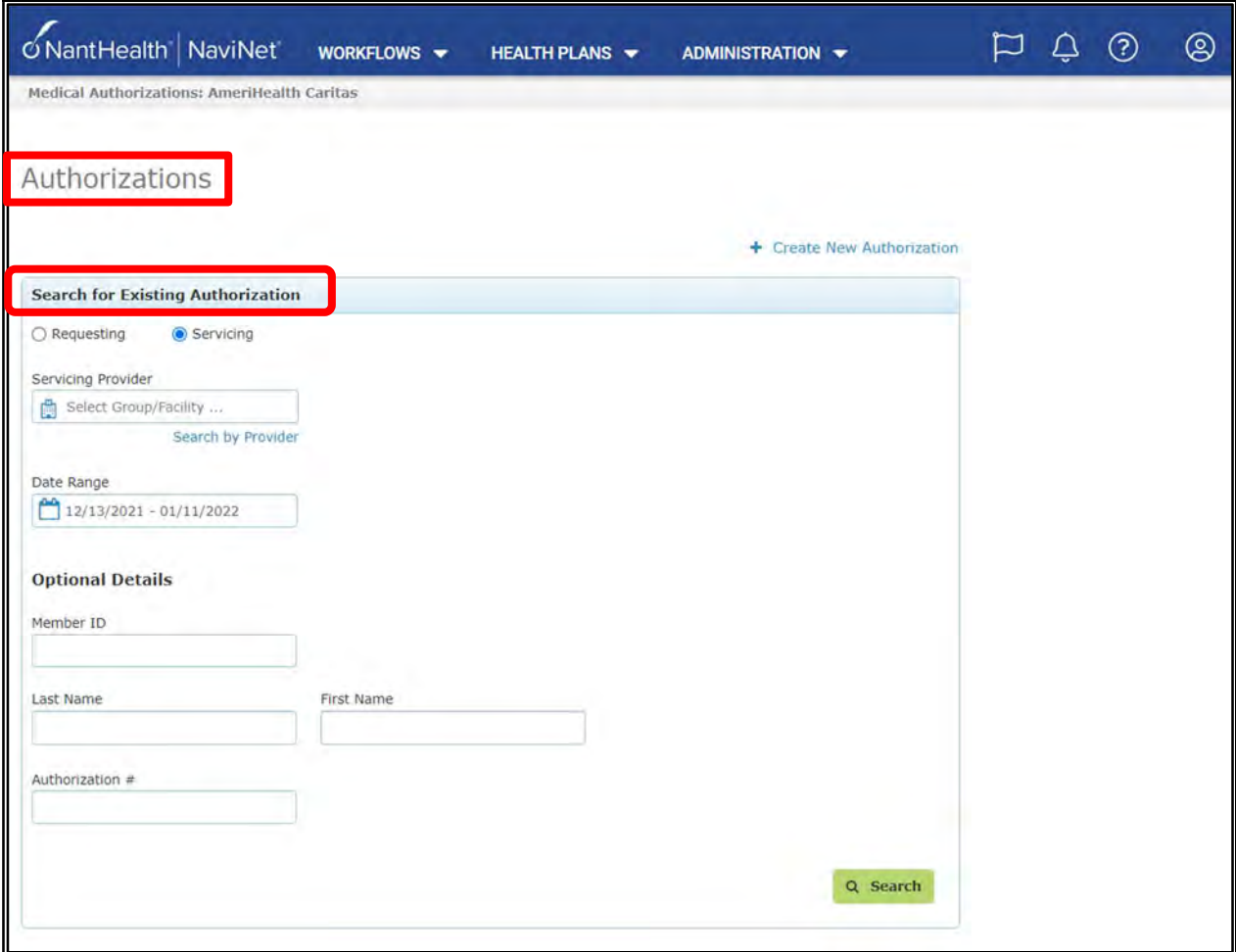
Step	Action						
5. (cont.)	<p data-bbox="251 233 651 268">Amending an inpatient request</p> <div data-bbox="251 275 548 432"><p>Enter contact information, check the Declaration box, and Submit</p></div> <div data-bbox="553 275 1568 695"><p data-bbox="565 289 781 317">▼ Contact Information</p><table border="0"><tr><td data-bbox="565 323 894 394">First Name Beth</td><td data-bbox="1068 323 1256 394">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="565 401 894 472">Last Name Williams</td><td data-bbox="1068 401 1256 472">Fax Number Optional</td></tr><tr><td data-bbox="565 478 894 550">Email Address Optional</td><td data-bbox="1068 478 1398 550"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations.</td></tr></table><div data-bbox="565 556 1568 636"><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 688">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.

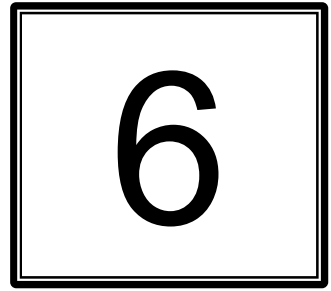
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 390 634 487"><p>Workflows for this Plan</p><p>Medical Authorizations</p>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

Search: Search for an Existing Authorization (cont.)

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 262 1453 1234" style="border: 1px solid black; padding: 10px;"> <p>Authorizations + Create New Authorization</p> <p>Search for Existing Authorization</p> <p> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </p> <p>Servicing Provider <input type="text" value="Select Group/Facility ..."/> </p> <p>Date Range <input type="text" value="02/09/2022 - 03/10/2022"/> </p> <p>Optional Details</p> <p>Member ID <input type="text"/> </p> <p>Last Name <input type="text"/> First Name <input type="text"/></p> <p>Authorization # <input type="text"/> </p> <p style="text-align: right;"><input type="button" value="Search"/></p> </div>																					
3.	<p>Select the authorization that you wish to view.</p> <div data-bbox="243 1312 1437 1596" style="border: 1px solid black; padding: 10px;"> <p>Authorizations: Search Results</p> <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 ^</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 ^	92204001070	SOMER ABERDEEN	Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	Pending	CUTTING	CUTTING	31365	05/07/2022
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Search: Search for an Existing Authorization (cont.)


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 1513 571" 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 1542 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
Amend	Extending existing services or requesting another service on the same authorization										
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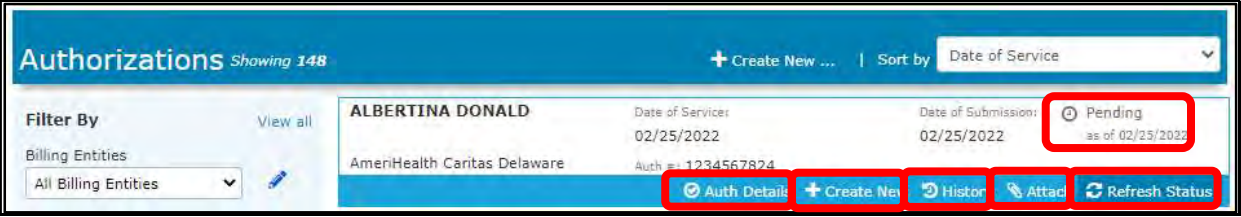

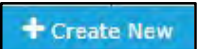




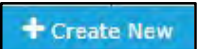




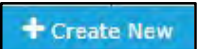



6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

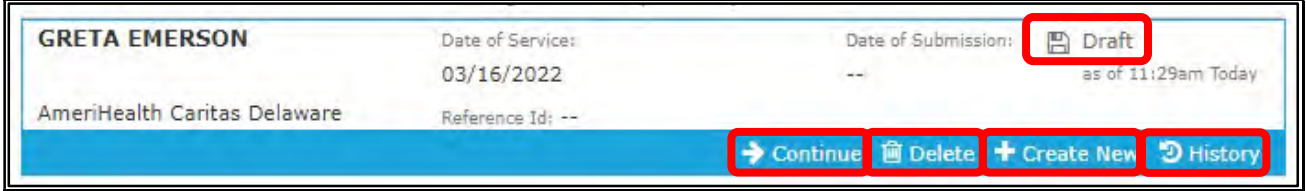


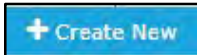



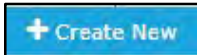



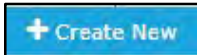

Only requests that have been submitted via NaviNet Open Medical Authorizations will appear in the Authorization Log. To see cases that were initiated outside of NaviNet, use Search for an Existing Authorization (sometimes referred to as Authorization Inquiry).

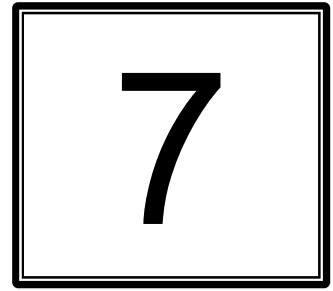
Step	Action																																										
1.	<p>Select Medical Authorization Log under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 426 667 590" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <ul style="list-style-type: none"> Medical Authorizations Medical Authorizations Log  </div>																																										
2.	<p>The user can +Create New, Sort by and Filter By. To see Authorizations created by you, check the box in front of Authorizations Created By Me.</p> <div data-bbox="240 716 1565 1339" style="border: 1px solid black; padding: 5px;"> <p>Authorizations <i>Showing 148</i> <input type="button" value="+ Create New ..."/> Sort by Date of Service </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">Filter By</div> <p>Billing Entities <input type="text" value="All Billing Entities"/></p> <p>Patient Details <input type="text" value="Search for name or ID..."/></p> <p>Authorization # <input type="text"/></p> <p>Servicing Provider <input type="text" value="Search for name or ID..."/></p> <p>Date of service <input type="text" value="12/11/2021-03/10/2022"/></p> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;"><input type="checkbox"/> Authorizations Created By Me</div> <p>Status</p> </td> <td style="width: 70%; vertical-align: top;"> <p style="text-align: right; margin-bottom: 0;">View all</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">ALBERTINA DONALD</th> <th style="width: 20%;">Date of Service:</th> <th style="width: 20%;">Date of Submission:</th> <th style="width: 25%;">Pending</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>02/25/2022</td> <td>as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> </tbody> </table> </td> </tr> </table> </div>	<div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">Filter By</div> <p>Billing Entities <input type="text" value="All Billing Entities"/></p> <p>Patient Details <input type="text" value="Search for name or ID..."/></p> <p>Authorization # <input type="text"/></p> <p>Servicing Provider <input type="text" value="Search for name or ID..."/></p> <p>Date of service <input type="text" value="12/11/2021-03/10/2022"/></p> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;"><input type="checkbox"/> Authorizations Created By Me</div> <p>Status</p>	<p style="text-align: right; margin-bottom: 0;">View all</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">ALBERTINA DONALD</th> <th style="width: 20%;">Date of Service:</th> <th style="width: 20%;">Date of Submission:</th> <th style="width: 25%;">Pending</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>02/25/2022</td> <td>as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> </tbody> </table>	ALBERTINA DONALD	Date of Service:	Date of Submission:	Pending	AmeriHealth Caritas Delaware	02/25/2022	02/25/2022	as of 02/25/2022	<small>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022	<small>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022	<small>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022	<small>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022
<div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">Filter By</div> <p>Billing Entities <input type="text" value="All Billing Entities"/></p> <p>Patient Details <input type="text" value="Search for name or ID..."/></p> <p>Authorization # <input type="text"/></p> <p>Servicing Provider <input type="text" value="Search for name or ID..."/></p> <p>Date of service <input type="text" value="12/11/2021-03/10/2022"/></p> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;"><input type="checkbox"/> Authorizations Created By Me</div> <p>Status</p>	<p style="text-align: right; margin-bottom: 0;">View all</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">ALBERTINA DONALD</th> <th style="width: 20%;">Date of Service:</th> <th style="width: 20%;">Date of Submission:</th> <th style="width: 25%;">Pending</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>02/25/2022</td> <td>as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> <tr> <td colspan="4"><small>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</small></td> </tr> <tr> <td>ALBERTINA DONALD</td> <td>02/25/2022</td> <td>--</td> <td>⚠ Required as of 02/25/2022</td> </tr> </tbody> </table>	ALBERTINA DONALD	Date of Service:	Date of Submission:	Pending	AmeriHealth Caritas Delaware	02/25/2022	02/25/2022	as of 02/25/2022	<small>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022	<small>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022	<small>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022	<small>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</small>				ALBERTINA DONALD	02/25/2022	--	⚠ Required as of 02/25/2022		
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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>  <p>The screenshot shows the 'Authorizations' section with a search filter for 'ALBERTINA DONALD'. The authorization status is 'Pending' as of 02/25/2022. Below the authorization details, five buttons are visible: 'Auth Details', '+ Create New', 'History', 'Attach', and 'Refresh Status'. These buttons are highlighted with red boxes in the original image.</p> <table border="1" data-bbox="240 596 1526 982"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td> Auth Details</td> <td>Details related to the authorization</td> </tr> <tr> <td> + Create New</td> <td>Create New Authorization for the member</td> </tr> <tr> <td> History</td> <td>Provides detailed history of the request</td> </tr> <tr> <td> Attach</td> <td>Ability to attach documents</td> </tr> <tr> <td> Refresh Status</td> <td>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										
3. (cont.)	<p data-bbox="251 241 1006 273">If the request is in draft status different fields are available.</p> <p data-bbox="251 283 836 315">Continue, Delete, Create New, and History</p> <div data-bbox="251 325 1550 514" style="border: 1px solid black; padding: 5px;">  </div> <table border="1" data-bbox="251 556 1542 877"> <thead> <tr> <th data-bbox="251 556 495 598">Field</th> <th data-bbox="495 556 1542 598">Function</th> </tr> </thead> <tbody> <tr> <td data-bbox="251 598 495 672"></td> <td data-bbox="495 598 1542 672">Allows the user to continue working on the request</td> </tr> <tr> <td data-bbox="251 672 495 735"></td> <td data-bbox="495 672 1542 735">Allows the user to delete the request</td> </tr> <tr> <td data-bbox="251 735 495 808"></td> <td data-bbox="495 735 1542 808">Allows the user to create a new authorization for the member</td> </tr> <tr> <td data-bbox="251 808 495 877"></td> <td data-bbox="495 808 1542 877">Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function		Allows the user to continue working on the request		Allows the user to delete the request		Allows the user to create a new authorization for the member		Provides detailed history of the request
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	Allows the user to continue working on the request										
	Allows the user to delete the request										
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	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

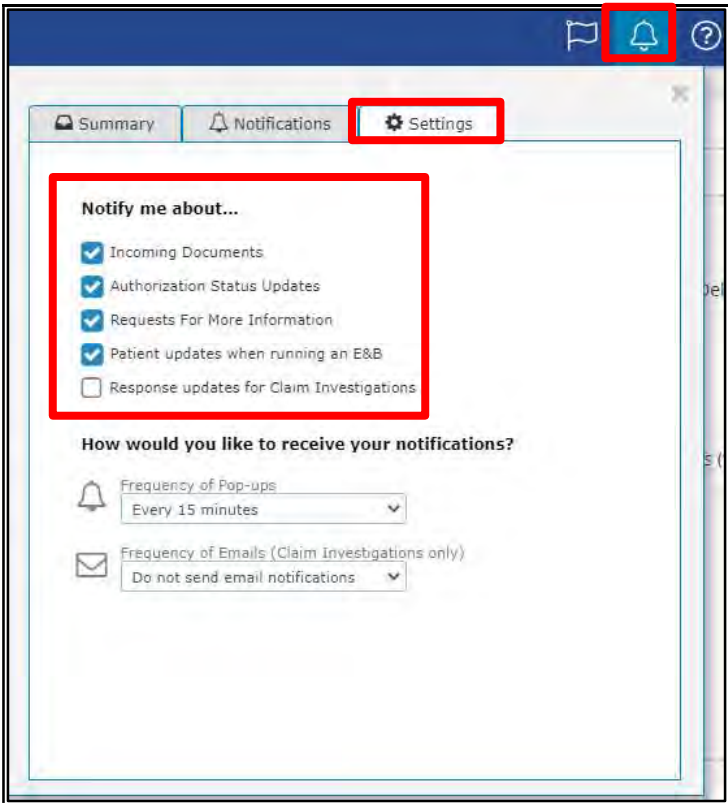
Request for More Information (RFMI)

Request for More Information (RFMI) is a feature that allows the health plan to request specific additional information to the provider if needed. Providers will only be able to have the RFMI ability for authorization requests that are pending or approved that are created in the NaviNet Provider Portal. Providers will be able to add notes and/or upload the documents in NaviNet Provider Portal for the pending authorization requests via the 'more information required' screen.

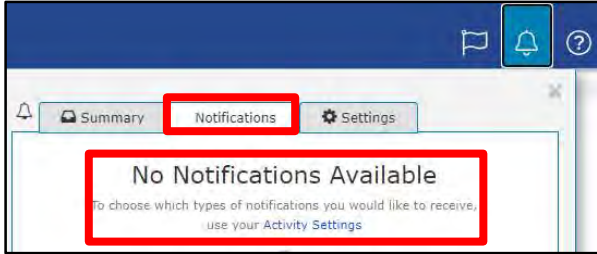
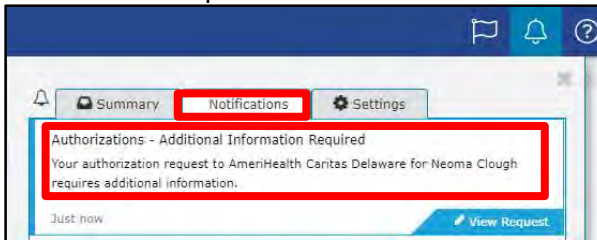
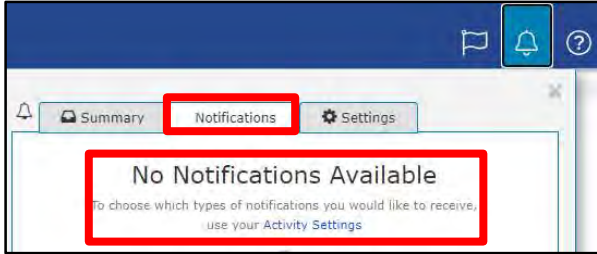
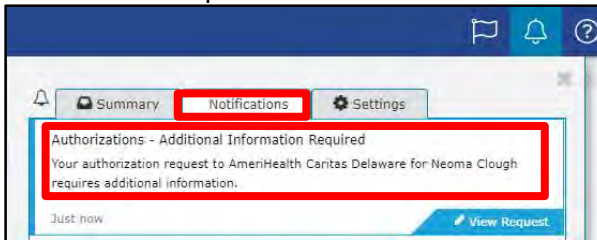
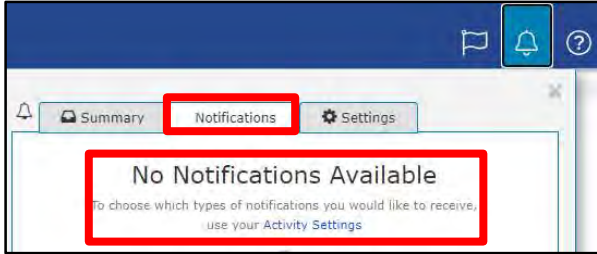
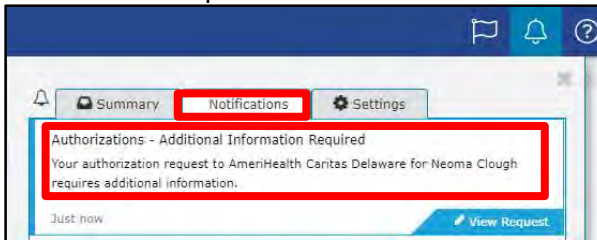
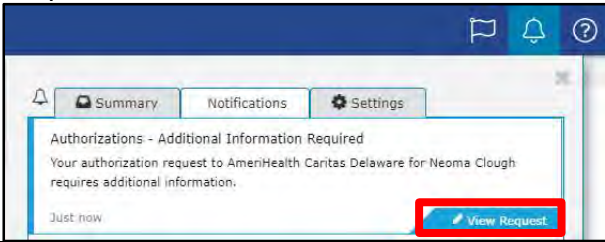
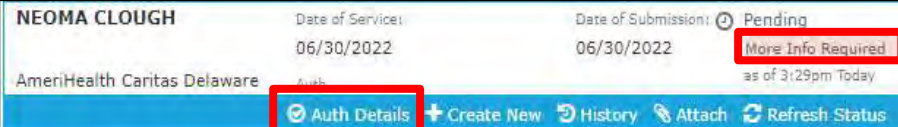


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page. It is important to note that notifications related to RFMI is not an immediate process. There is a slight delay as information travels from system to system.


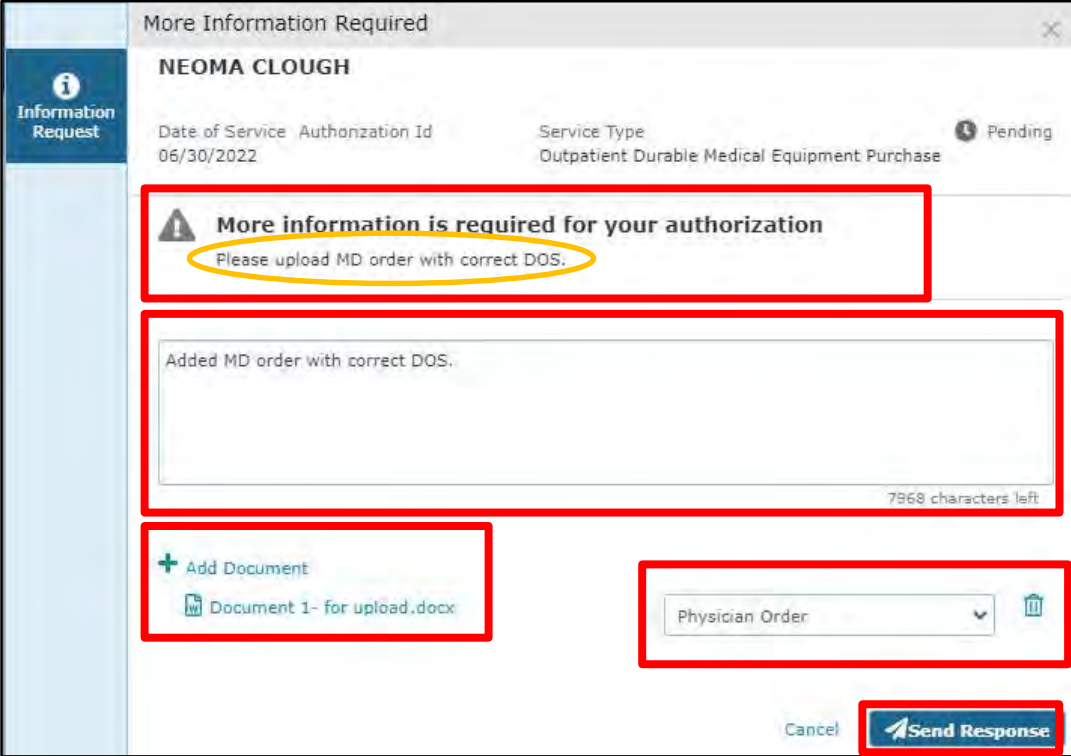
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	<p>Select the bell icon in the top right corner in NaviNet, then from the Settings tab, specify the notifications you would like to receive.</p> 


Request for More Information (RFMI) (cont.)

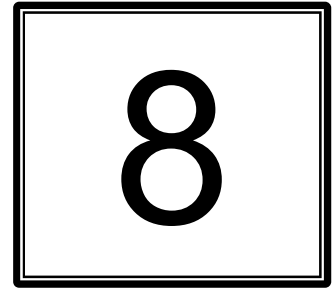
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 281 1312 947"> <thead> <tr> <th data-bbox="240 281 618 317">If...</th> <th data-bbox="618 281 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 642">No notifications exist</td> <td data-bbox="618 317 1312 642"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 642 618 947">Notifications are available</td> <td data-bbox="618 642 1312 947"> <p>The user will see Authorizations – Additional Information Required.</p>  </td> </tr> </tbody> </table>	If...	Then...	No notifications exist	<p>The user will see No Notifications Available message.</p> 	Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 
If...	Then...						
No notifications exist	<p>The user will see No Notifications Available message.</p> 						
Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 						
3.	<p>There are 3 ways for the user to see RFMI from the health plan.</p> <ol style="list-style-type: none"> <li data-bbox="250 1052 1528 1360"> <p>1. From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="250 1360 1528 1633"> <p>2. 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>The screenshot shows the 'Authorization Details' for NEOMA CLOUGH. At the bottom, there is a status bar with a 'Pending' indicator and a red box around the 'More Information Required' link. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons.</p>
<p>4.</p>	<p>Complete the more information required information request. The requested information will be listed under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send the response back to the health plan select Send Response.</p>  <p>The screenshot shows the 'More Information Required' form. A red box highlights the warning message: 'More information is required for your authorization. Please upload MD order with correct DOS.' Another red box highlights the text area containing 'Added MD order with correct DOS.' A third red box highlights the 'Add Document' section with a file named 'Document 1- for upload.docx'. A fourth red box highlights the 'Physician Order' dropdown menu. A final red box highlights the 'Send Response' button.</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 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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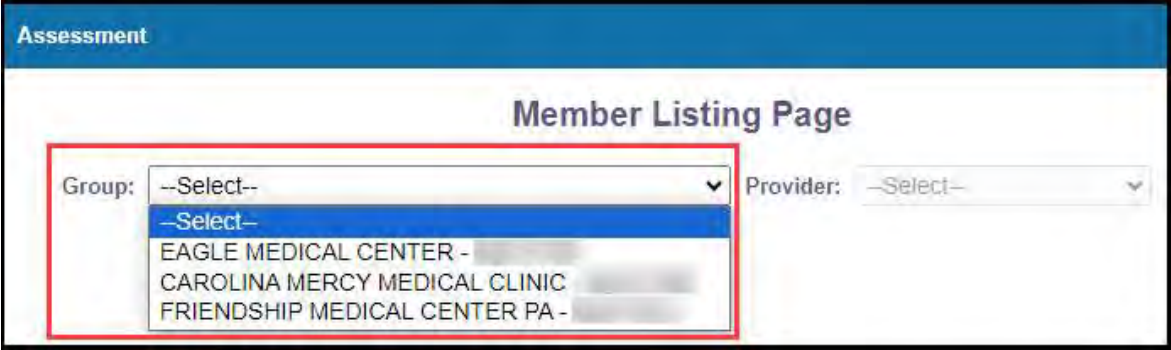
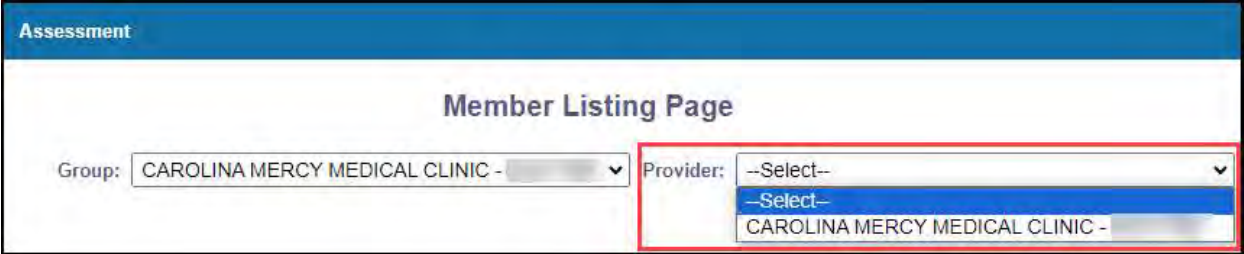
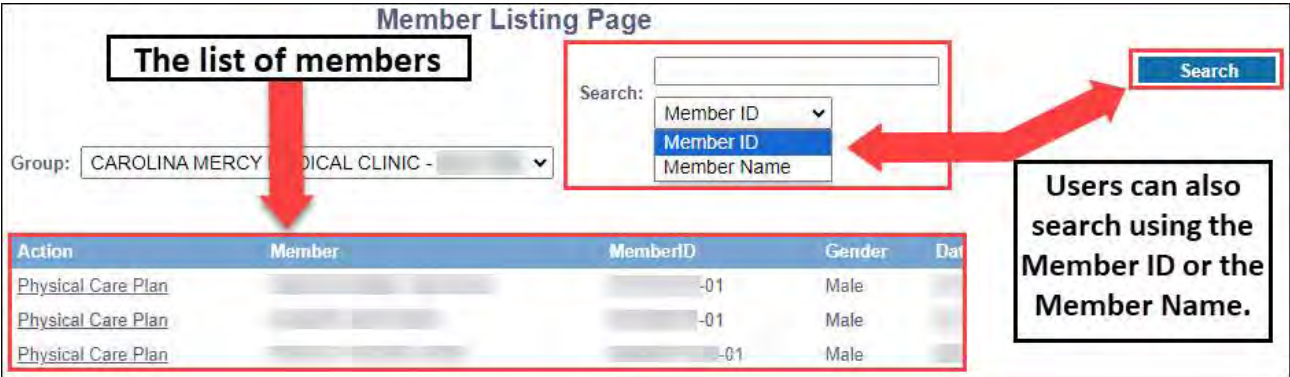
8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet



Providers may want to view assessments for their patients.

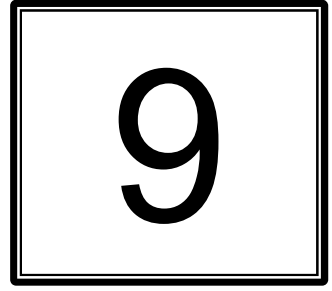
Step	Action
<i>From the health plan specific homepage...</i>	
1.	Select Forms & Dashboards under Workflows for this Plan.  <p>The screenshot shows a light blue box titled "Workflows for this Plan" containing a list of options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim Submission",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

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="227 283 1518 409"> <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="227 430 1559 567">  <p>If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.</p> </div>	Action	Member	MemberID	Gender	Date Of Birth	Physical Care Plan		-01	Male			
Action	Member	MemberID	Gender	Date Of Birth									
Physical Care Plan		-01	Male										
8.	<p>The Assessment Summary is displayed. Users can select the assessment they wish to view.</p> <table border="1" data-bbox="227 661 1258 955"> <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="227 1050 1559 1186">  <p>If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.</p> </div>	Assessment Summary		Assessment	Date	Initial Assessment-PEDS	02/28/2024	Initial Assessment-PEDS	02/28/2024	Initial Assessment - Adult	02/28/2024	Initial Assessment - Adult	02/28/2024
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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

Revision History

Date	Revisions
1/14/25	Updated disclaimer language to state: <i>“Please note, the information depicted as member information within this document is fictitious and intended solely for testing and demonstration purposes.”</i>