

NaviNet Medical Authorizations Participant Guide

Population Health Training

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Review Cycle: Annually

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1 LOGGING IN TO NAVINET

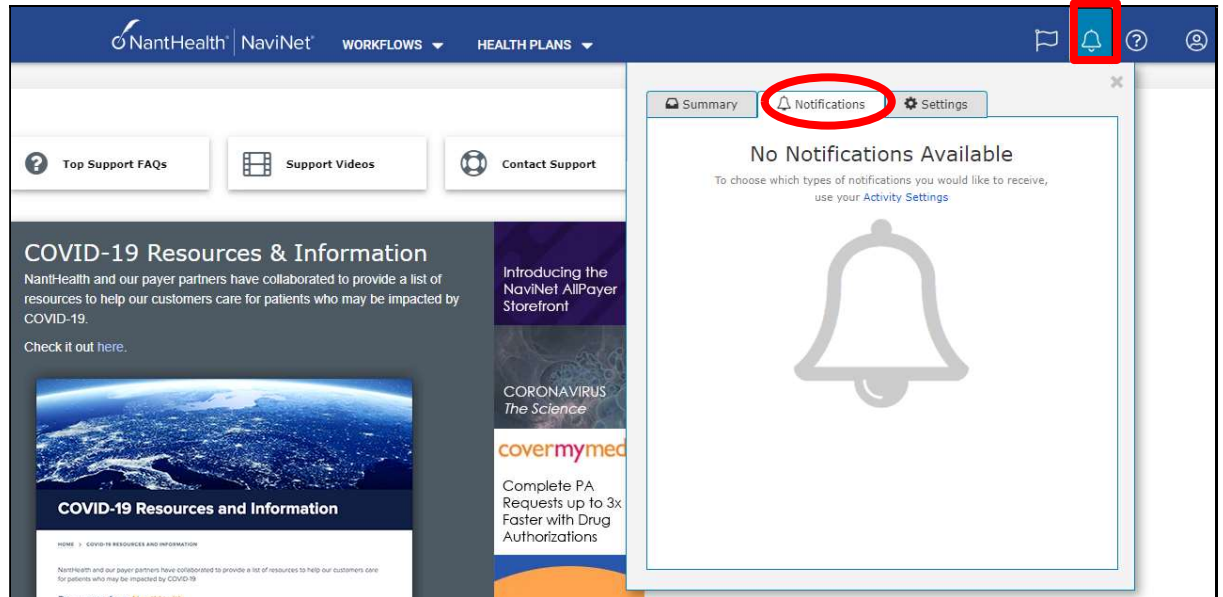
Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 354 1149 1033" data-label="Form"></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.)



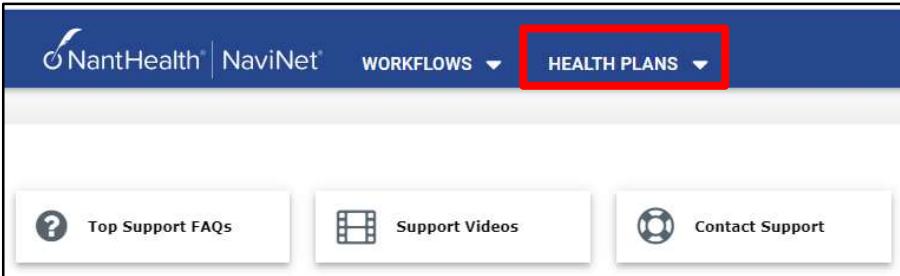

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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

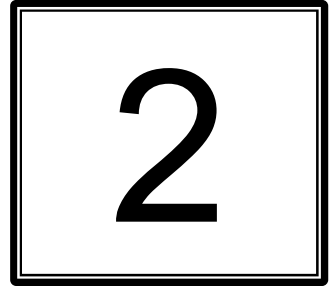


The screenshot displays the NantHealth NaviNet user interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there is a bell icon for notifications, a help icon, and a user profile icon. A red box highlights the bell icon. Below the navigation bar, there are three main sections: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a 'COVID-19 Resources & Information' section with a video player and a 'CORONAVIRUS The Science' section with a 'covermymed' logo. A 'No Notifications Available' dialog box is open in the foreground, with the 'Notifications' tab selected and circled in red. The dialog box contains the text: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.' and a large bell icon.

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"> <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

Eligibility and Benefits Inquiry
 Claim Status Inquiry
 Medical Authorizations
 Medical Authorizations Log
 Report Inquiry
 Provider Directory
 Claim Submission
 Provider Data Information Form
 Forms & Dashboards

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](#)


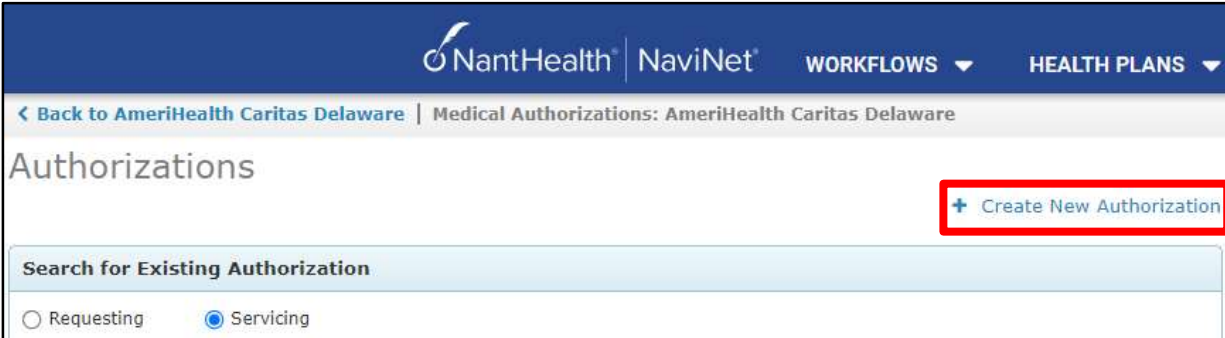
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> • Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	<ul style="list-style-type: none"> • Instructional videos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




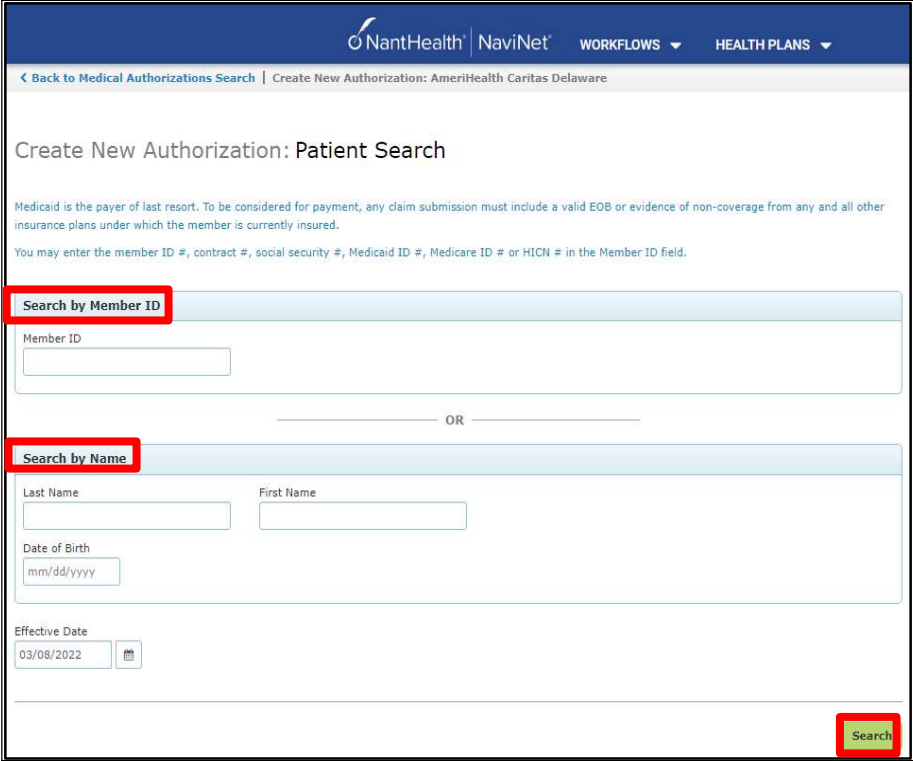
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

To create a new authorization:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>The screenshot shows a dropdown menu titled "Workflows for this Plan". The first item, "Medical Authorizations", is highlighted with a red box and a red arrow points to it from the right. Other items in the menu include "Medical Authorizations Log", "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Report Inquiry", "Claim Submission", and "Provider Directory".</p>
2.	<p>Click Create New Authorization</p>  <p>The screenshot shows the "Medical Authorizations" page in the NantHealth NaviNet system. The page header includes the NantHealth logo and "NaviNet" with navigation tabs for "WORKFLOWS" and "HEALTH PLANS". Below the header, there is a breadcrumb trail: "< Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware". The main heading is "Authorizations". On the right side of the page, a button labeled "+ Create New Authorization" is highlighted with a red box. Below the heading, there is a search bar labeled "Search for Existing Authorization" and two radio buttons: "Requesting" (unselected) and "Servicing" (selected).</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; margin-top: 10px;">  </div> <div data-bbox="217 1339 1287 1556" 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="237 1398 956 1549" style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Create New Authorization: Patient Search</p> <div data-bbox="237 1486 792 1528" style="border: 1px solid red; padding: 2px; margin-top: 5px;"> ✘ Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </div> </div>

Creating a New Authorization (cont.)

Step	Action						
<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 1559 1241"> <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 1241"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1241"> <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 1241 397 1625"> <p>The member is ineligible</p> </td> <td data-bbox="397 1241 1559 1625"> <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>FRANKIE MOCHRIE Male born on 11/20/1981 (40 yrs old)</p> <p>Service Type Select service type...</p> <p>Place of Service Select place of service...</p> <p>View Eligibility & Benefits can be viewed here.</p> <p>Cancel Next ></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="933 1539 1502 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 an inpatient episode	Continue to step 7						

Creating a New Authorization - Outpatient Request

Step	Action																												
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1" data-bbox="207 289 1547 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 1365 709">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p data-bbox="607 737 732 762">Service Type</p> <p data-bbox="607 772 1135 802">Outpatient Durable Medical Equipment P...</p> <p data-bbox="607 835 764 861">Place of Service</p> <p data-bbox="607 871 1135 900">Home</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 1365 709">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p data-bbox="607 737 732 762">Service Type</p> <p data-bbox="607 772 1135 802">Outpatient Durable Medical Equipment P...</p> <p data-bbox="607 835 764 861">Place of Service</p> <p data-bbox="607 871 1135 900">Home</p> </div>
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 1365 709">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p data-bbox="607 737 732 762">Service Type</p> <p data-bbox="607 772 1135 802">Outpatient Durable Medical Equipment P...</p> <p data-bbox="607 835 764 861">Place of Service</p> <p data-bbox="607 871 1135 900">Home</p> </div>		









Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="219 231 462 262">Attachments</p> <p data-bbox="219 283 462 315">+ Add Document</p> <p data-bbox="544 283 1550 504">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. The user can identify the document type based on the drop down list. If the user attaches a document, the document type is mandatory. Select document type drop down. The user also has the ability to delete any document attached in error.</p> <div data-bbox="544 514 1518 756"> <p data-bbox="560 535 690 556">Attachments</p> <p data-bbox="560 577 714 619">+ Add Document</p> <p data-bbox="844 693 1218 724">Drop Documents here to Attach</p> </div> <div data-bbox="544 766 1518 1218"> <p data-bbox="560 787 690 808">Attachments</p> <p data-bbox="560 829 714 871">+ Add Document</p> <p data-bbox="560 892 836 913">Document 1- for upload.docx</p> <p data-bbox="998 892 1291 934">Select document type ...</p> <ul data-bbox="998 934 1307 1207" 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="1323 892 1502 934">Delete</p> </div>


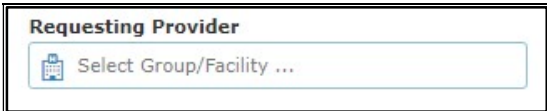

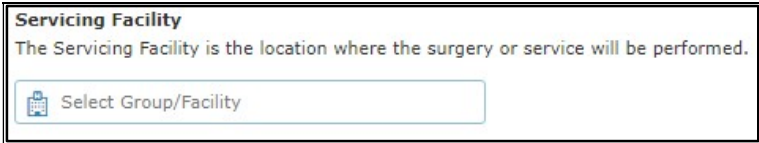
Creating a New Authorization – Outpatient (cont.)

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>


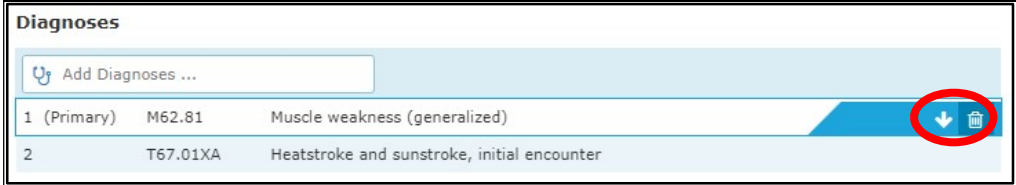
Creating a New Authorization – Inpatient Request

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="431 879 667 980" 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 1159 993 1274" 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 1375 1099 1673" 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>				

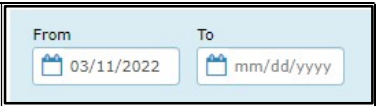
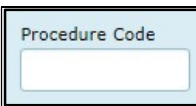


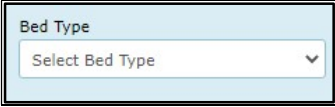

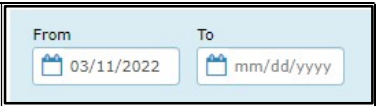
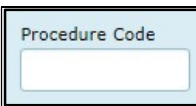


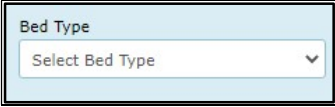

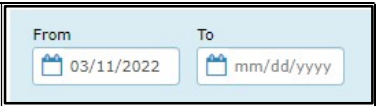
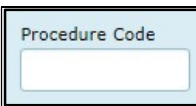


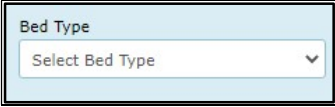

Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	<p data-bbox="217 231 375 300">Admission Type</p> <p data-bbox="418 231 1495 300">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 300 1411 478" style="border: 1px solid black; padding: 5px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 774"> <thead> <tr> <th data-bbox="423 527 586 554">If</th> <th data-bbox="591 527 1406 554">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 560 586 621">Elective</td> <td data-bbox="591 560 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 726">Urgent</td> <td data-bbox="591 627 1406 726">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="423 732 586 760">Emergent</td> <td data-bbox="591 732 1406 760">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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								
	<p data-bbox="217 837 375 907">Requesting Provider</p> <p data-bbox="418 837 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="418 917 961 1026">  </div>								
	<p data-bbox="217 1075 375 1144">Servicing Provider</p> <p data-bbox="418 1075 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 961 1264">  </div>								
	<p data-bbox="217 1285 375 1354">Servicing Facility</p> <p data-bbox="418 1285 1341 1320">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1331 1172 1472">  </div>								


Creating a New Authorization – Inpatient (cont.)

Step	Action																
7.	<p data-bbox="203 224 357 256">Diagnoses</p> <p data-bbox="203 262 357 294">Diagnoses</p> <p data-bbox="537 262 1494 294">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422">  </div> <p data-bbox="537 436 1518 583">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> </thead> <tbody> <tr> <td colspan="4">Add Diagnoses ...</td> </tr> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td></td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
Diagnoses																	
Add Diagnoses ...																	
1 (Primary)	M62.81	Muscle weakness (generalized)															
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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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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> 												

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="558 489 711 520">+ 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="558 735 711 766">+ Add Document</p> <p data-bbox="558 791 813 816">  Document 1- for upload.docx </p> <p data-bbox="992 800 1252 825">Select document type ...</p> <ul data-bbox="992 831 1276 1098" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1300 800 1442 831">Delete</p> </div>


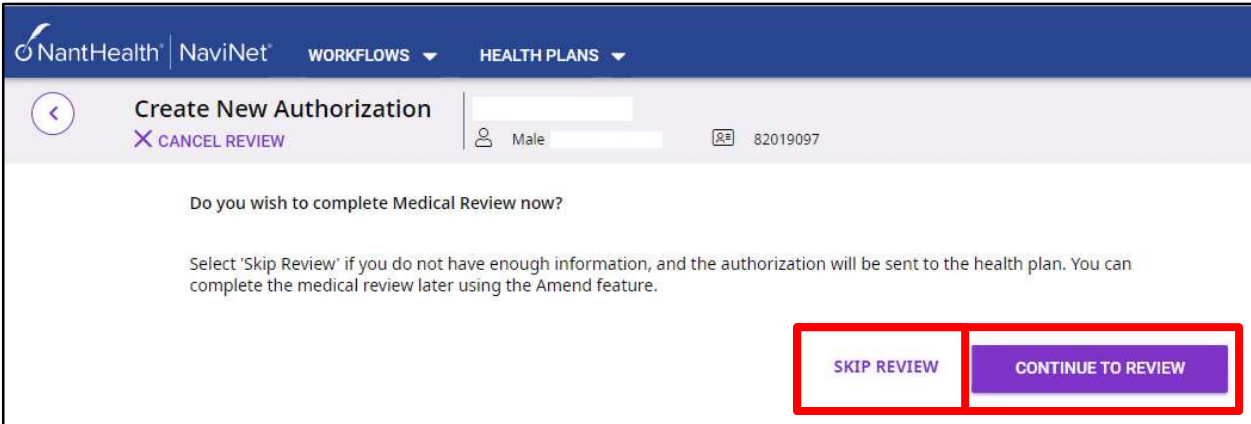
Creating a New Authorization – Inpatient (cont.)

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







Creating a New Authorization – InterQual – Outpatient and Inpatient



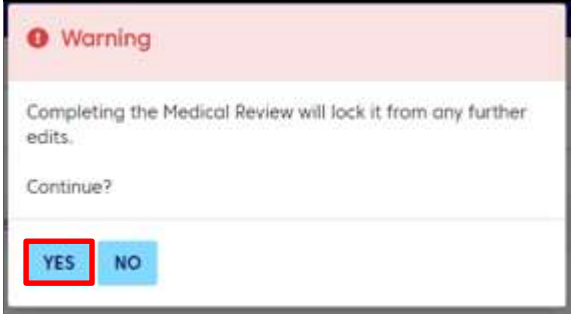
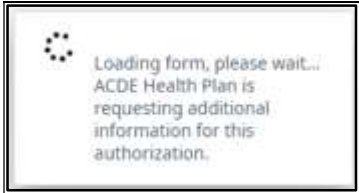
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	After completion of the previous steps, when the user selects Submit , InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> 						
10.	<p>Once routed to InterQual, users will have two options 'Skip Review' or 'Continue to Review.'</p>  <table border="1" data-bbox="207 1398 1468 1915"> <thead> <tr> <th>If....</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Skip Review</td> <td>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></td> </tr> <tr> <td>Continue to Review</td> <td>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></td> </tr> </tbody> </table>	If....	Then...	Skip Review	The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i>	Continue to Review	The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i>
If....	Then...						
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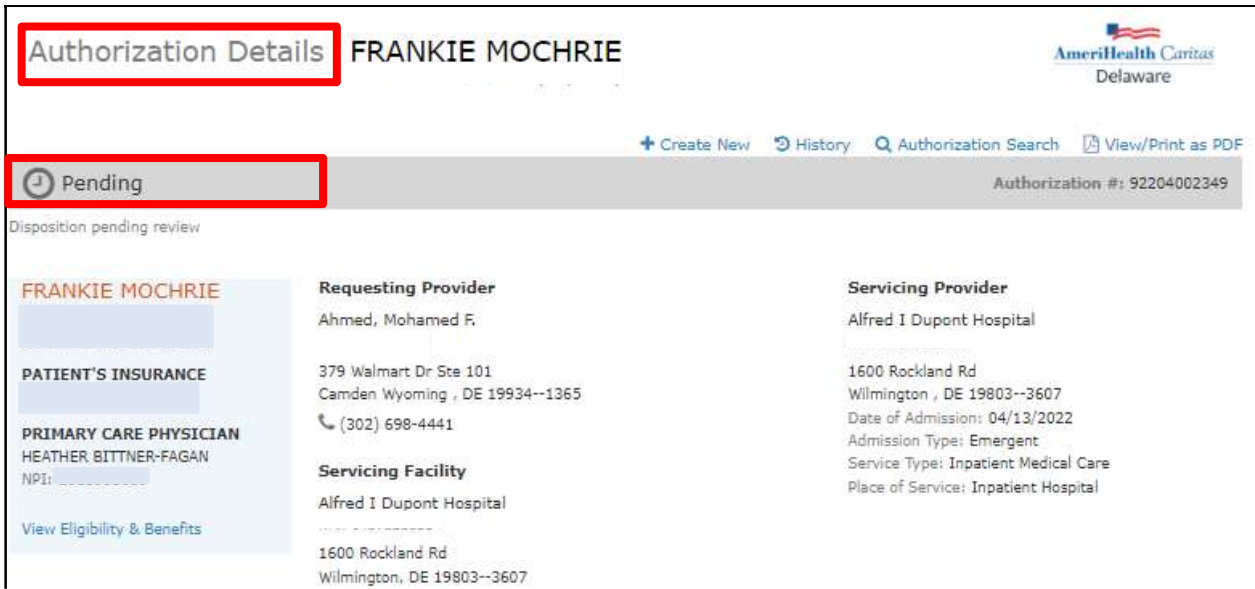
Creating a New Authorization - InterQual (cont.)

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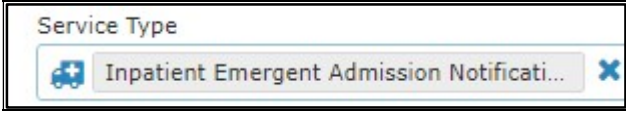

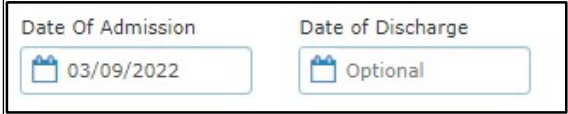

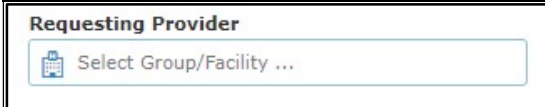

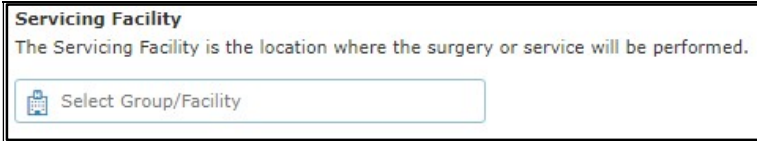
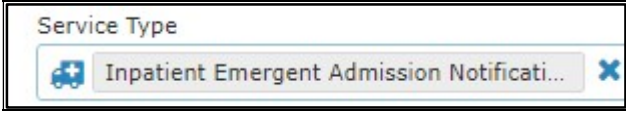

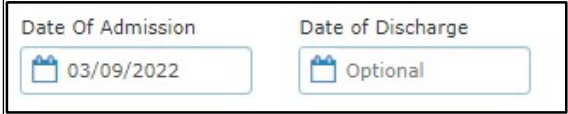

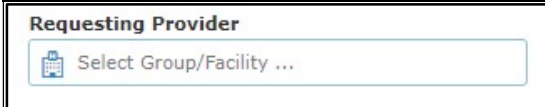

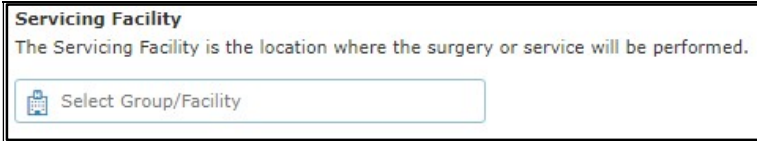
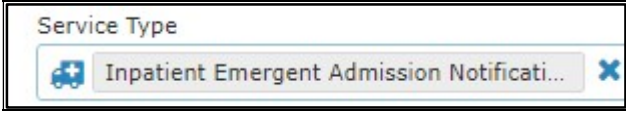

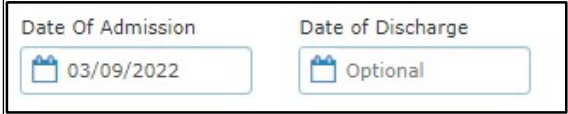

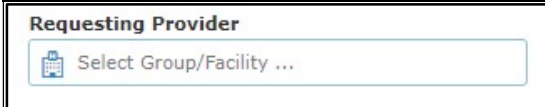

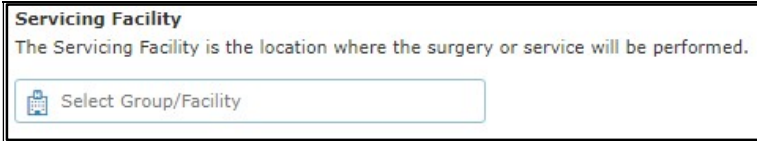
Creating a New Authorization - InterQual (cont.)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1555 632"> <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="204 432 703 632">Decision tree is used (inpatient)</td> <td data-bbox="703 432 1555 632">Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.</td> </tr> </tbody> </table>	If....	Then....	Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.	Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.
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Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.						
Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.						
13.	<p>When the review is complete, click Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red 'i' icon. The text reads: 'Warning', 'Completing the Medical Review will lock it from any further edits.', and 'Continue?'. At the bottom, there are two buttons: 'YES' (highlighted with a red box) and 'NO'.</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular progress indicator. The text reads: 'Loading form, please wait...', 'ACDE Health Plan is requesting additional information for this authorization.', and 'authorization.'.</p>						

Creating a New Authorization - InterQual (cont.)

Step	Action																		
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p>  <p>The screenshot displays the 'Authorization Details' for patient FRANKIE MOCHRIE. The status is 'Pending'. The screen is divided into three main sections: Patient Information, Requesting Provider, and Servicing Provider.</p> <table border="1"> <thead> <tr> <th data-bbox="219 562 490 588">Patient Information</th> <th data-bbox="516 562 1023 588">Requesting Provider</th> <th data-bbox="1042 562 1451 588">Servicing Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="219 588 490 640"> FRANKIE MOCHRIE [Redacted] </td> <td data-bbox="516 588 1023 640"> Ahmed, Mohamed F. [Redacted] </td> <td data-bbox="1042 588 1451 640"> Alfred I Dupont Hospital [Redacted] </td> </tr> <tr> <td data-bbox="219 640 490 693"> PATIENT'S INSURANCE [Redacted] </td> <td data-bbox="516 640 1023 693"> 379 Walmart Dr Ste 101 Camden Wyoming, DE 19934--1365 </td> <td data-bbox="1042 640 1451 693"> 1600 Rockland Rd Wilmington, DE 19803--3607 </td> </tr> <tr> <td data-bbox="219 693 490 745"> PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [Redacted] </td> <td data-bbox="516 693 1023 745"> (302) 698-4441 </td> <td data-bbox="1042 693 1451 745"> Date of Admission: 04/13/2022 Admission Type: Emergent </td> </tr> <tr> <td data-bbox="219 745 490 798"> View Eligibility & Benefits </td> <td data-bbox="516 745 1023 798"> Servicing Facility Alfred I Dupont Hospital [Redacted] </td> <td data-bbox="1042 745 1451 798"> Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital </td> </tr> <tr> <td data-bbox="219 798 490 873"> [Redacted] </td> <td data-bbox="516 798 1023 873"> 1600 Rockland Rd Wilmington, DE 19803--3607 </td> <td data-bbox="1042 798 1451 873"> [Redacted] </td> </tr> </tbody> </table>	Patient Information	Requesting Provider	Servicing Provider	FRANKIE MOCHRIE [Redacted]	Ahmed, Mohamed F. [Redacted]	Alfred I Dupont Hospital [Redacted]	PATIENT'S INSURANCE [Redacted]	379 Walmart Dr Ste 101 Camden Wyoming, DE 19934--1365	1600 Rockland Rd Wilmington, DE 19803--3607	PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [Redacted]	(302) 698-4441	Date of Admission: 04/13/2022 Admission Type: Emergent	View Eligibility & Benefits	Servicing Facility Alfred I Dupont Hospital [Redacted]	Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital	[Redacted]	1600 Rockland Rd Wilmington, DE 19803--3607	[Redacted]
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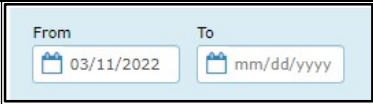
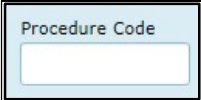

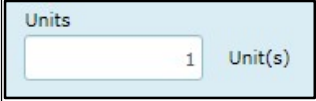
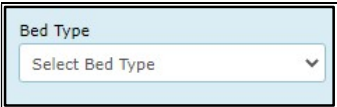

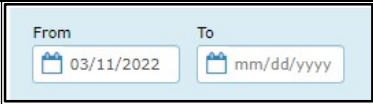
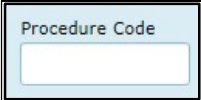

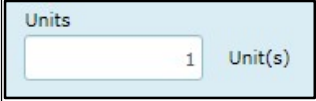
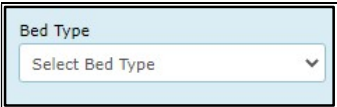

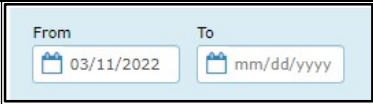
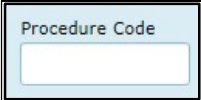

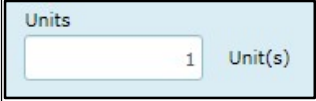
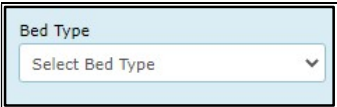

Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action												
6.	<p>Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.</p> <table border="1"> <tr> <td data-bbox="207 323 521 695"> <p>Service Type</p> </td> <td data-bbox="521 323 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="207 695 521 911"> <p>Date of Admission/ Date of Discharge</p> </td> <td data-bbox="521 695 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="207 911 521 1220"> <p>Admission Type</p> </td> <td data-bbox="521 911 1549 1220"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p>  <div data-bbox="1062 968 1516 1108" 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="207 1220 521 1394"> <p>Requesting Provider</p> </td> <td data-bbox="521 1220 1549 1394"> <p>Requesting provider is the provider that is requesting the service.</p>  </td> </tr> <tr> <td data-bbox="207 1394 521 1598"> <p>Servicing Provider</p> </td> <td data-bbox="521 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="207 1598 521 1814"> <p>Servicing Facility</p> </td> <td data-bbox="521 1598 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="1062 968 1516 1108" 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="219 218 535 252">Diagnoses</p> <p data-bbox="219 262 535 871">Diagnoses</p> <p data-bbox="544 262 1567 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="544 346 941 462"><p data-bbox="552 357 933 388">Diagnoses</p><p data-bbox="552 399 933 451">Add Diagnoses ...</p></div> <p data-bbox="544 472 1567 630">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="544 640 1567 829"><p data-bbox="552 651 933 682">Diagnoses</p><p data-bbox="552 693 933 724">Add Diagnoses ...</p><table border="1" data-bbox="552 735 1559 819"><tbody><tr><td data-bbox="560 745 673 766">1 (Primary)</td><td data-bbox="682 745 803 766">M62.81</td><td data-bbox="812 745 1356 766">Muscle weakness (generalized)</td><td data-bbox="1364 745 1550 787">↓</td><td data-bbox="1502 745 1550 787">🗑️</td></tr><tr><td data-bbox="560 777 576 798">2</td><td data-bbox="682 777 803 798">T67.01XA</td><td data-bbox="812 777 1356 798">Heatstroke and sunstroke, initial encounter</td><td></td><td></td></tr></tbody></table></div>	1 (Primary)	M62.81	Muscle weakness (generalized)	↓	🗑️	2	T67.01XA	Heatstroke and sunstroke, initial encounter		
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action												
6.	<p data-bbox="203 224 326 254">Services</p> <table border="1" data-bbox="203 254 1471 1598"> <tr> <td data-bbox="203 254 527 457">From / To</td> <td data-bbox="527 254 1471 457"> <p data-bbox="539 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="203 457 527 814">Procedure Code</td> <td data-bbox="527 457 1471 814"> <p data-bbox="539 470 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="203 814 527 968">Modifiers</td> <td data-bbox="527 814 1471 968"> <p data-bbox="539 827 1203 856">This is a free text field and is not a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="203 968 527 1171">Units</td> <td data-bbox="527 968 1471 1171"> <p data-bbox="539 980 1459 1052">Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="203 1171 527 1339">Bed Type</td> <td data-bbox="527 1171 1471 1339"> <p data-bbox="539 1184 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="203 1339 527 1598">+ Add New Service Line</td> <td data-bbox="527 1339 1471 1598"> <p data-bbox="539 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="539 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> 	Procedure Code	<p data-bbox="539 470 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> 	Modifiers	<p data-bbox="539 827 1203 856">This is a free text field and is not a mandatory field.</p> 	Units	<p data-bbox="539 980 1459 1052">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p data-bbox="539 1184 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p data-bbox="539 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="573 491 711 512">+ 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="573 737 711 758">+ Add Document</p><p data-bbox="560 793 813 814">Document 1- for upload.docx</p><p data-bbox="992 800 1252 821">Select document type ...</p><p data-bbox="1365 810 1438 831">Delete</p><ul data-bbox="992 831 1276 1098" style="list-style-type: none">Select document type ...Progress ReportMedical Record AttachmentPatient Medical History DocumentPhysical Therapy NotesContinued treatmentNursing NotesPhysicians ReportPhysician OrderJustification for AdmissionDurable Medical Equipment PrescriptionOrders and Treatment DocumentInitial AssessmentConsentDischarge Summary</div>


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

Step	Action
6.	<p>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="537 390 1533 569"> <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="537 831 1533 1241"> <p>▼ Contact Information</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Optional</p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>

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


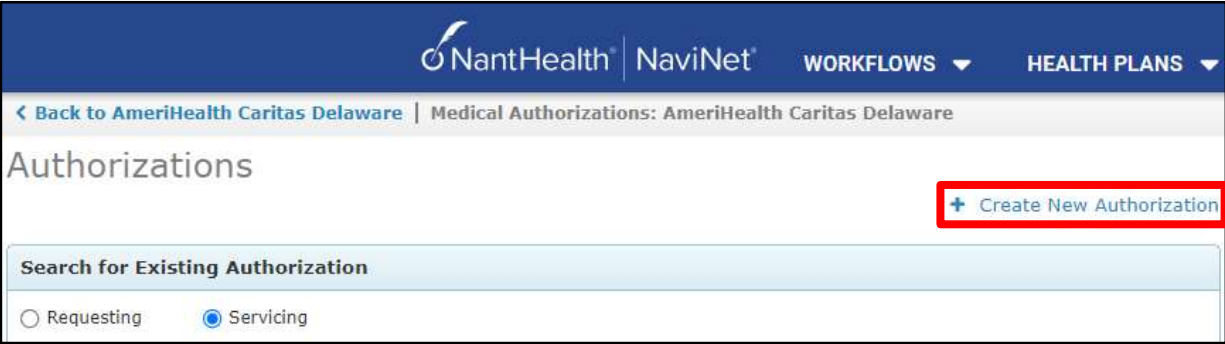


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


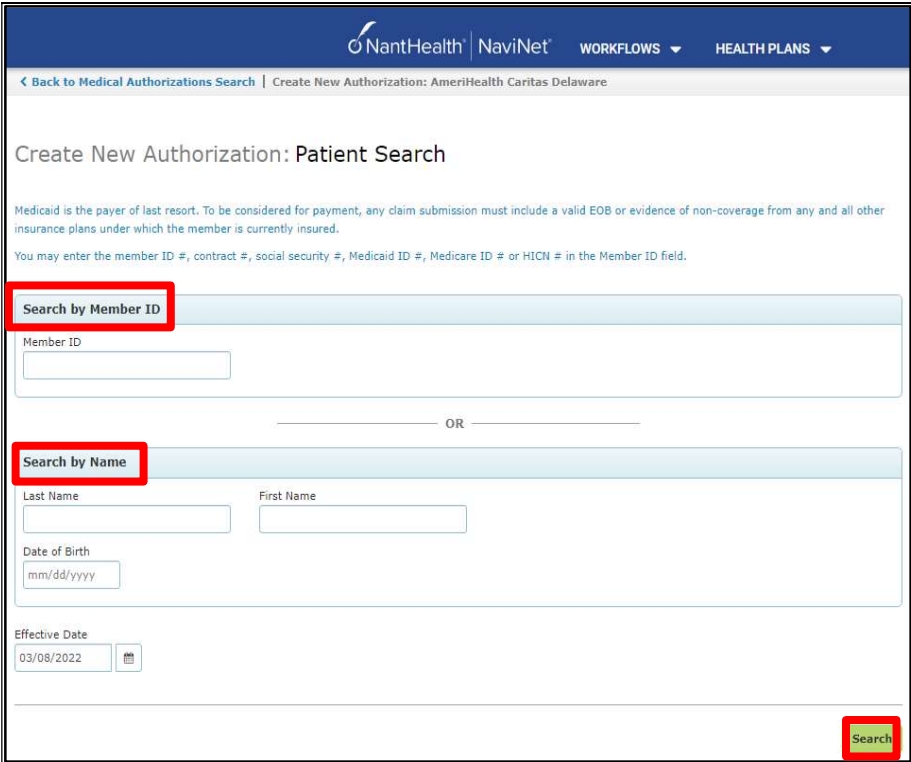
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 363 636 617" style="border: 1px solid black; padding: 10px; text-align: center;"></div>
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select “Skip Review.”</p> <div data-bbox="220 756 1341 1268" style="border: 1px solid black; padding: 10px;"><p>Do you wish to complete Medical Review now?</p><p>Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature.</p><div data-bbox="886 1199 1333 1262" style="text-align: right;">SKIP REVIEW CONTINUE TO REVIEW</div></div> <p>Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>

Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>The screenshot shows a dropdown menu titled "Workflows for this Plan". The first item, "Medical Authorizations", is highlighted with a red box and a red arrow points to it from the right. Other items in the menu include "Medical Authorizations Log", "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Report Inquiry", "Claim Submission", and "Provider Directory".</p>
2.	<p>Click Create New Authorization</p>  <p>The screenshot shows the "Authorizations" page in the NantHealth NaviNet system. The page header includes the NantHealth logo and "NaviNet" branding, along with "WORKFLOWS" and "HEALTH PLANS" dropdown menus. Below the header, there is a breadcrumb trail: "< Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware". The main heading is "Authorizations". On the right side of the page, a button labeled "+ Create New Authorization" is highlighted with a red box. Below the heading, there is a search bar titled "Search for Existing Authorization" and two radio buttons: "Requesting" (unselected) and "Servicing" (selected).</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 967 1472" style="border: 1px solid black; padding: 5px;"> <p>Create New Authorization: Patient Search</p> <div style="border: 2px solid red; padding: 2px; display: inline-block;"> ✘ Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </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="203 354 397 396">If...</th> <th data-bbox="397 354 1559 396">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 396 397 1245"> <p>The member has active coverage</p> </td> <td data-bbox="397 396 1559 1245"> <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 1245 397 1629"> <p>The member is ineligible</p> </td> <td data-bbox="397 1245 1559 1629"> <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>
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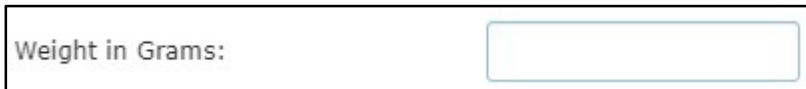

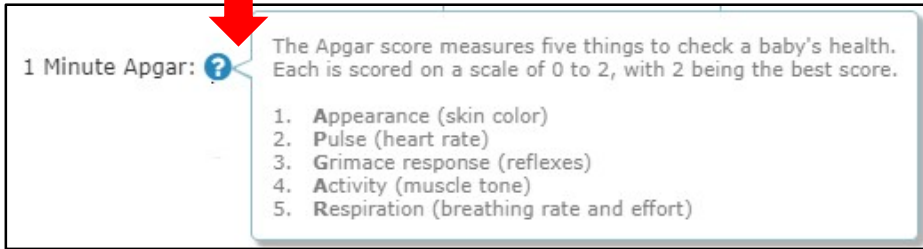
Creating a New Authorization – Inpatient Delivery Notification (cont.)

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> <div data-bbox="185 432 1544 858"><p>Service Type</p><p>Inpatient Delivery Notification</p><p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p><p>Place of Service</p><p>Select place of service...</p><p>Birthing Center</p><p>Inpatient Hospital</p><p>Cancel Next ></p></div>								
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> <div data-bbox="185 982 1580 1314"><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></div>	Name	Gender	Date of Birth	Delivery Period	+ Add Maternity Details			
Name	Gender	Date of Birth	Delivery Period						
+ Add Maternity Details									



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

Step	Action
6.	<div data-bbox="207 226 1182 1165"><h3 data-bbox="232 233 1182 268">Add Maternity Details ✕</h3><p data-bbox="232 289 967 325">Baby's Last Name: <input data-bbox="578 289 967 325" type="text"/></p><p data-bbox="232 352 967 388">Baby's First Name: <input data-bbox="578 352 967 388" type="text"/></p><p data-bbox="232 415 800 451">Gender: <input data-bbox="578 415 800 451" type="text" value="Select"/></p><p data-bbox="232 478 800 514">Date Of Birth: <input data-bbox="578 478 800 514" type="text" value="MM/DD/YYYY"/></p><p data-bbox="232 541 800 577">Weight in Grams: <input data-bbox="578 541 800 577" type="text"/></p><p data-bbox="232 604 800 640">1 Minute Apgar: <input data-bbox="578 604 800 640" type="text" value="Select"/></p><p data-bbox="232 667 800 703">5 Minute Apgar: <input data-bbox="578 667 800 703" type="text" value="Select"/></p><p data-bbox="232 730 800 766">Delivery</p><p data-bbox="232 793 800 829">Delivery Outcome: <input data-bbox="578 793 800 829" type="text" value="Select"/></p><p data-bbox="232 856 967 892">Delivery Method: <input data-bbox="578 856 967 892" type="text" value="Select"/></p><p data-bbox="232 919 967 955">Delivery Period: <input data-bbox="578 919 967 955" type="text" value="Select"/></p><p data-bbox="232 982 967 1018">Estimated Gestational Age : <input data-bbox="578 982 690 1018" type="text" value="Select"/> weeks <input data-bbox="805 982 917 1018" type="text" value="0"/> days</p><p data-bbox="232 1045 800 1081">Estimated Confinement Date: <input data-bbox="578 1045 800 1081" type="text" value="MM/DD/YYYY"/></p><p data-bbox="232 1108 800 1144">Nursery type: <input data-bbox="578 1108 800 1144" type="text" value="Select"/></p><p data-bbox="992 1119 1182 1150"><a data-bbox="992 1119 1055 1150" href="#">Cancel <input data-bbox="1092 1119 1182 1150" type="button" value="Save"/></p></div>

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

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

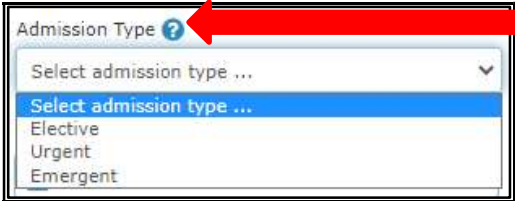
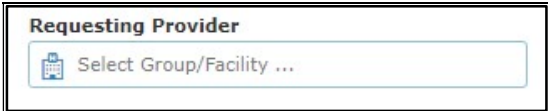

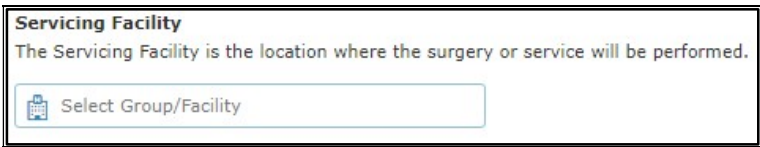
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action																
6.	5 Minute Apgar Drop down field - select 1-10. 5 Minute Apgar:  <input type="text" value="Select"/>																
	Delivery Outcome Drop down field – select live birth or non live birth. Delivery Outcome: <input type="text" value="Select"/>																
	Delivery Method Drop down field – select c-section or normal vaginal delivery. Delivery Method: <input type="text" value="Select"/>																
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. Delivery Period: <input type="text" value="Select"/>																
	Estimated Gestational Age Select the appropriate values from the drop down fields. Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days																
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. Estimated Confinement Date:  MM/DD/YYYY																
	Nursery type Drop down field – select well baby or NICU. Nursery type: <input type="text" value="Select"/>																
7.	Select Save when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select + Add Maternity Details to complete the additional details, then select Next .																
<table border="1"> <thead> <tr> <th>Name</th> <th>Gender</th> <th>Date of Birth</th> <th>Delivery Period</th> </tr> </thead> <tbody> <tr> <td>JESSICA BODLEY</td> <td>Female</td> <td>09/29/2022</td> <td>Day of admission</td> </tr> <tr> <td colspan="4"> <input type="button" value="+ Add Maternity Details"/> </td> </tr> <tr> <td colspan="4" style="text-align: right;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/> </td> </tr> </tbody> </table>		Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission	<input type="button" value="+ Add Maternity Details"/>				<input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/>			
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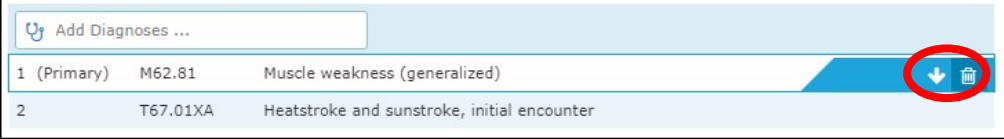



Creating a New Authorization – Inpatient Delivery Notification (cont.)

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" style="border: 1px solid black; padding: 5px;"><p data-bbox="435 369 613 390">Date Of Admission</p><input data-bbox="444 403 667 449" type="text" value="03/09/2022"/><p data-bbox="711 369 883 390">Date of Discharge</p><input data-bbox="721 403 943 449" type="text" value="Optional"/></div> <p data-bbox="418 485 1536 516">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 533 1386 621" style="border: 2px solid red; padding: 5px;"><ul data-bbox="483 562 1338 594" style="list-style-type: none"><li data-bbox="483 562 1338 594">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>

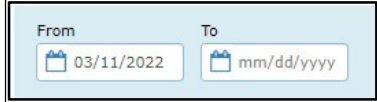
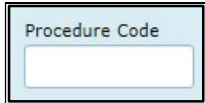


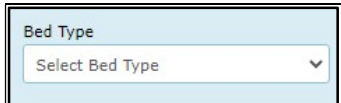

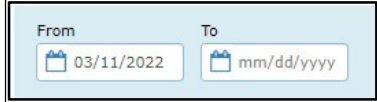
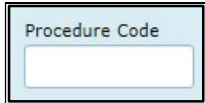


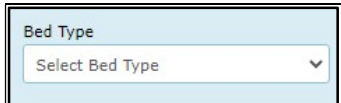

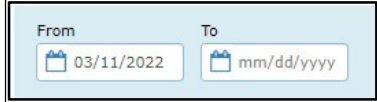
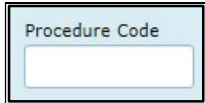


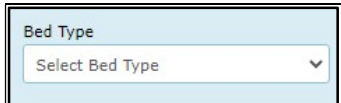

Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<p data-bbox="217 224 448 260">Admission Type</p> <p data-bbox="537 224 1289 260">Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1049 474">  </div> <div data-bbox="1143 275 1531 443" 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="537 527 1531 785"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="711 527 1531 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="711 562 1531 632">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 632 711 732">Urgent</td> <td data-bbox="711 632 1531 732">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 732 711 785">Emergent</td> <td data-bbox="711 732 1531 785">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Emergent	Concurrent review, enrollee is currently admitted								
	<p data-bbox="217 791 509 827">Requesting Provider</p> <p data-bbox="537 791 1484 867">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 879 1081 989">  </div>								
	<p data-bbox="217 1026 480 1062">Servicing Provider</p> <p data-bbox="537 1026 1531 1102">Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="537 1115 1081 1224">  </div>								
	<p data-bbox="217 1241 461 1276">Servicing Facility</p> <p data-bbox="537 1241 1463 1276">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1289 1292 1434">  </div>								


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

Step	Action									
9.	<p data-bbox="203 224 357 256">Diagnoses</p> <p data-bbox="203 262 357 294">Diagnoses</p> <p data-bbox="535 262 1477 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="535 346 933 462"> <p data-bbox="544 357 657 388">Diagnoses</p>  </div> <p data-bbox="535 472 1534 630">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="535 640 1550 829"> <p data-bbox="544 651 657 682">Diagnoses</p>  <table border="1" data-bbox="544 735 1542 819"> <thead> <tr> <th data-bbox="552 745 576 766">1</th> <th data-bbox="592 745 657 766">(Primary)</th> <th data-bbox="673 745 755 766">M62.81</th> <th data-bbox="803 745 1047 766">Muscle weakness (generalized)</th> <th data-bbox="1453 735 1534 787" rowspan="2">  </th> </tr> </thead> <tbody> <tr> <td data-bbox="552 787 576 808">2</td> <td data-bbox="592 787 657 808"></td> <td data-bbox="673 787 755 808">T67.01XA</td> <td data-bbox="803 787 1144 808">Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	1	(Primary)	M62.81	Muscle weakness (generalized)		2		T67.01XA	Heatstroke and sunstroke, initial encounter
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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> <div data-bbox="540 394 914 495">  </div> </td> </tr> <tr> <td data-bbox="207 501 529 856">Procedure Code</td> <td data-bbox="529 501 1471 856"> <p data-bbox="540 514 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> <div data-bbox="540 751 743 852">  </div> </td> </tr> <tr> <td data-bbox="207 856 529 1010">Modifiers</td> <td data-bbox="529 856 1471 1010"> <p data-bbox="540 869 1114 900">This is a free text field and is not mandatory.</p> <div data-bbox="540 915 818 1003">  </div> </td> </tr> <tr> <td data-bbox="207 1010 529 1215">Units</td> <td data-bbox="529 1010 1471 1215"> <p data-bbox="540 1022 1451 1089">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1104 857 1205">  </div> </td> </tr> <tr> <td data-bbox="207 1215 529 1421">Bed Type</td> <td data-bbox="529 1215 1471 1421"> <p data-bbox="540 1228 1377 1295">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1310 878 1411">  </div> </td> </tr> <tr> <td data-bbox="207 1421 529 1675">+ Add New Service Line</td> <td data-bbox="529 1421 1471 1675"> <p data-bbox="540 1434 1446 1539">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1554 818 1642">  </div> </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> <div data-bbox="540 394 914 495">  </div>	Procedure Code	<p data-bbox="540 514 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> <div data-bbox="540 751 743 852">  </div>	Modifiers	<p data-bbox="540 869 1114 900">This is a free text field and is not mandatory.</p> <div data-bbox="540 915 818 1003">  </div>	Units	<p data-bbox="540 1022 1451 1089">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1104 857 1205">  </div>	Bed Type	<p data-bbox="540 1228 1377 1295">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1310 878 1411">  </div>	+ Add New Service Line	<p data-bbox="540 1434 1446 1539">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1554 818 1642">  </div>
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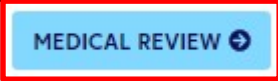
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	<p data-bbox="203 226 381 258">Attachments</p> <p data-bbox="219 268 430 300">Add Document</p> <p data-bbox="535 268 1550 415">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error can be deleted.</p> <div data-bbox="535 430 1485 661"> <p data-bbox="560 441 673 462">Attachments</p> <p data-bbox="560 493 714 525">+ Add Document</p> <p data-bbox="828 598 1193 630">Drop Documents here to Attach</p> </div> <div data-bbox="535 682 1485 1113"> <p data-bbox="560 693 673 714">Attachments</p> <p data-bbox="560 735 714 766">+ Add Document</p> <p data-bbox="560 787 812 819">  Document 1- for upload.docx </p> <p data-bbox="990 798 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>

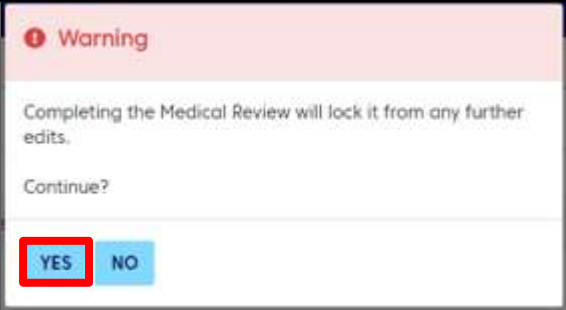
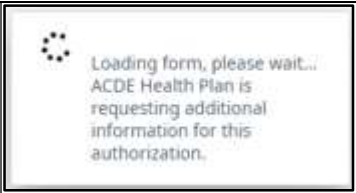
Creating a New Authorization – Inpatient Delivery Notification(cont.)

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> <div data-bbox="537 394 1533 569"> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 835 1533 1247"> </div>
9.	<p>Selecting Submit may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 1465 634 1724"> </div>

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

Step	Action
11.	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>

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

Step	Action
12.	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if it meets or does not meet, the user should continue.
13.	When the review is complete, click Complete at the bottom, then select YES to continue.  A warning dialog box with a red header bar containing a warning icon and the word "Warning". The main text reads: "Completing the Medical Review will lock it from any further edits." Below this is the question "Continue?". At the bottom are two buttons: "YES" (highlighted with a red border) and "NO".
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.  A loading notice box with a circular loading icon on the left. The text reads: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."


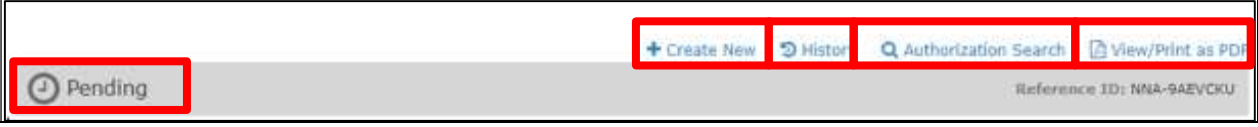
Creating a New Authorization - Inpatient Delivery Notification (cont.)

Step	Action																		
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <div data-bbox="207 296 1458 877"><p>Authorization Details FRANKIE MOCHRIE</p><p>AmeriHealth Caritas Delaware</p><p>+ Create New History Authorization Search View/Print as PDF</p><p>Pending Authorization #: 92204002349</p><p>Disposition pending review</p><table><tr><td>FRANKIE MOCHRIE</td><td>Requesting Provider</td><td>Servicing Provider</td></tr><tr><td>PATIENT'S INSURANCE</td><td>Ahmed, Mohamed F.</td><td>Alfred I Dupont Hospital</td></tr><tr><td>PRIMARY CARE PHYSICIAN</td><td>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</td><td>1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</td></tr><tr><td>HEATHER BITTNER-FAGAN NPI</td><td>Servicing Facility</td><td></td></tr><tr><td>View Eligibility & Benefits</td><td>Alfred I Dupont Hospital</td><td></td></tr><tr><td></td><td>1600 Rockland Rd Wilmington, DE 19803--3607</td><td></td></tr></table></div>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	PATIENT'S INSURANCE	Ahmed, Mohamed F.	Alfred I Dupont Hospital	PRIMARY CARE PHYSICIAN	379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441	1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital	HEATHER BITTNER-FAGAN NPI	Servicing Facility		View Eligibility & Benefits	Alfred I Dupont Hospital			1600 Rockland Rd Wilmington, DE 19803--3607	
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Authorization Status – Approved and Pending

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

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

If...	Then it will look like this...										
Approved	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1528 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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View/Print as PDF	View and print authorization status request as PDF										
Pending	<div data-bbox="277 926 1528 1052" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Submissions with a pending status will require medical review by the health plan. Requests with a pending status cannot be amended.</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1209 1528 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
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4 AMENDING AN AUTHORIZATION

Amending an Authorization Request

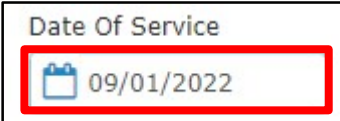
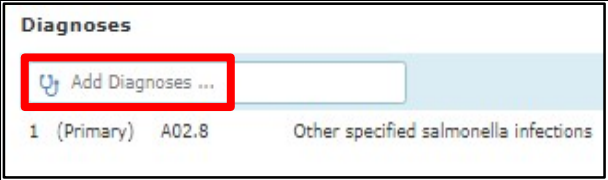
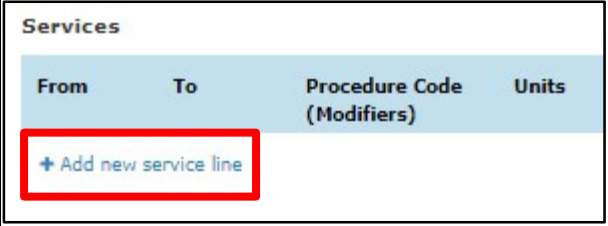
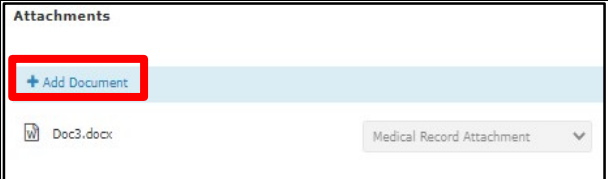
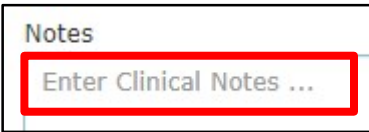
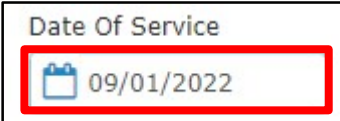
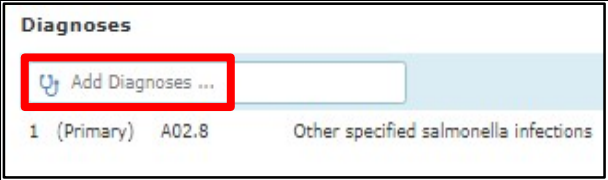
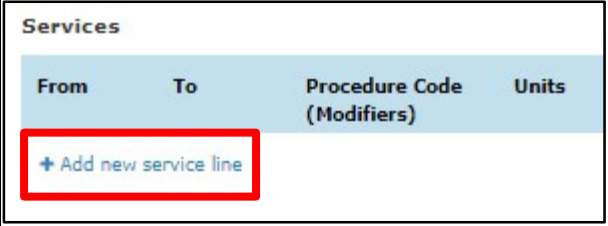
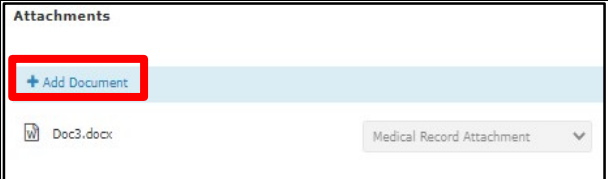
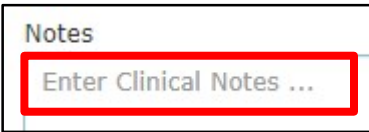
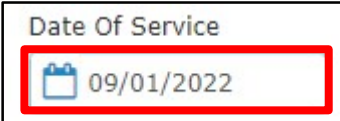
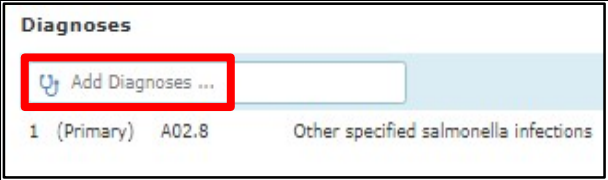
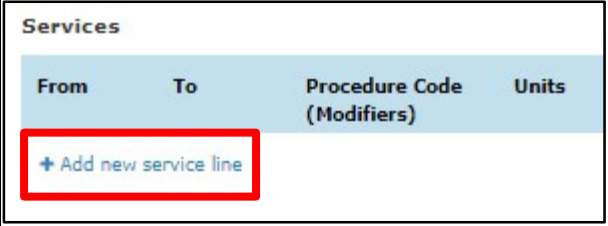
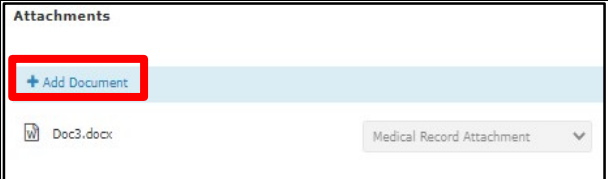
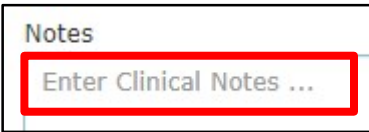
Amending a request is the process of extending existing services **or** requesting another service on the same authorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan.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



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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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 #: 92203003350</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>						


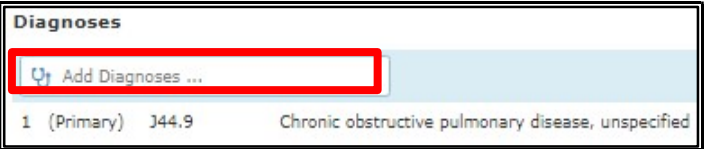
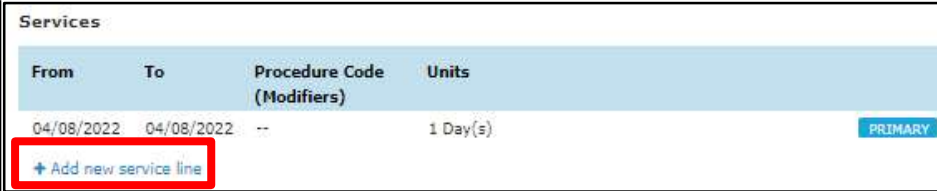
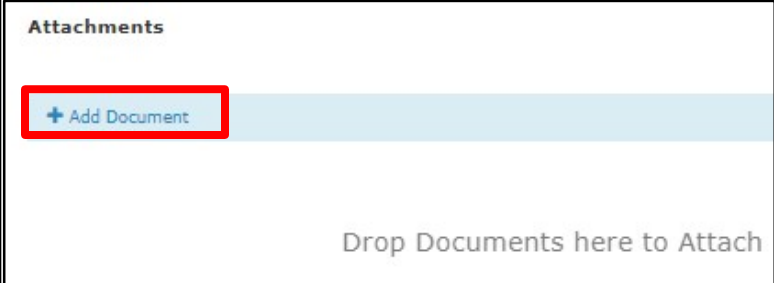
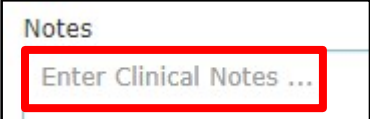

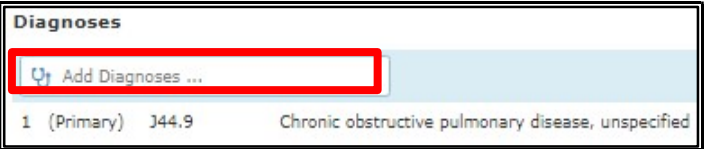
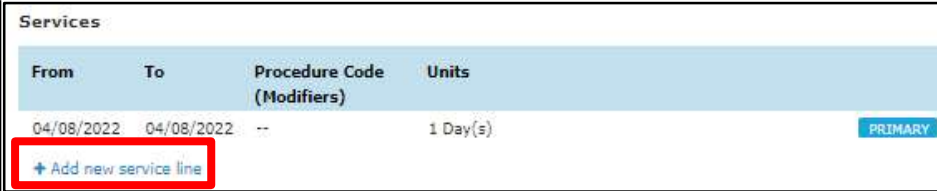
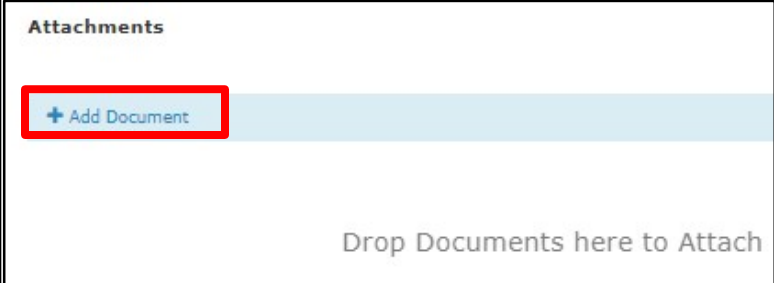
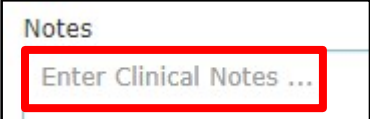

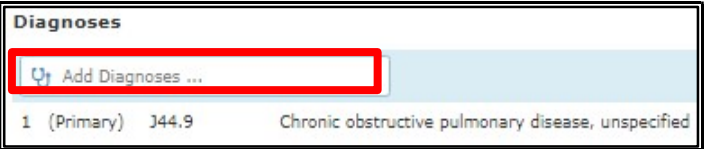
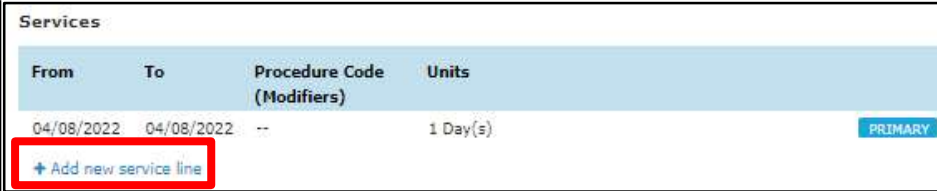
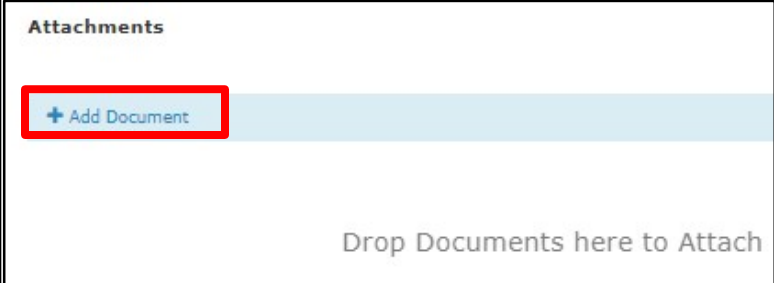
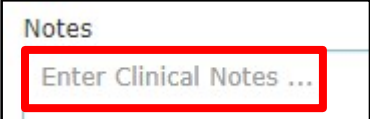
Amending an Authorization Request (cont.)

Step	Action														
4.	<table border="1"> <thead> <tr> <th data-bbox="240 268 548 315">If...</th> <th data-bbox="548 268 1560 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 548 405">Amending an outpatient request</td> <td data-bbox="548 315 1560 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> <tr> <td data-bbox="240 451 667 590">Address the Date of Service</td> <td data-bbox="667 451 1560 590">  </td> </tr> <tr> <td data-bbox="240 590 667 787">Add additional diagnoses if applicable</td> <td data-bbox="667 590 1560 787">  </td> </tr> <tr> <td data-bbox="240 787 667 1031">Add new service line</td> <td data-bbox="667 787 1560 1031">  </td> </tr> <tr> <td data-bbox="240 1031 667 1228">Add attachments if applicable</td> <td data-bbox="667 1031 1560 1228">  </td> </tr> <tr> <td data-bbox="240 1228 667 1379">Add notes if applicable</td> <td data-bbox="667 1228 1560 1379">  </td> </tr> </tbody> </table>	If...	Then....	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.	Address the Date of Service		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
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Add new service line															
Add attachments if applicable															
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Amending an Authorization Request (cont.)

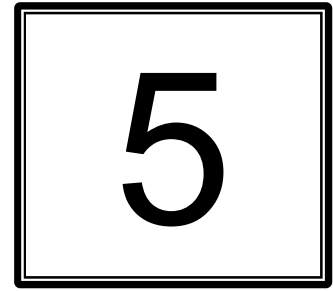
Step	Action
4. (cont.)	<p data-bbox="251 233 690 268">Amending an outpatient request</p> <p data-bbox="251 279 690 401">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 325 1563 695"><p data-bbox="711 331 893 352">▼ Contact Information</p><p data-bbox="711 363 971 493">First Name Beth</p><p data-bbox="711 430 971 493">Last Name Williams</p><p data-bbox="711 514 971 556">Email Address Optional</p><p data-bbox="1141 363 1295 426">Phone Number (843) 999-9999</p><p data-bbox="1141 430 1295 493">Fax Number Optional</p><p data-bbox="1141 493 1409 535"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="711 577 1547 640">DECLARATION <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1279 661 1547 695">Cancel « Previous Submit</p></div>

Amending an Authorization Request (cont.)

Step	Action																						
5.	<p>Amending an inpatient request</p> <table border="1" data-bbox="240 268 1555 405"> <thead> <tr> <th data-bbox="240 268 488 315">If...</th> <th data-bbox="488 268 1555 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 488 405">Amending an inpatient request</td> <td data-bbox="488 315 1555 405">The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information</td> </tr> </tbody> </table> <table border="1" data-bbox="240 451 1555 737"> <tr> <td data-bbox="240 451 602 737">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="602 451 1555 737">  <p>Service Type <input type="text" value="Inpatient Medical Care"/></p> <p>Place of Service <input type="text" value="Inpatient Hospital"/></p> <p>Date Of Admission <input type="text" value="07/08/2022"/></p> <p>Date of Discharge <input type="text" value="07/09/2022"/></p> </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">  <p>Diagnoses</p> <p><input type="button" value="+ Add Diagnoses ..."/></p> <p>1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p> </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">  <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p><input type="button" value="+ Add new service line"/></p> </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">  <p>Attachments</p> <p><input type="button" value="+ Add Document"/></p> <p>Drop Documents here to Attach</p> </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">  <p>Notes</p> <p><input type="button" value="Enter Clinical Notes ..."/></p> </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.	 <p>Service Type <input type="text" value="Inpatient Medical Care"/></p> <p>Place of Service <input type="text" value="Inpatient Hospital"/></p> <p>Date Of Admission <input type="text" value="07/08/2022"/></p> <p>Date of Discharge <input type="text" value="07/09/2022"/></p>	Add additional diagnoses if applicable	 <p>Diagnoses</p> <p><input type="button" value="+ Add Diagnoses ..."/></p> <p>1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p>	Add new service line	 <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p><input type="button" value="+ Add new service line"/></p>	From	To	Procedure Code (Modifiers)	Units	04/08/2022	04/08/2022	--	1 Day(s)	Add attachments if applicable	 <p>Attachments</p> <p><input type="button" value="+ Add Document"/></p> <p>Drop Documents here to Attach</p>	Add notes if applicable	 <p>Notes</p> <p><input type="button" value="Enter Clinical Notes ..."/></p>
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04/08/2022	04/08/2022	--	1 Day(s)																				
Add attachments if applicable	 <p>Attachments</p> <p><input type="button" value="+ Add Document"/></p> <p>Drop Documents here to Attach</p>																						
Add notes if applicable	 <p>Notes</p> <p><input type="button" value="Enter Clinical Notes ..."/></p>																						

Amending an Authorization Request (cont.)

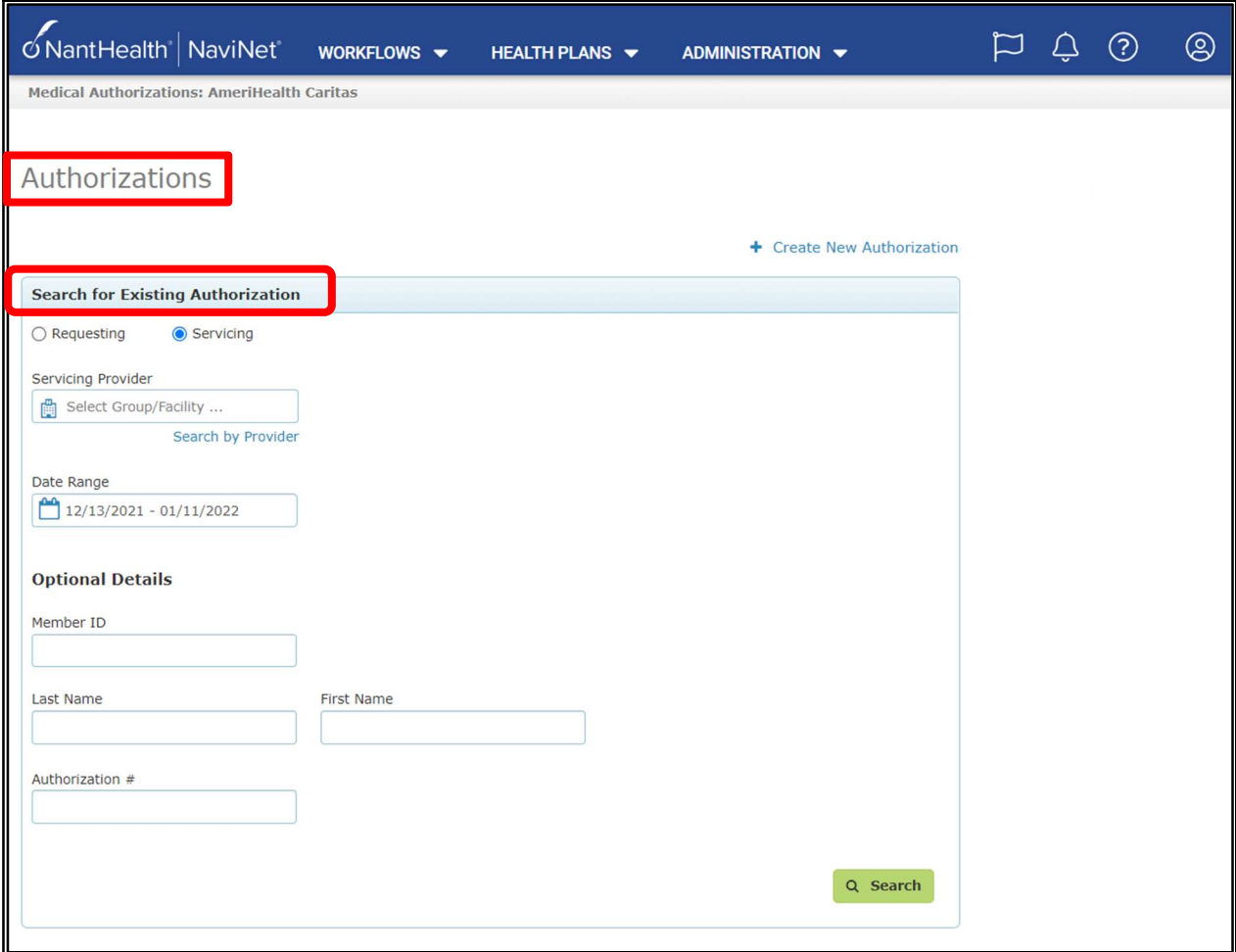
Step	Action						
5. (cont.)	<p data-bbox="251 233 651 268">Amending an inpatient request</p> <div data-bbox="251 275 548 430"><p>Enter contact information, check the Declaration box, and Submit</p></div> <div data-bbox="553 275 1568 695"><p data-bbox="565 289 781 317">▼ Contact Information</p><table 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 640"><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.

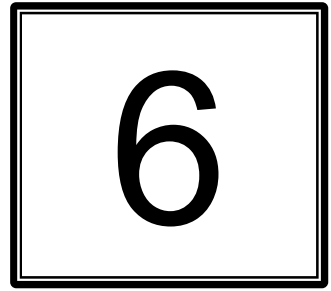
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 390 634 487"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div> <div data-bbox="240 554 1495 1520"><p>The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with 'NantHealth NaviNet' and menu items for 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. Below the navigation bar, the page title is 'Medical Authorizations: AmeriHealth Caritas'. A red box highlights the 'Authorizations' section. Below this, there is a '+ Create New Authorization' link. A red box highlights the 'Search for Existing Authorization' section, which contains the following fields and options:</p><ul style="list-style-type: none"><input type="radio"/> Requesting <input checked="" type="radio"/> ServicingServicing Provider: <input type="text" value="Select Group/Facility ..."/> Search by ProviderDate Range: <input type="text" value="12/13/2021 - 01/11/2022"/>Optional Details:<ul style="list-style-type: none">Member ID: <input type="text"/>Last Name: <input type="text"/> First Name: <input type="text"/>Authorization #: <input type="text"/><input type="button" value="Search"/></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 1228" 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="Q 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 v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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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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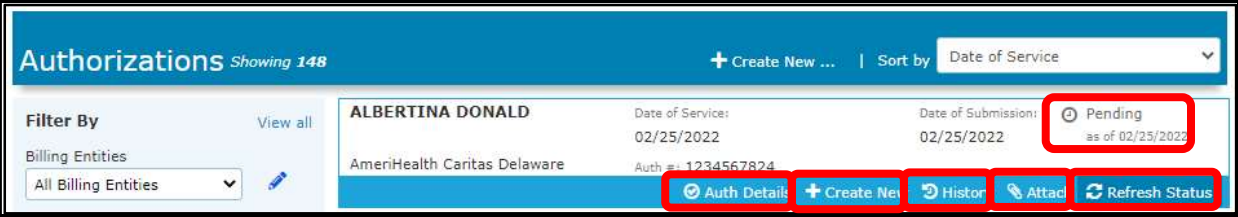


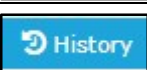




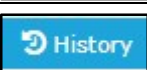




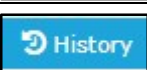


6 MEDICAL AUTHORIZATION LOG

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).

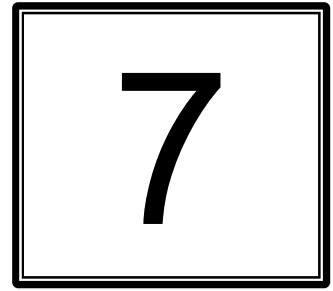
Step	Action																														
1.	<p>Select Medical Authorization Log under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 426 667 590" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this 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 1346" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070c0; color: white; padding: 5px;"> Authorizations <i>Showing 148</i> <input type="button" value="+ Create New ..."/> Sort by Date of Service </div> <div style="display: flex; margin-top: 10px;"> <div style="border: 1px solid #ccc; padding: 5px; width: 30%; background-color: #e6f2ff;"> <p>Filter By View all</p> <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> <p><input checked="" type="checkbox"/> Authorizations Created By Me</p> <p>Status</p> </div> <div style="margin-left: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6f2ff;">ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⌚ Pending as of 02/25/2022</td> </tr> <tr> <td style="background-color: #e6f2ff;">AmeriHealth Caritas Delaware</td> <td>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="background-color: #e6f2ff;">ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td style="background-color: #e6f2ff;">AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="background-color: #e6f2ff;">ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td style="background-color: #e6f2ff;">AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="background-color: #e6f2ff;">ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td style="background-color: #e6f2ff;">AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="background-color: #e6f2ff;">ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td style="background-color: #e6f2ff;">AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> </table> </div> </div> </div>	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⌚ Pending as of 02/25/2022	AmeriHealth Caritas Delaware	Auth #: 1234567824 Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	
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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' interface with the following details:</p> <ul style="list-style-type: none"> Header: Authorizations Showing 148, + Create New ..., Sort by Date of Service Filter By: View all, Billing Entities (All Billing Entities) Member: ALBERTINA DONALD Date of Service: 02/25/2022 Date of Submission: 02/25/2022 Status: Pending (as of 02/25/2022) Auth #: 123d567824 Action buttons: Auth Details, + Create New, History, Attach, Refresh Status <table border="1" data-bbox="240 596 1524 982"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td></td> <td>Details related to the authorization</td> </tr> <tr> <td></td> <td>Create New Authorization for the member</td> </tr> <tr> <td></td> <td>Provides detailed history of the request</td> </tr> <tr> <td></td> <td>Ability to attach documents</td> </tr> <tr> <td></td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function		Details related to the authorization		Create New Authorization for the member		Provides detailed history of the request		Ability to attach documents		Allows the user to refresh the status for any updates.
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Search: Medical Authorization Log (cont.)

Step	Action										
<p>3. (cont.)</p>	<p>If the request is in draft status different fields are available. Continue, Delete, Create New, and History</p> <div data-bbox="256 323 1546 512" style="border: 1px solid black; padding: 5px;"> <p>GRETA EMERSON Date of Service: 03/16/2022 Date of Submission: Draft <small>as of 11:29am Today</small></p> <p>AmeriHealth Caritas Delaware Reference Id: --</p> <p style="text-align: right;"> → Continue 🗑 Delete + Create New ↺ History </p> </div> <table border="1" data-bbox="256 562 1546 877" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">→ Continue</td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;">🗑 Delete</td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;">+ Create New</td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;">↺ History</td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	→ Continue	Allows the user to continue working on the request	🗑 Delete	Allows the user to delete the request	+ Create New	Allows the user to create a new authorization for the member	↺ History	Provides detailed history of the request
Field	Function										
→ Continue	Allows the user to continue working on the request										
🗑 Delete	Allows the user to delete the request										
+ Create New	Allows the user to create a new authorization for the member										
↺ History	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

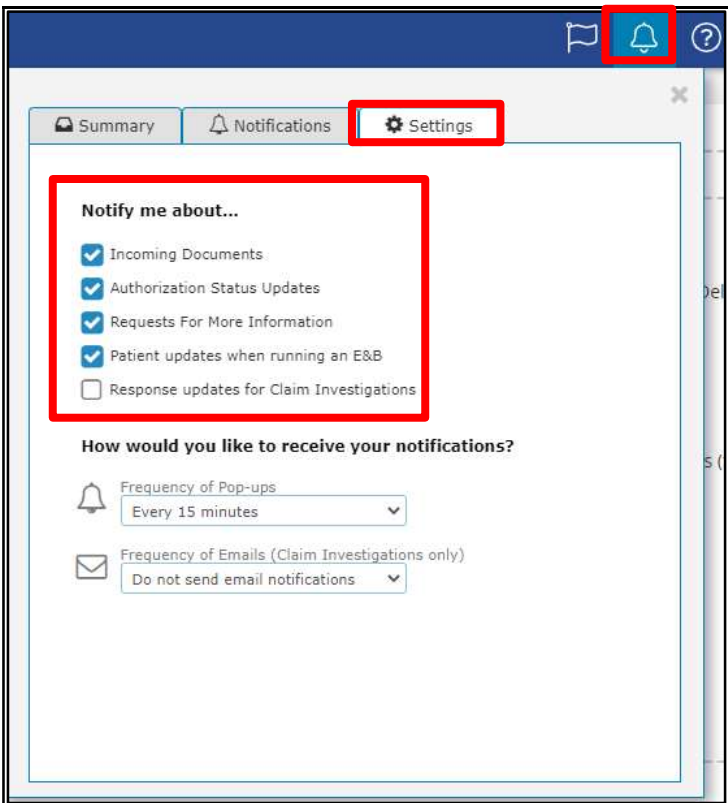
Request for More Information (RFMI)

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.

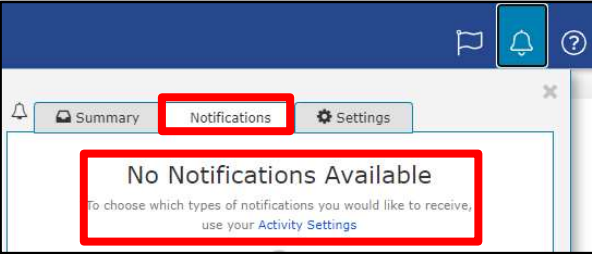
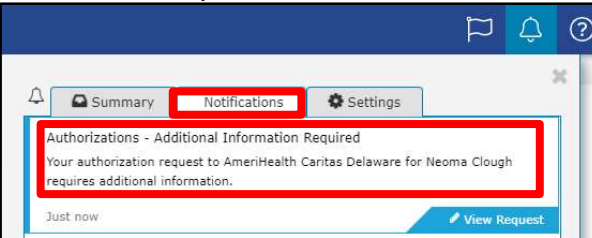
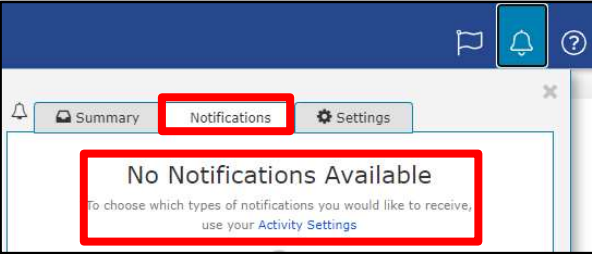
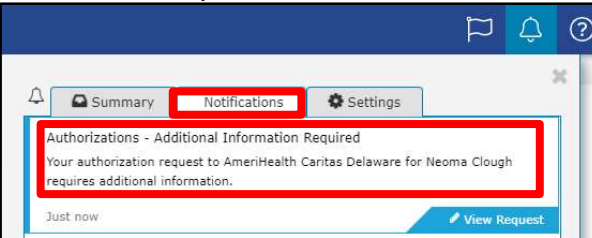
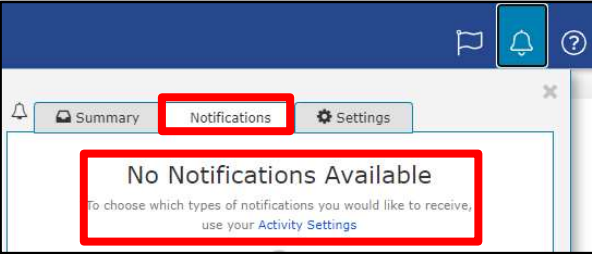
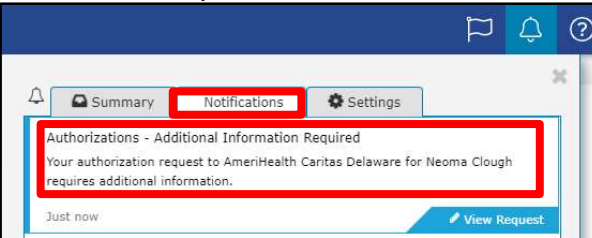
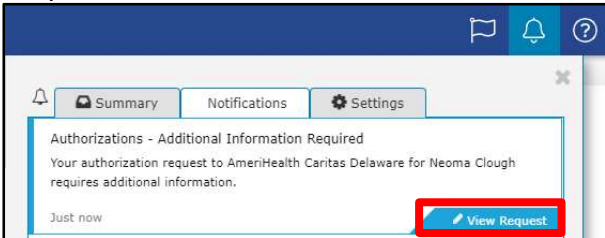
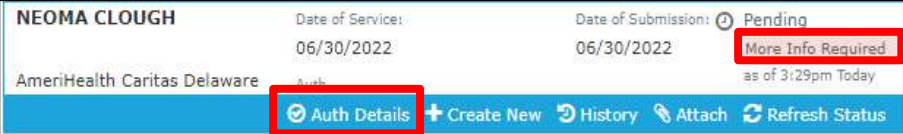


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


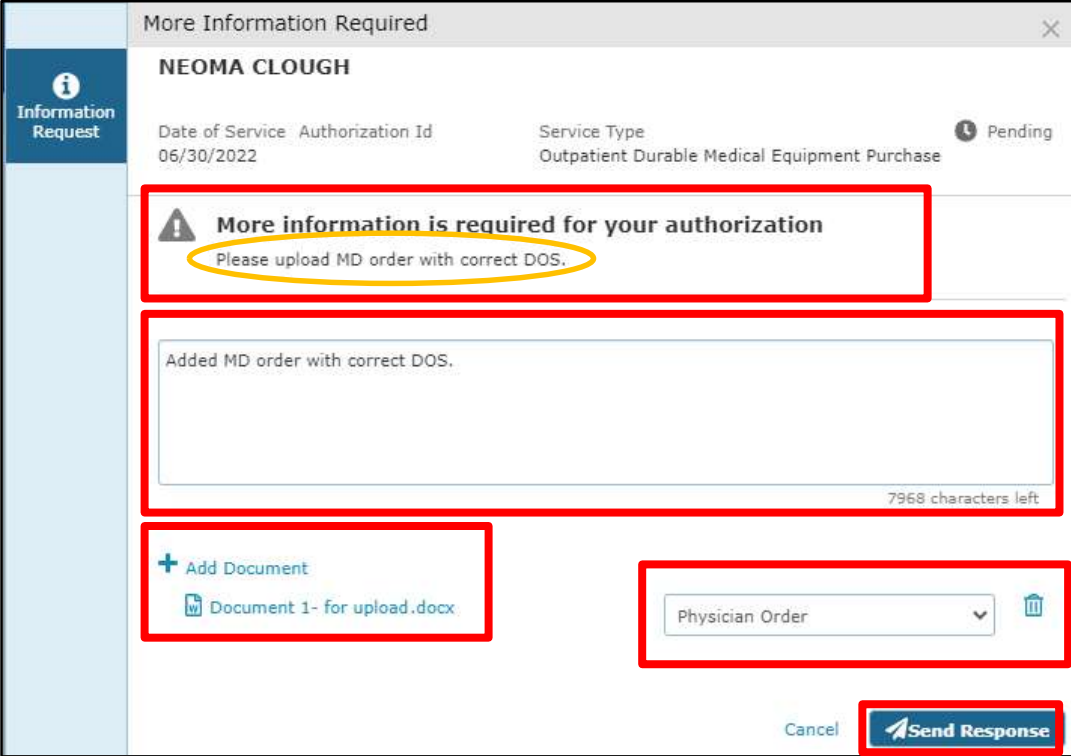
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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.)

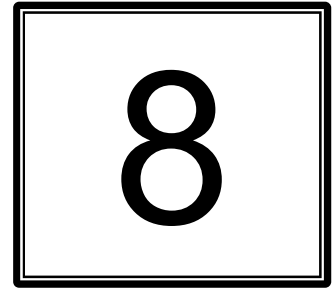
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 281 1312 947"> <thead> <tr> <th data-bbox="240 281 618 317">If...</th> <th data-bbox="618 281 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 642">No notifications exist</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 1356"> <p>1. From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="250 1356 1528 1640"> <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. The status is 'Pending'. A red box highlights the 'More Information Required >' link. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons. The authorization number is 92206016951, effective date is 06/30/2022, and expires on 09/02/2022.</p>
<p>4.</p>	<p>Complete the more information required information request. The requested information will be listed under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send the response back to the health plan select Send Response.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. The status is 'Pending'. 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 input field containing 'Added MD order with correct DOS.' with '7968 characters left'. A third red box highlights the '+ Add Document' button and the uploaded document '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.)

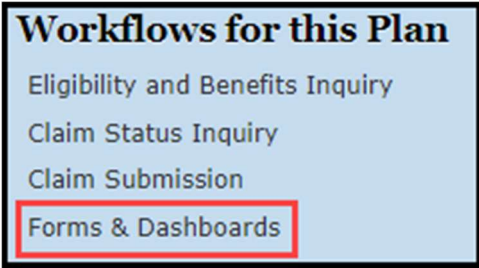
Step	Action
5.	<p>To see that the requested information has been sent back to the health plan, select History.</p>  <p>The screenshot displays the 'Authorization Details' for NEOMA CLOUGH. The status is 'Pending'. A 'History' dropdown menu is open, showing a list of events:</p> <ul style="list-style-type: none">Attached Physician Order by Jessica Williams 07/27/2022 7:35pmResponse Sent by Jessica Williams 07/27/2022 7:35pmMore Information Required from Health Plan 07/27/2022 3:16pmPending from Health Plan 06/30/2022 9:10am <p>The 'Requesting Provider' information is as follows:</p> <p>Requesting Provider 52 ERIE AVE SUITE 7 Dagsboro, DE 19939-4354 (302) 555-0038</p>



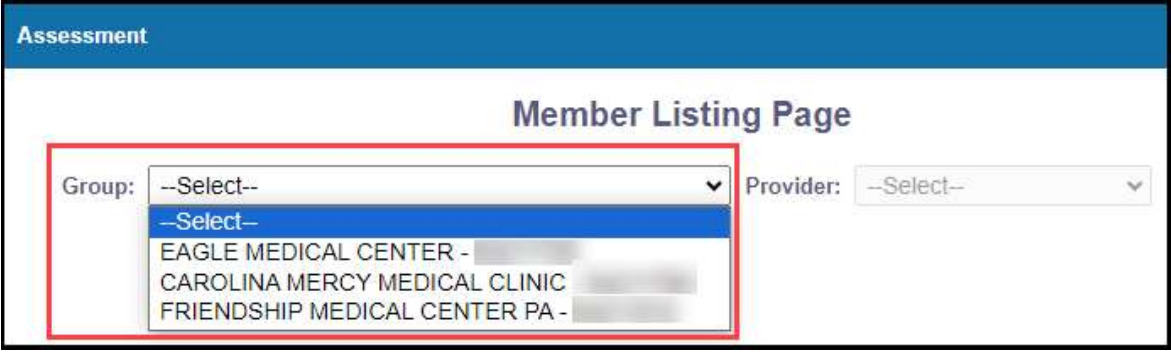
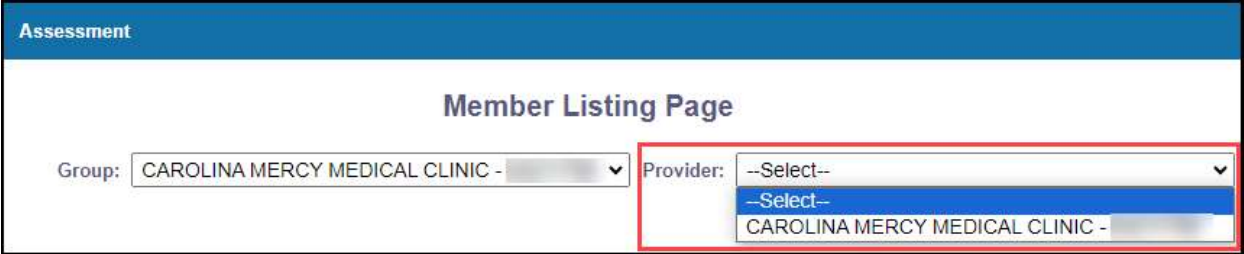
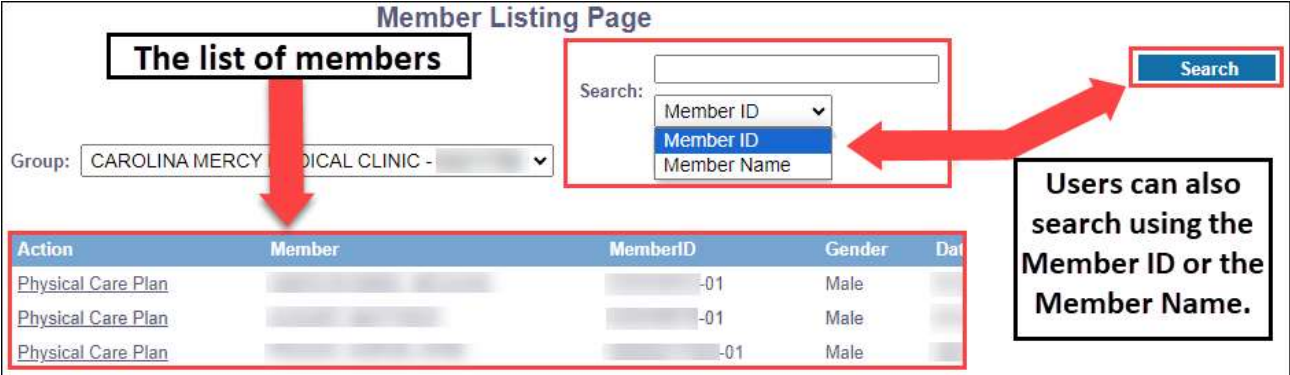
8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet



Providers may want to view assessments for their patients.

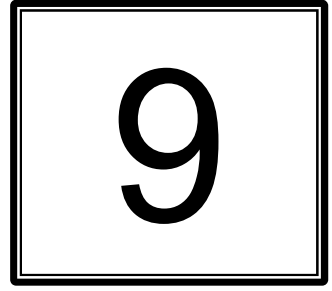
Step	Action
<i>From the health plan specific homepage...</i>	
1.	<p>Select Forms & Dashboards under Workflows for this Plan.</p>  <p>The screenshot shows a light blue box titled "Workflows for this Plan" containing a list of options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim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

Locating Assessments in NaviNet (cont.)

Step	Action																				
4.	<p>Select the Group from the drop-down.</p> 																				
5.	<p>Select the Provider from the drop-down.</p>  <p>Result: After the Group and the Provider are selected, users will also be able to search for members.</p>																				
6.	<p>Members are listed, but users can also search for members by Member ID or Member Name. Select Member ID or Member Name from the drop-down, enter the Member ID or Member Name in the search box, and then select Search.</p>  <p>The list of members</p> <table border="1" data-bbox="228 1392 1187 1535"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td>[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																	
Physical Care Plan	[blurred]	-01	Male	[blurred]																	
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="228 279 1516 401"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date Of Birth</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <div data-bbox="228 428 1560 564">  <p>If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.</p> </div>	Action	Member	MemberID	Gender	Date Of Birth	Physical Care Plan		-01	Male			
Action	Member	MemberID	Gender	Date Of Birth									
Physical Care Plan		-01	Male										
8.	<p>The Assessment Summary is displayed. Users can select the assessment they wish to view.</p> <table border="1" data-bbox="228 659 1255 957"> <thead> <tr> <th colspan="2">Assessment Summary</th> </tr> <tr> <th>Assessment</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Initial Assessment-PEDS</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment-PEDS</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment - Adult</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment - Adult</td> <td>02/28/2024</td> </tr> </tbody> </table> <p><i>Result:</i> The assessment questions and answers will be displayed.</p> <div data-bbox="228 1047 1560 1184">  <p>If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.</p> </div>	Assessment Summary		Assessment	Date	Initial Assessment-PEDS	02/28/2024	Initial Assessment-PEDS	02/28/2024	Initial Assessment - Adult	02/28/2024	Initial Assessment - Adult	02/28/2024
Assessment Summary													
Assessment	Date												
Initial Assessment-PEDS	02/28/2024												
Initial Assessment-PEDS	02/28/2024												
Initial Assessment - Adult	02/28/2024												
Initial Assessment - Adult	02/28/2024												



9 RESOURCES

Plan Contact Information

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

Escalation Process and Training Requests – Account Executives and Providers

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

Revision History

Date	Revisions
12/31/24	Removed created by associate names. Removed "confidential" from the footer. Added revision history table.