

NaviNet Medical Authorizations Participant Guide

Corporate Clinical Systems Training Department

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Jessica Williams

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Review Cycle: Annually

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1 LOGGING IN TO NAVINET

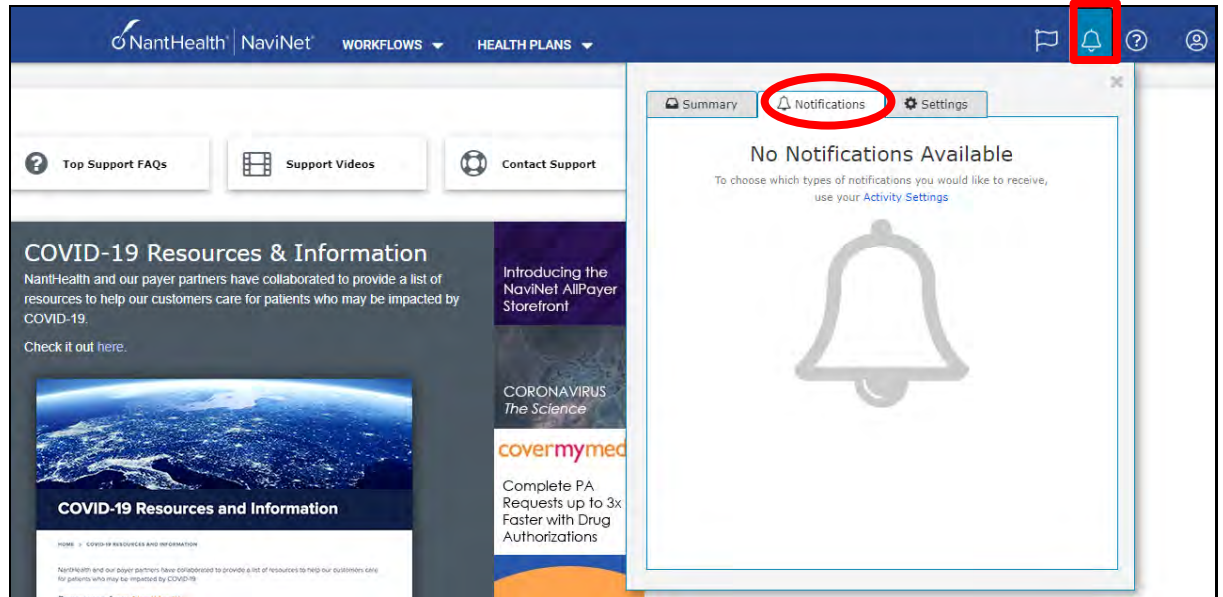
Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 352 1154 1033"></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'd)



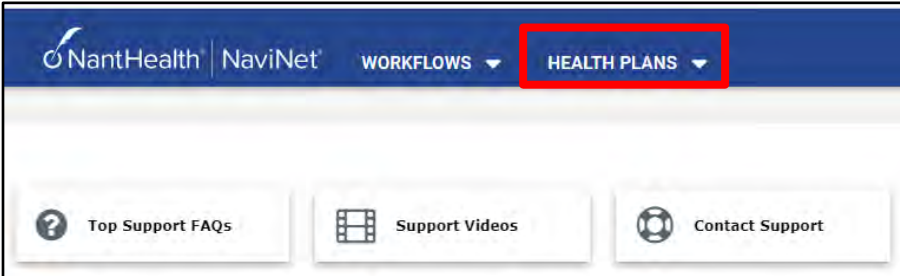

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



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

Logging in to NaviNet (cont'd)

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

- Medical Authorizations
- Medical Authorizations Log
- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Report Inquiry
- Claim Submission
- Provider Directory

FAQs

- How do I change my password?
- I cannot remember my password.
- How do I set up additional Health Plans?
- What are the roles and responsibilities of a Security Officer?
- How do I enable or disable permissions for users in my office?

Browser requirement: You must use Internet Explorer 10 or 11, or Firefox 26 to use the Jiva 5.6 Provider Portal.

Welcome AmeriHealth Caritas Delaware providers to the **NaviNet Plan Central Page**, your connection between our secure, easy-to-use provider portal and the AmeriHealth tools will enable you to provide the best care possible for our members.

Check out **Latest News and Updates** regularly for new functionalities to make your office more efficient.

Some functionality already available to you includes member eligibility verification, claims submission and status, electronic prior authorization submission, and member panel providers).

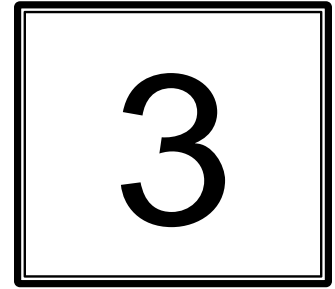
Use Quick Links:

- Provider manual.
- Billing information.
- Provider Quick Reference Guide.

Training Videos

- Claims Investigation
- Intensive Case Management
- Care Gaps
- ADT Alerts

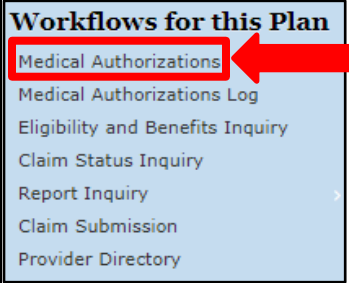
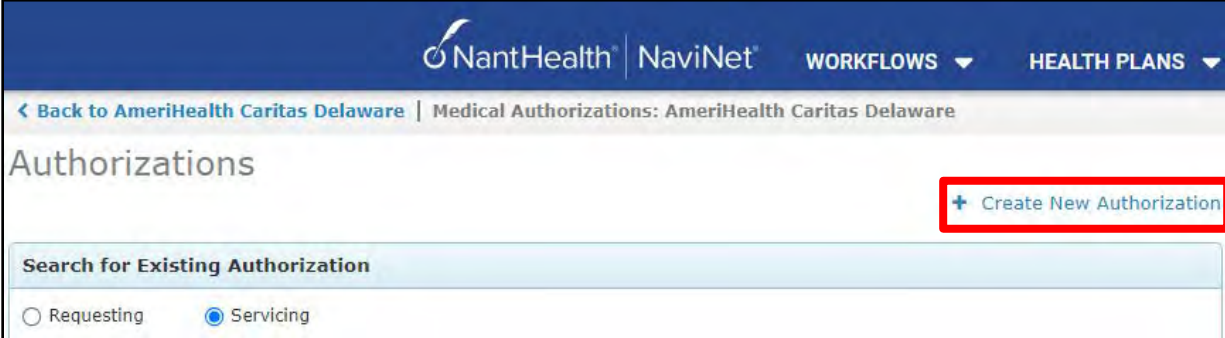
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available to include initiating medical authorizations, inquiries, etc.
FAQs	Frequently Asked Questions	<ul style="list-style-type: none"> Includes answers to questions frequently asked.
Training Videos	Training Videos	<ul style="list-style-type: none"> Instructional videos on system usage.




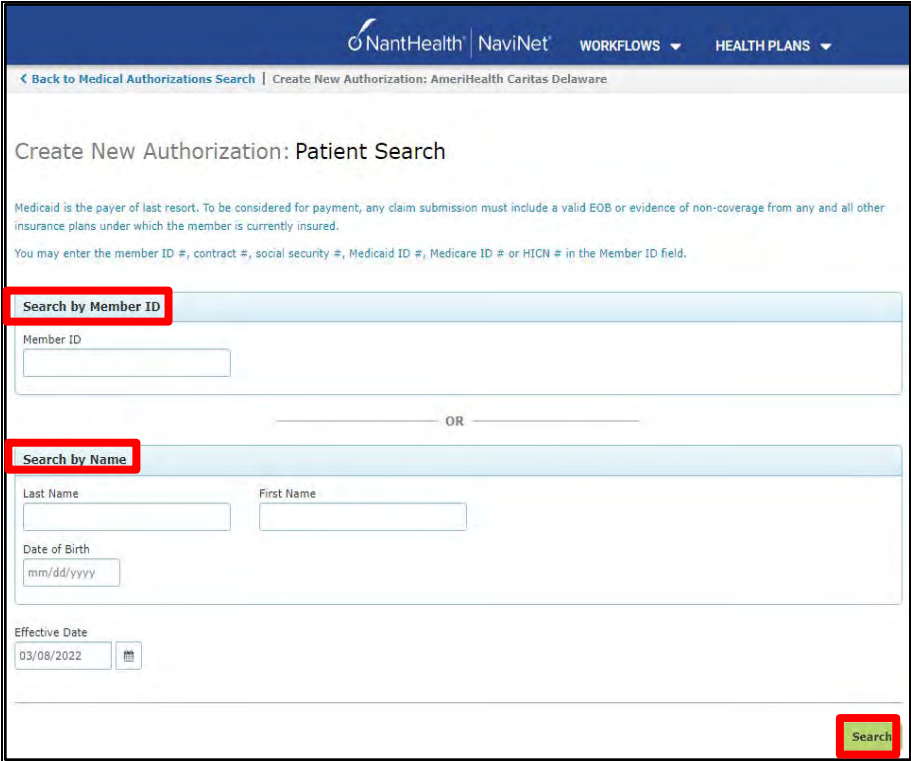
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

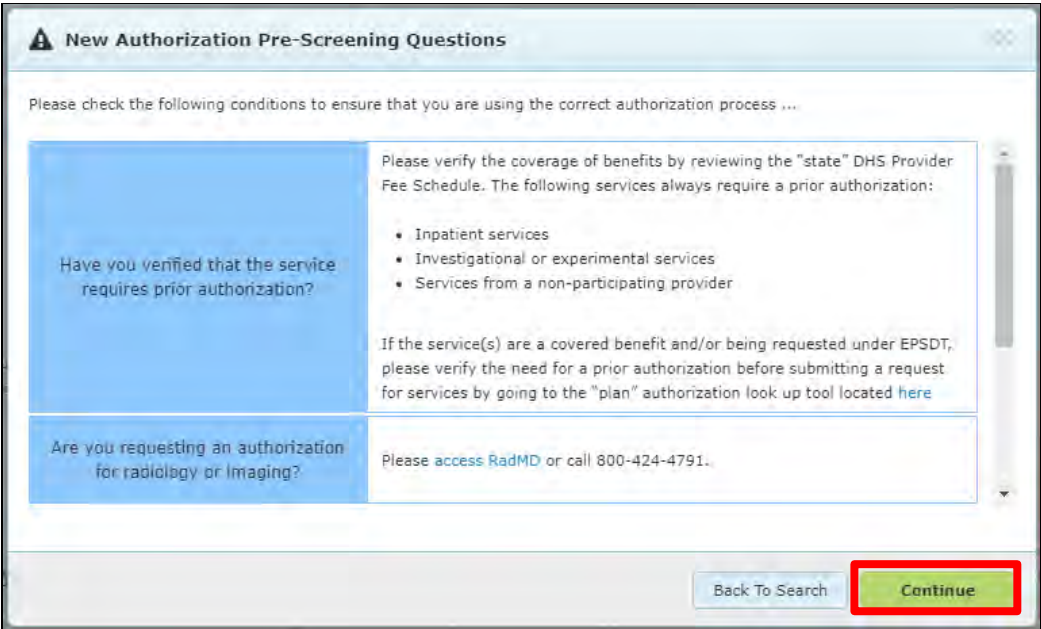
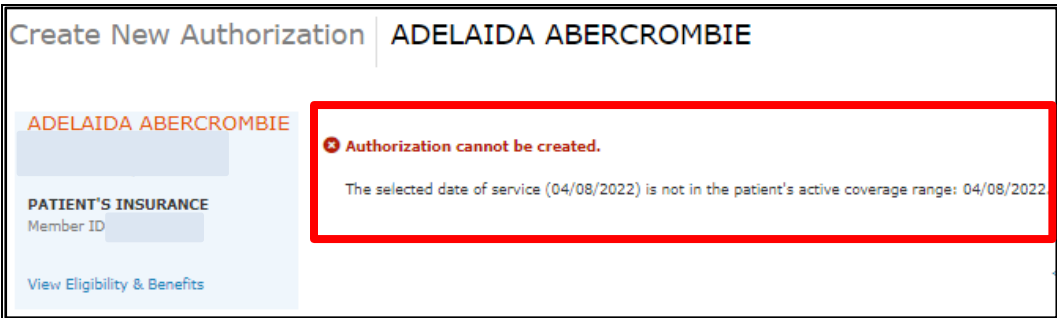
To create a new authorization:

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

Creating a New Authorization (cont'd)

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="240 394 347 499" style="border: 1px solid black; padding: 5px; display: inline-block;">  </div> <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 data-bbox="217 527 1123 1283" style="border: 1px solid black; padding: 10px;">  </div> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> <div data-bbox="233 1394 956 1545" style="border: 1px solid black; padding: 10px;"> <p>Create New Authorization: Patient Search</p> <p>✘ Subscriber / Insured Not Found. Please Correct and Resubmit.</p> </div>


Creating a New Authorization (cont'd)

Step	Action
4.	<p>Address the pre-screening questions pop up box and select Continue.</p> <p>Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>
If...	Then...
The member has active coverage	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p>
The member is ineligible	<p>The provider will receive the authorization cannot be created message.</p> 

Creating a New Authorization (cont'd)

Step	Action
------	--------

5. Enter service type and place of service, then select **Next**



View Eligibility & Benefits is available to view under the member's demographic information.

Create New Authorization

FRANKIE MOCHRIE
Male born on 11/20/1981 (40 yrs old)

FRANKIE MOCHRIE

PATIENT'S INSURANCE
Member ID: [REDACTED]

Active Coverage
from 11/01/2019 - 12/31/2199

PRIMARY CARE PHYSICIAN
NPI: [REDACTED]

[View Eligibility & Benefits](#)

Service Type

Select service type...

Place of Service

Select place of service...

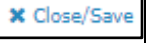
Eligibility & Benefits
can be viewed here.

Cancel

Next >

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.

If...	Then...
Creating an outpatient episode	Continue to the next step (step 6)
Creating an inpatient episode	Continue to step 7

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.

Close Authorization
✕

You are closing an authorization that has not yet been submitted.

✕ Discard Auth

Cancel

Save As Draft

- Discard Auth** – deletes the request
- Cancel** – allows the user to continue
- Save As Draft** – allows the user to come back and complete the request later



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"> <tr> <td data-bbox="207 289 461 443">Date of Service</td> <td data-bbox="466 289 1552 443"> This defaults to the current date and is not available to be changed. <div data-bbox="477 342 678 436" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div> </td> </tr> <tr> <td data-bbox="207 449 461 856">Level of Service</td> <td data-bbox="466 449 1552 856"> Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="477 501 964 659" style="border: 1px solid black; padding: 5px;"> Level of Service ? Elective Select Level of Service ... 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The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="477 1633 1422 1808" style="border: 1px solid black; padding: 5px;"> Diagnoses Add Diagnoses ... <table border="1"> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td style="text-align: right;">↓ 🗑️</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div> </td> </tr> </table>	Date of Service	This defaults to the current date and is not available to be changed. <div data-bbox="477 342 678 436" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div>	Level of Service	Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="477 501 964 659" 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'd)

Step	Action
6.	<p>Services</p> <p>From / To</p> <p>From (start date) / To (end date)</p> <div data-bbox="537 310 867 394" style="border: 1px solid #ccc; padding: 5px;"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p>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="537 646 1487 936" style="border: 1px solid #ccc; padding: 10px;"> <div style="border: 2px solid red; padding: 5px; margin-bottom: 10px;"> <ul style="list-style-type: none"> • Invalid / Missing Date(s) of Service - Please Correct and Resubmit </div> <p>Service Type</p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 10px;"> + Outpatient Durable Medical Equipment P... </div> <p>Place of Service</p> <div style="border: 1px solid #ccc; padding: 2px;"> + Home </div> </div> <p>Procedure Code</p> <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.</p> <div data-bbox="537 1117 740 1220" style="border: 1px solid #ccc; padding: 5px;"> <p>Procedure Code</p> <input style="width: 100%;" type="text"/> </div> <p>Modifiers</p> <p>Free text field. This is not a mandatory field.</p> <div data-bbox="537 1283 815 1371" style="border: 1px solid #ccc; padding: 5px;"> <p>Modifiers</p> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> </div> <p>Units</p> <p>Free text numeric value.</p> <div data-bbox="537 1434 815 1524" style="border: 1px solid #ccc; padding: 5px;"> <p>Units</p> <input style="width: 80%;" type="text" value="1"/> Unit(s) </div> <p>Add New Service Line</p> <p>The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="537 1667 834 1757" style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; color: #0070C0; font-weight: bold;">+ Add New Service Line</p> </div>









Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="228 226 410 258">Attachments</p> <p data-bbox="228 279 467 310">+ Add Document</p> <p data-bbox="540 279 1520 499">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. The user can identify the document type based on the drop down list. If the user attaches a document, the document type is mandatory. Select document type drop down. The user also has the ability to delete any document attached in error.</p> <div data-bbox="540 516 1520 751"> <p data-bbox="565 531 686 552">Attachments</p> <p data-bbox="565 579 711 615">+ Add Document</p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1213"> <p data-bbox="565 783 686 804">Attachments</p> <p data-bbox="565 831 711 867">+ Add Document</p> <p data-bbox="565 888 824 909">  Document 1- for upload.docx </p> <p data-bbox="1003 888 1279 909"> Select document type ... ▼ </p> <p data-bbox="1328 888 1482 930">  Delete </p> <ul data-bbox="1003 930 1295 1203" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary </div>

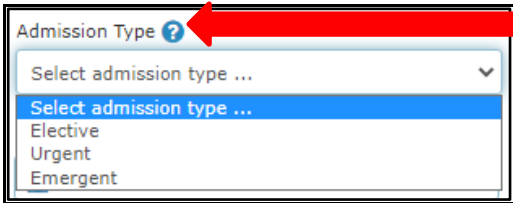
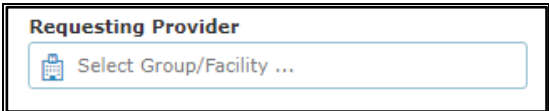

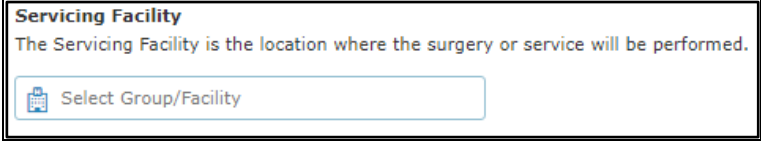
Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="245 224 553 254">Notes</p> <p data-bbox="245 264 553 294">Notes</p> <p data-bbox="561 264 1552 373">Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="561 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p data-bbox="245 569 553 598">Contact Information</p> <p data-bbox="561 569 1552 716">Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p data-bbox="561 730 1552 800">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="561 863 1552 1289"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;">Cancel << Previous Submit</p> </div> <p data-bbox="245 1331 915 1360">***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="431 306 1068 552" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="431 604 1422 772"> <tr> <td>Service Type</td> <td>Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)</td> </tr> <tr> <td>Place of Service</td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click Next to continue.</p> <div data-bbox="431 877 667 978" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next »</p> </div>	Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)	Place of Service	Location in which services will be rendered.
Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)				
Place of Service	Location in which services will be rendered.				
	<p>Date of Admission/ Date of Discharge Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1157 992 1272" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div> <p>Note: The user will receive the message below if the dates of service overlap in the same case.</p> <div data-bbox="431 1377 1097 1671" 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>				

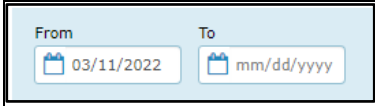
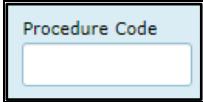

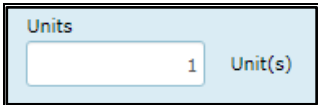
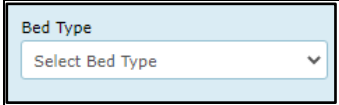
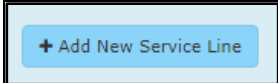
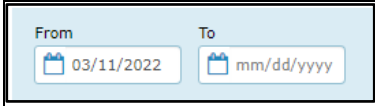
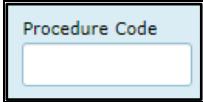

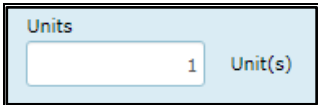
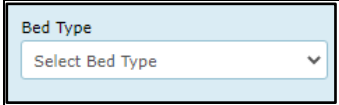
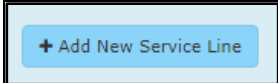
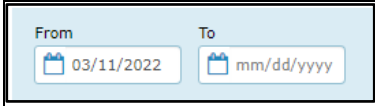
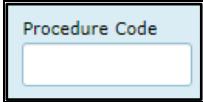

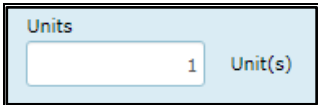
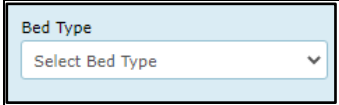
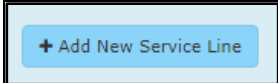
Creating a New Authorization – Inpatient Request (cont'd)

Step	Action								
7.	<p data-bbox="217 228 375 296">Admission Type</p> <p data-bbox="418 228 1495 296">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 510">  </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 772"> <thead> <tr> <th data-bbox="423 520 586 552">If</th> <th data-bbox="591 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 586 621">Elective</td> <td data-bbox="591 558 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722">Urgent</td> <td data-bbox="591 627 1406 722">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 728 586 760">Emergent</td> <td data-bbox="591 728 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="217 833 375 900">Requesting Provider</p> <p data-bbox="418 833 1479 900">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 915 963 1024">  </div>								
	<p data-bbox="217 1071 375 1138">Servicing Provider</p> <p data-bbox="418 1071 1528 1138">Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="418 1152 963 1262">  </div>								
	<p data-bbox="217 1287 375 1354">Servicing Facility</p> <p data-bbox="418 1287 1341 1318">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1333 1174 1472">  </div>								


Creating a New Authorization – Inpatient (cont'd)

Step	Action								
7.	<p data-bbox="207 224 521 254">Diagnoses</p> <p data-bbox="207 260 521 827">Diagnoses</p> <p data-bbox="537 260 1552 296">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"><p data-bbox="548 317 919 344">Diagnoses</p><input data-bbox="553 359 914 415" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 436 1552 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="537 598 1552 783"><p data-bbox="548 604 919 632">Diagnoses</p><input data-bbox="553 646 914 703" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 709 1544 777"><tbody><tr><td data-bbox="553 709 651 737">1 (Primary)</td><td data-bbox="678 709 764 737">M62.81</td><td data-bbox="808 709 1333 737">Muscle weakness (generalized)</td><td data-bbox="1338 709 1544 737"> </td></tr><tr><td data-bbox="553 743 651 770">2</td><td data-bbox="678 743 764 770">T67.01XA</td><td data-bbox="808 743 1333 770">Heatstroke and sunstroke, initial encounter</td><td data-bbox="1338 743 1544 770"></td></tr></tbody></table></div>	1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
1 (Primary)	M62.81	Muscle weakness (generalized)	 						
2	T67.01XA	Heatstroke and sunstroke, initial encounter							

Creating a New Authorization – Inpatient (cont'd)

Step	Action												
7.	<p data-bbox="207 222 326 254">Services</p> <table border="1" data-bbox="207 260 1471 1629"> <tr> <td data-bbox="207 260 527 457">From / To</td> <td data-bbox="532 260 1471 457"> <p data-bbox="544 260 1463 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="544 348 914 453">  </div> </td> </tr> <tr> <td data-bbox="207 464 527 814">Procedure Code</td> <td data-bbox="532 464 1471 814"> <p data-bbox="544 464 1463 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="544 709 743 810">  </div> </td> </tr> <tr> <td data-bbox="207 821 527 961">Modifiers</td> <td data-bbox="532 821 1471 961"> <p data-bbox="544 821 1117 856">This is a free text field and is not mandatory.</p> <div data-bbox="544 873 818 957">  </div> </td> </tr> <tr> <td data-bbox="207 968 527 1171">Units</td> <td data-bbox="532 968 1471 1171"> <p data-bbox="544 968 1463 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1062 857 1167">  </div> </td> </tr> <tr> <td data-bbox="207 1178 527 1381">Bed Type</td> <td data-bbox="532 1178 1471 1381"> <p data-bbox="544 1178 1382 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1272 878 1377">  </div> </td> </tr> <tr> <td data-bbox="207 1388 527 1629">+ Add New Service Line</td> <td data-bbox="532 1388 1471 1629"> <p data-bbox="544 1388 1463 1503">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="544 1520 818 1604">  </div> </td> </tr> </table>	From / To	<p data-bbox="544 260 1463 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="544 348 914 453">  </div>	Procedure Code	<p data-bbox="544 464 1463 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="544 709 743 810">  </div>	Modifiers	<p data-bbox="544 821 1117 856">This is a free text field and is not mandatory.</p> <div data-bbox="544 873 818 957">  </div>	Units	<p data-bbox="544 968 1463 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1062 857 1167">  </div>	Bed Type	<p data-bbox="544 1178 1382 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1272 878 1377">  </div>	+ Add New Service Line	<p data-bbox="544 1388 1463 1503">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="544 1520 818 1604">  </div>
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Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 222 381 254">Attachments</p> <p data-bbox="219 264 430 296">Add Document</p> <p data-bbox="537 264 1542 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="537 422 1484 657"> <p data-bbox="560 436 678 457">Attachments</p> <p data-bbox="560 485 716 520">+ Add Document</p> <p data-bbox="829 596 1195 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="560 684 678 705">Attachments</p> <p data-bbox="560 732 716 768">+ Add Document</p> <p data-bbox="560 789 813 814">  Document 1- for upload.docx </p> <p data-bbox="992 793 1252 821">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 793 1446 835">Delete</p> </div>

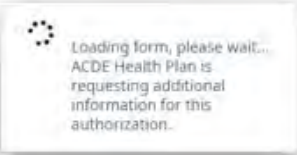
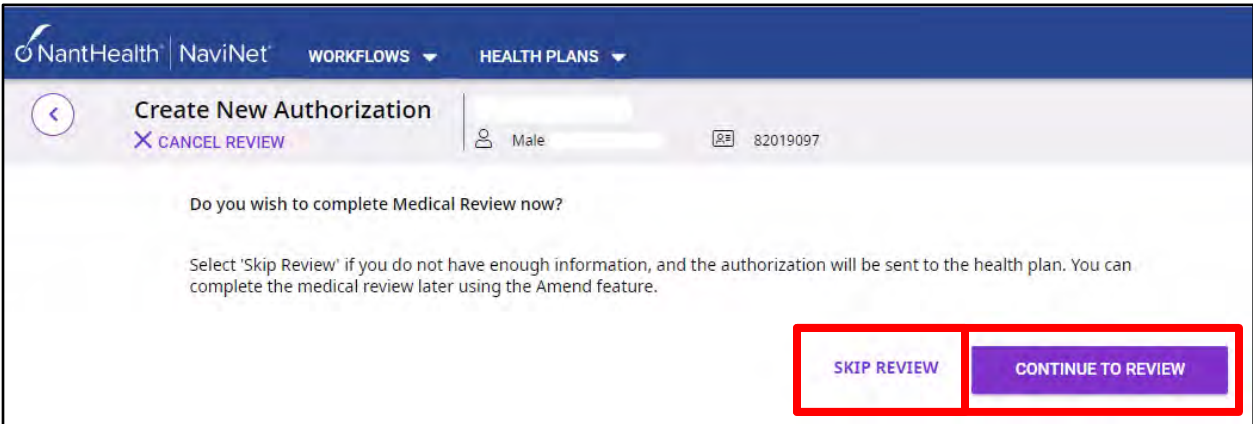
Creating a New Authorization – Inpatient (cont'd)

Step	Action						
7.	<p data-bbox="207 239 305 268">Notes</p> <p data-bbox="207 281 305 310">Notes</p> <p data-bbox="537 281 1516 394">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="537 407 1533 583"><p data-bbox="548 415 597 436">Notes</p><p data-bbox="565 445 734 466">Enter Clinical Notes ...</p><p data-bbox="1393 554 1523 575">264 characters left</p></div> <p data-bbox="207 596 500 625">Contact Information</p> <p data-bbox="537 596 1533 751">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="537 764 1516 835">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 848 1533 1289"><p data-bbox="548 856 760 877">▼ Contact Information</p><table data-bbox="537 890 1533 1121"><tr><td data-bbox="548 890 850 961">First Name Beth</td><td data-bbox="1040 890 1230 961">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="548 974 850 1045">Last Name Williams</td><td data-bbox="1040 974 1230 1045">Fax Number Optional</td></tr><tr><td data-bbox="548 1058 850 1121">Email Address Optional</td><td data-bbox="1040 1037 1382 1100"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><p data-bbox="565 1150 695 1171">DECLARATION</p><p data-bbox="565 1184 1256 1205"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1208 1247 1533 1268">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						

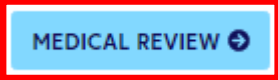
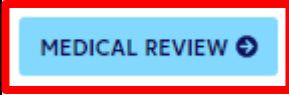
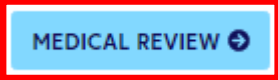
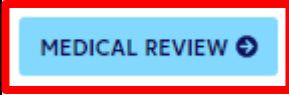
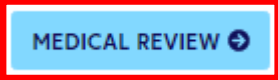
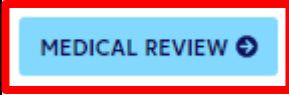
Creating a New Authorization – InterQual – Outpatient and Inpatient



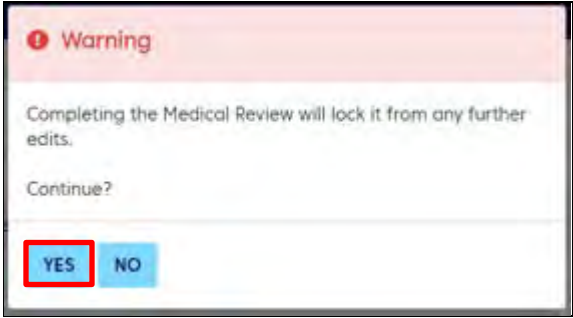
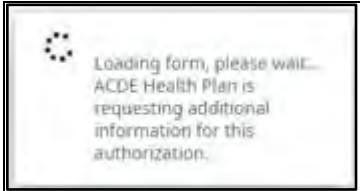
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	<p>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.</p>						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 531 636 785" style="border: 1px solid black; padding: 10px; text-align: center;">  </div>						
10.	<p>Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’</p> <div data-bbox="207 898 1453 1318" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1367 1469 1892"> <thead> <tr> <th data-bbox="207 1367 524 1415">If...</th> <th data-bbox="529 1367 1469 1415">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1421 524 1686"> <p>Skip Review</p> </td> <td data-bbox="529 1421 1469 1686"> <p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p> </td> </tr> <tr> <td data-bbox="207 1692 524 1892"> <p>Continue to Review</p> </td> <td data-bbox="529 1692 1469 1892"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If...	Then...	<p>Skip Review</p>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>	<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
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Creating a New Authorization - InterQual (cont'd)

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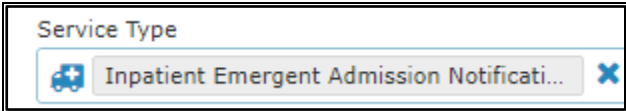


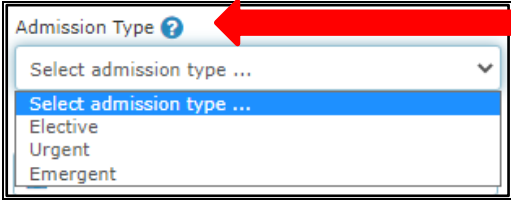
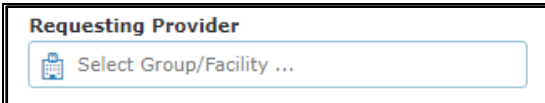
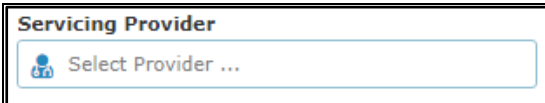
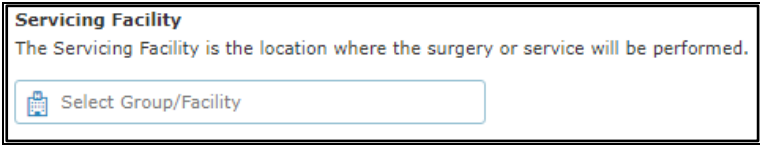
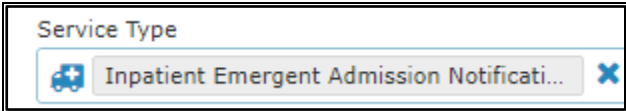


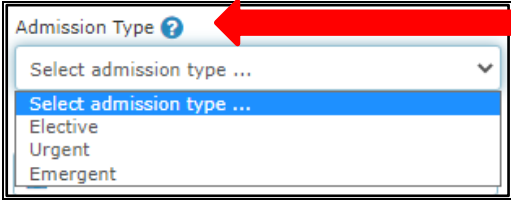
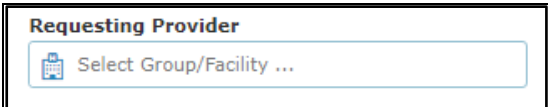
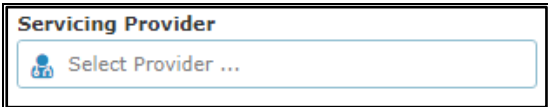
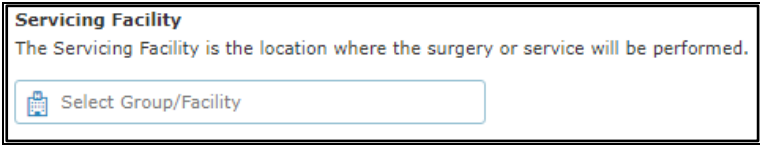
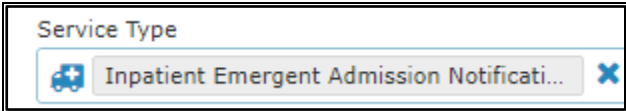


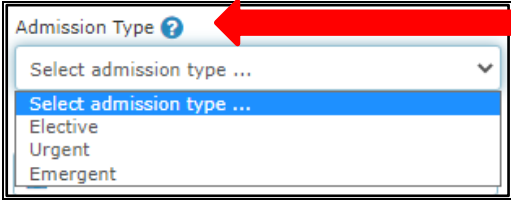
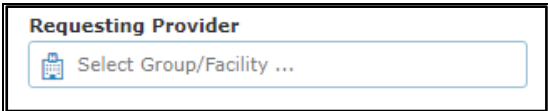

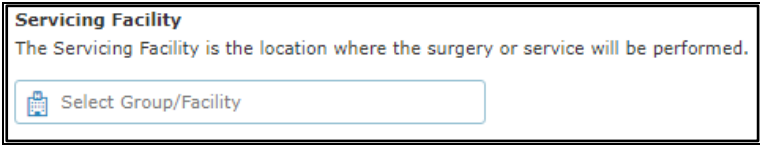
Creating a New Authorization - InterQual (cont'd)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1559 632"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="708 264 1559 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 317 703 428">Q&A criteria is used (outpatient)</td> <td data-bbox="708 317 1559 428">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 434 703 546">Decision tree is used (inpatient)</td> <td data-bbox="708 434 1559 546">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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Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.						
13.	<p>When the review is complete, click Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red exclamation mark icon. The text reads: "Warning", "Completing the Medical Review will lock it from any further edits.", and "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red box) and "NO".</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular refresh icon. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "Loading form, please wait...".</p>						




Creating a New Authorization - InterQual (cont'd)

Step	Action			
15.	<p data-bbox="203 226 1291 258">Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p> <div data-bbox="203 294 1453 877"><p data-bbox="219 321 820 357">Authorization Details FRANKIE MOCHRIE</p><p data-bbox="1247 310 1409 373">AmeriHealth Caritas Delaware</p><p data-bbox="836 422 1437 443">+ Create New History Authorization Search View/Print as PDF</p><p data-bbox="219 457 349 489">Pending Authorization #: 92204002349</p><p data-bbox="207 506 402 527">Disposition pending review</p><table border="0" data-bbox="219 562 1307 871"><tr><td data-bbox="219 562 495 871"><p>FRANKIE MOCHRIE</p><p>PATIENT'S INSURANCE</p><p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p><p>View Eligibility & Benefits</p></td><td data-bbox="511 562 1015 871"><p>Requesting Provider Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 ☎ (302) 698-4441</p><p>Servicing Facility Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p></td><td data-bbox="1031 562 1307 871"><p>Servicing Provider Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p></td></tr></table></div>	<p>FRANKIE MOCHRIE</p> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p>	<p>Requesting Provider Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 ☎ (302) 698-4441</p> <p>Servicing Facility Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p>	<p>Servicing Provider Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>
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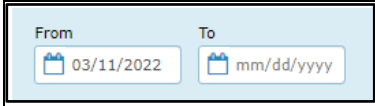
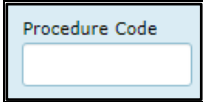

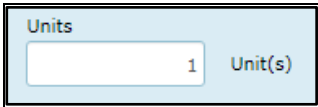
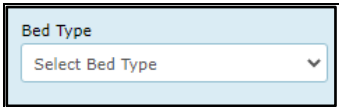
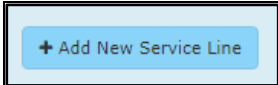
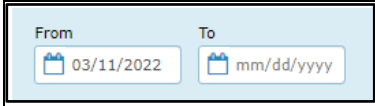
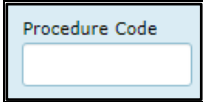

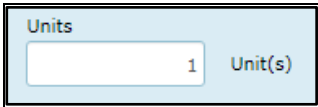
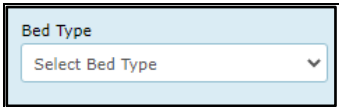
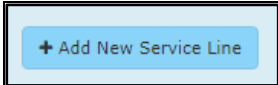
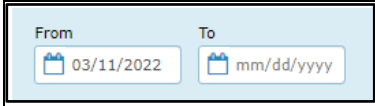
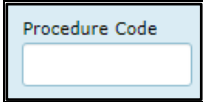

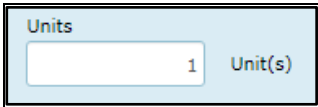
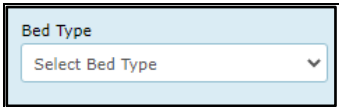
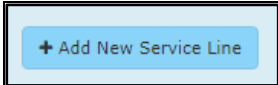
Creating a New Authorization – Inpatient Emergent Admission Notification

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="207 317 521 688"> Service Type </td> <td data-bbox="526 317 1552 688"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 684">  </div> </td> </tr> <tr> <td data-bbox="207 695 521 909"> Date of Admission/ Date of Discharge </td> <td data-bbox="526 695 1552 909"> <p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 905">  </div> </td> </tr> <tr> <td data-bbox="207 915 521 1213"> Admission Type </td> <td data-bbox="526 915 1552 1213"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1062 961 1520 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1220 521 1381"> Requesting Provider </td> <td data-bbox="526 1220 1552 1381"> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1377">  </div> </td> </tr> <tr> <td data-bbox="207 1388 521 1591"> Servicing Provider </td> <td data-bbox="526 1388 1552 1591"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1587">  </div> </td> </tr> <tr> <td data-bbox="207 1598 521 1812"> Servicing Facility </td> <td data-bbox="526 1598 1552 1812"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797">  </div> </td> </tr> </table>	Service Type	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 684">  </div>	Date of Admission/ Date of Discharge	<p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 905">  </div>	Admission Type	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1062 961 1520 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div>	Requesting Provider	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1377">  </div>	Servicing Provider	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1587">  </div>	Servicing Facility	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797">  </div>
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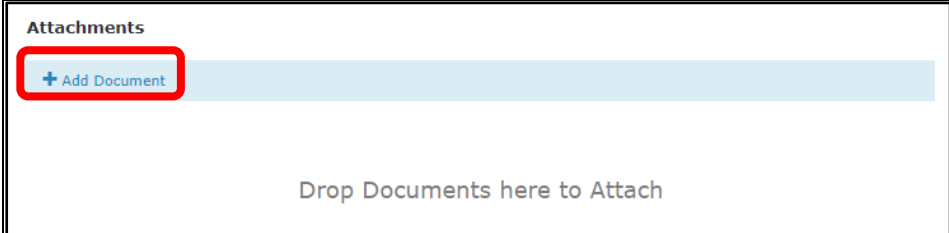
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action								
6.	<p data-bbox="219 222 365 254">Diagnoses</p> <p data-bbox="219 264 381 296">Diagnoses</p> <p data-bbox="548 264 1494 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 348 941 464"><p data-bbox="560 359 673 380">Diagnoses</p><input data-bbox="560 401 922 443" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="548 478 1542 625">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="548 642 1559 821"><p data-bbox="560 653 673 674">Diagnoses</p><input data-bbox="560 695 922 737" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="560 737 1550 810"><tbody><tr><td data-bbox="565 743 584 764">1</td><td data-bbox="609 743 673 764">(Primary) M62.81</td><td data-bbox="812 743 1047 764">Muscle weakness (generalized)</td><td data-bbox="1453 730 1542 783"></td></tr><tr><td data-bbox="565 779 576 800">2</td><td data-bbox="690 779 771 800">T67.01XA</td><td data-bbox="812 779 1144 800">Heatstroke and sunstroke, initial encounter</td><td></td></tr></tbody></table></div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action												
6.	<p>Services</p> <table border="1"> <tr> <td data-bbox="204 254 527 457">From / To</td> <td data-bbox="527 254 1471 457"> <p>From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="204 457 527 814">Procedure Code</td> <td data-bbox="527 457 1471 814"> <p>This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="204 814 527 968">Modifiers</td> <td data-bbox="527 814 1471 968"> <p>This is a free text field and is not a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="204 968 527 1171">Units</td> <td data-bbox="527 968 1471 1171"> <p>Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="204 1171 527 1339">Bed Type</td> <td data-bbox="527 1171 1471 1339"> <p>Select bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="204 1339 527 1602">+ Add New Service Line</td> <td data-bbox="527 1339 1471 1602"> <p>Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p>From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> 	Procedure Code	<p>This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> 	Modifiers	<p>This is a free text field and is not a mandatory field.</p> 	Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p>Select bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p>Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> 
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Bed Type	<p>Select bed type from the drop down list. This is a mandatory field.</p> 												
+ Add New Service Line	<p>Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> 												

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

Step	Action
6.	<p data-bbox="203 239 381 268">Attachments</p> <p data-bbox="219 279 430 308">Add Document</p> <p data-bbox="535 279 1534 426">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="535 441 1485 672"> <p data-bbox="560 457 673 478">Attachments</p> <p data-bbox="560 493 714 535">+ Add Document</p> <p data-bbox="828 619 1193 640">Drop Documents here to Attach</p> </div> <div data-bbox="535 688 1485 1123"> <p data-bbox="560 703 673 724">Attachments</p> <p data-bbox="560 745 714 787">+ Add Document</p> <p data-bbox="560 808 812 829">  Document 1- for upload.docx </p> <p data-bbox="990 808 1258 850">Select document type ...</p> <ul data-bbox="990 850 1274 1113" 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="1299 808 1453 850">Delete</p> </div>

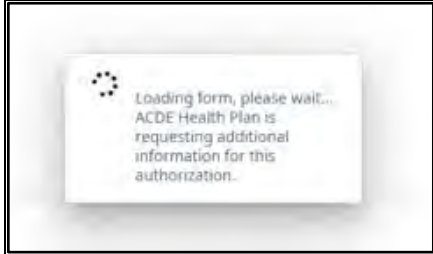
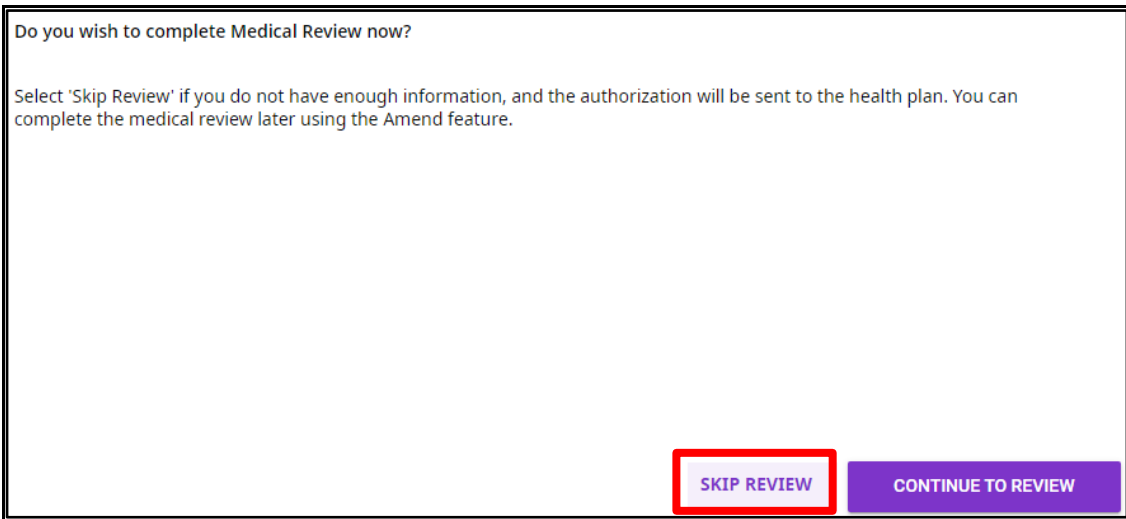
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p>Notes</p> <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="537 407 1533 583" style="border: 1px solid black; padding: 5px;"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">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="537 846 1533 1255" style="border: 1px solid black; padding: 5px;"> <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 style="text-align: right;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Submit"/> </p> </div>

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


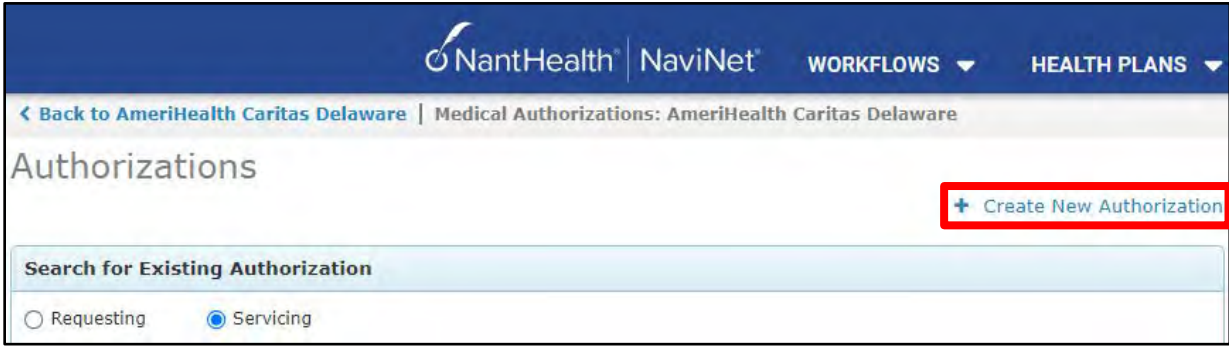


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


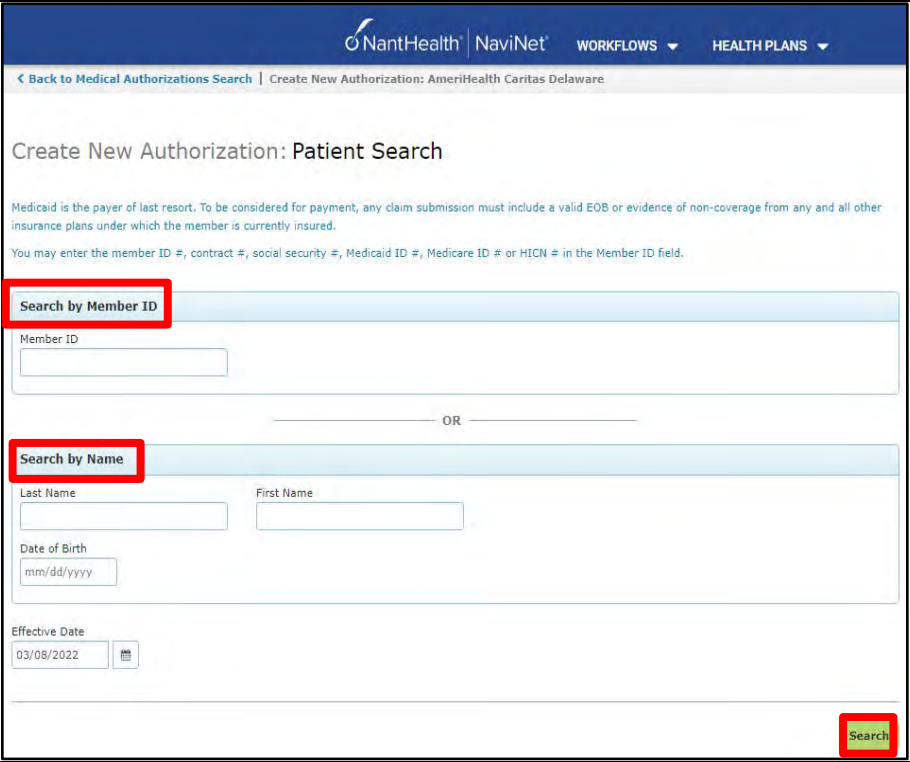

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a light gray border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional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

Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

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

Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="220 342 1552 485"><p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p></div> <div data-bbox="220 495 1123 1251"></div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472"><p>Create New Authorization: Patient Search</p><p> Subscriber / Insured Not Found. Please Correct and Resubmit.</p></div>

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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="203 354 397 401">If...</th> <th data-bbox="397 354 1559 401">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 401 397 1249"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1249"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 457 1446 1083" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="203 1249 397 1629"> <p>The member is ineligible</p> </td> <td data-bbox="397 1249 1559 1629"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1310 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="407 457 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 1310 1458 1623" data-label="Image"> </div>
If...	Then...						
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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1310 1458 1623" data-label="Image"> </div>						




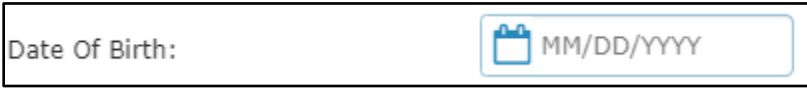
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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="186 430 1542 856"><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="186 982 1588 1312"><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'd)

Step	Action
6.	<div data-bbox="207 226 1182 1171"><p>Add Maternity Details ✕</p><p>Baby's Last Name: <input type="text"/></p><p>Baby's First Name: <input type="text"/></p><p>Gender: <input type="text" value="Select"/></p><p>Date Of Birth: <input type="text" value="MM/DD/YYYY"/></p><p>Weight in Grams: <input type="text"/></p><p>1 Minute Apgar: <input type="text" value="Select"/> ?</p><p>5 Minute Apgar: <input type="text" value="Select"/> ?</p><p>Delivery</p><p>Delivery Outcome: <input type="text" value="Select"/></p><p>Delivery Method: <input type="text" value="Select"/></p><p>Delivery Period: <input type="text" value="Select"/></p><p>Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/></p><p>Cancel Save</p></div>







Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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

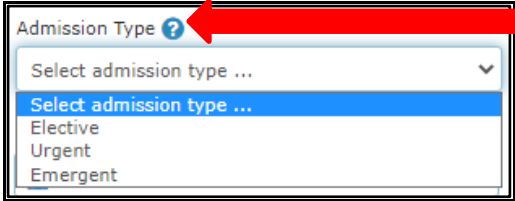
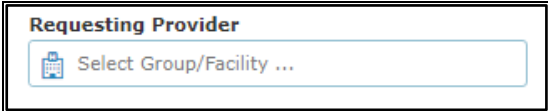

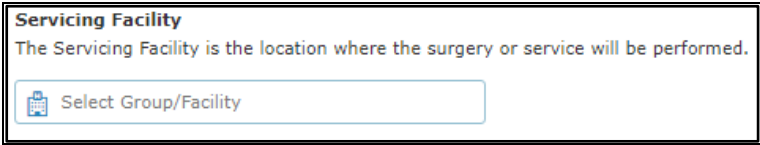
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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> </tbody> </table> <p> <input type="button" value="+ Add Maternity Details"/> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/> </p>		Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission
Name	Gender	Date of Birth	Delivery Period						
JESSICA BODLEY	Female	09/29/2022	Day of admission						




Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action				
8.	<p data-bbox="228 226 402 386">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 359 667 394">Date Of Admission</td><td data-bbox="711 359 943 394">Date of Discharge</td></tr><tr><td data-bbox="423 394 667 449"> 03/09/2022</td><td data-bbox="711 394 943 449"> Optional</td></tr></table></div> <p data-bbox="418 485 1536 520">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1386 617"><ul style="list-style-type: none"><li data-bbox="483 562 1338 596">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission	Date of Discharge	 03/09/2022	 Optional
Date Of Admission	Date of Discharge				
 03/09/2022	 Optional				

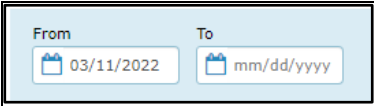
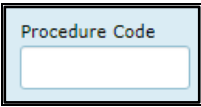


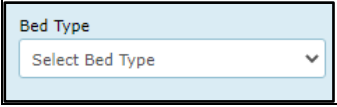

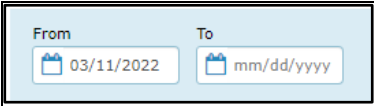
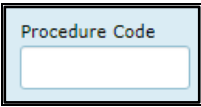


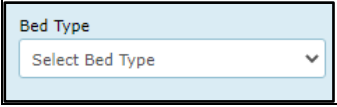

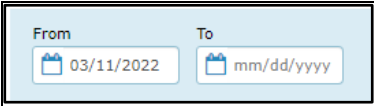
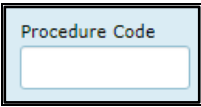


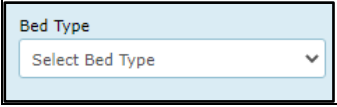

Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<p data-bbox="217 228 516 262">Admission Type</p> <p data-bbox="537 228 1289 262">Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1047 474" style="border: 1px solid black; padding: 5px;"> <p>Admission Type ? </p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> <div data-bbox="1143 275 1528 438" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="537 527 1528 783" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="711 527 1528 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="711 562 1528 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 1528 732">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 732 711 783">Emergent</td> <td data-bbox="711 732 1528 783">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> <p data-bbox="217 793 516 827">Requesting Provider</p> <p data-bbox="537 793 1484 865">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 879 1081 989" style="border: 1px solid black; padding: 5px;"> <p>Requesting Provider</p> <p> Select Group/Facility ...</p> </div> <p data-bbox="217 1031 516 1064">Servicing Provider</p> <p data-bbox="537 1031 1528 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 1117 1081 1226" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div> <p data-bbox="217 1247 516 1281">Servicing Facility</p> <p data-bbox="537 1247 1463 1281">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1295 1292 1434" style="border: 1px solid black; padding: 5px;"> <p>Servicing Facility</p> <p>The Servicing Facility is the location where the surgery or service will be performed.</p> <p> Select Group/Facility</p> </div>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
9.	<p data-bbox="207 222 370 254">Diagnoses</p> <p data-bbox="207 260 370 296">Diagnoses</p> <p data-bbox="537 260 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 930 464"><p data-bbox="548 359 659 384">Diagnoses</p><input data-bbox="553 401 909 443" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 478 1536 625">Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="537 642 1547 825"><p data-bbox="548 653 659 678">Diagnoses</p><input data-bbox="553 695 906 737" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 741 1536 814"><tbody><tr><td data-bbox="553 741 581 766">1</td><td data-bbox="586 741 651 766">(Primary) M62.81</td><td data-bbox="805 741 1040 766">Muscle weakness (generalized)</td><td data-bbox="1446 730 1528 783"></td></tr><tr><td data-bbox="553 779 581 804">2</td><td data-bbox="675 779 756 804">T67.01XA</td><td data-bbox="805 779 1130 804">Heatstroke and sunstroke, initial encounter</td><td></td></tr></tbody></table></div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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2	T67.01XA	Heatstroke and sunstroke, initial encounter							

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action												
9.	<p data-bbox="207 222 324 254">Services</p> <table border="1" data-bbox="207 260 1471 1673"> <tr> <td data-bbox="207 260 527 499">From / To</td> <td data-bbox="532 260 1471 499"> <p data-bbox="544 260 1409 373">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="207 506 527 856">Procedure Code</td> <td data-bbox="532 506 1471 856"> <p data-bbox="544 506 1450 735">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 863 527 1003">Modifiers</td> <td data-bbox="532 863 1471 1003"> <p data-bbox="544 863 1117 894">This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 1010 527 1213">Units</td> <td data-bbox="532 1010 1471 1213"> <p data-bbox="544 1010 1455 1087">Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1220 527 1423">Bed Type</td> <td data-bbox="532 1220 1471 1423"> <p data-bbox="544 1220 1380 1297">Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1430 527 1673">+ Add New Service Line</td> <td data-bbox="532 1430 1471 1673"> <p data-bbox="544 1430 1446 1543">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p data-bbox="544 260 1409 373">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> 	Procedure Code	<p data-bbox="544 506 1450 735">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> 	Modifiers	<p data-bbox="544 863 1117 894">This is a free text field and is not mandatory.</p> 	Units	<p data-bbox="544 1010 1455 1087">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p data-bbox="544 1220 1380 1297">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p data-bbox="544 1430 1446 1543">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> 
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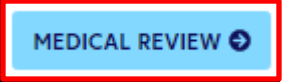
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247">Attachments</p> <p data-bbox="201 260 521 289">Add Document</p> <p data-bbox="532 260 1562 407">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="537 422 1484 657"> <p data-bbox="558 436 678 457">Attachments</p> <p data-bbox="558 485 716 520">+ Add Document</p> <p data-bbox="829 596 1198 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="558 688 678 709">Attachments</p> <p data-bbox="558 737 716 772">+ Add Document</p> <p data-bbox="558 793 813 814">  Document 1- for upload.docx </p> <p data-bbox="992 793 1252 827">Select document type ...</p> <ul data-bbox="992 827 1279 1100" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1312 800 1458 835">Delete</p> </div>

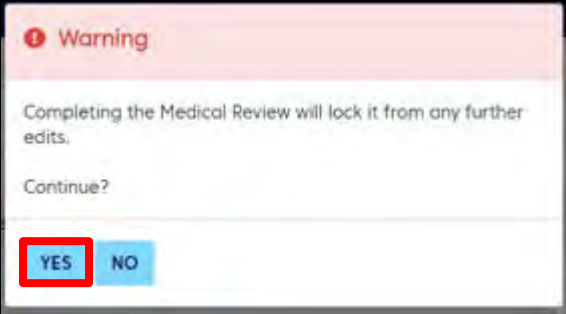
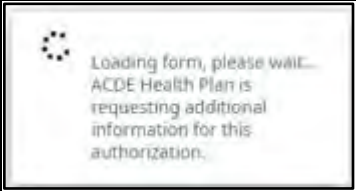
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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="537 388 1531 562" style="border: 1px solid black; padding: 5px;"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">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="537 829 1531 1234" style="border: 1px solid black; padding: 5px;"> <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 style="text-align: right;">Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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'd)

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 with a circular progress indicator on the left. The text reads: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."


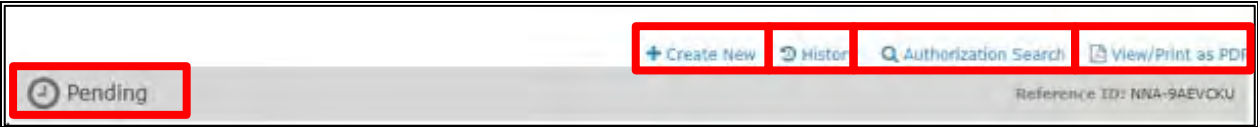
Creating a New Authorization - Inpatient Delivery Notification (cont'd)

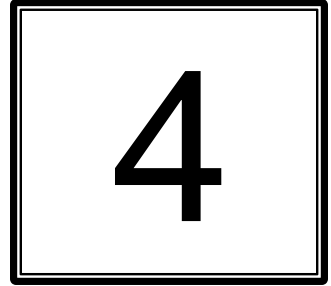
Step	Action														
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' for FRANKIE MOCHRIE. The status is 'Pending', and the disposition is 'Disposition pending review'. The authorization number is 92204002349. The screen is divided into three main sections: Requesting Provider, Servicing Provider, and Patient/Physician information.</p> <table border="1"> <thead> <tr> <th>Requesting Provider</th> <th>Servicing Provider</th> </tr> </thead> <tbody> <tr> <td>Ahmed, Mohamed F.</td> <td>Alfred I Dupont Hospital</td> </tr> <tr> <td>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365</td> <td>1600 Rockland Rd Wilmington , DE 19803--3607</td> </tr> <tr> <td>(302) 698-4441</td> <td>Date of Admission: 04/13/2022</td> </tr> <tr> <td></td> <td>Admission Type: Emergent</td> </tr> <tr> <td></td> <td>Service Type: Inpatient Medical Care</td> </tr> <tr> <td></td> <td>Place of Service: Inpatient Hospital</td> </tr> </tbody> </table> <p>Additional information includes the Primary Care Physician HEATHER BITTNER-FAGAN and a link to 'View Eligibility & Benefits'.</p>	Requesting Provider	Servicing Provider	Ahmed, Mohamed F.	Alfred I Dupont Hospital	379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365	1600 Rockland Rd Wilmington , DE 19803--3607	(302) 698-4441	Date of Admission: 04/13/2022		Admission Type: Emergent		Service Type: Inpatient Medical Care		Place of Service: Inpatient Hospital
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	Admission Type: Emergent														
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	Place of Service: Inpatient Hospital														

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 data-bbox="277 512 1495 546">Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p data-bbox="277 577 1495 611">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1539 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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Create New	Creating a new request										
Attach	Attaching a document										
Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										
Pending	<div data-bbox="277 921 1528 1047" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 1081 1495 1146">Note: Pending status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended.</p> <p data-bbox="277 1180 1495 1213">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1213 1539 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
Create New	Creating a new request										
History	Detailed history of the request										
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4 AMENDING AN AUTHORIZATION


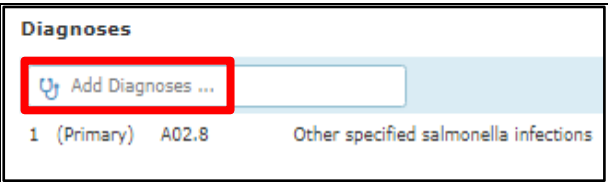
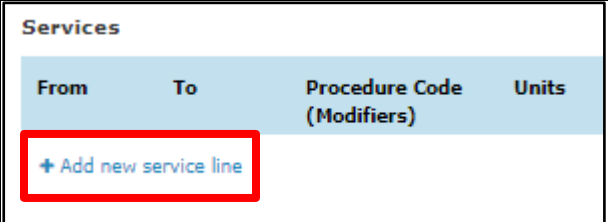
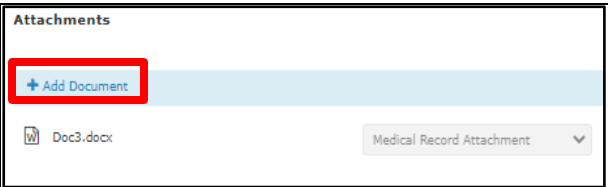
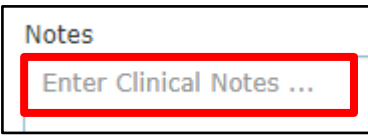
Amending an Authorization Request

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

	<p>When making an amendment the user can add diagnoses, add services, add notes (if the maximum character limit has not been exceeded) and add documents.</p>
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Step	Action									
1.	<p>Locate the existing request under Workflows for this Plan.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" 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)			
If...	Then...									
The request was created in NaviNet	Select Medical Authorizations Log									
The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)									
2.	<p>Select Auth Details on the request that needs to be amended.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">GRETA EMERSON</td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: ✔ Approved as of 03/18/2022</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status </td> </tr> </table> </div>	GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: ✔ Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status		
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Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status										
3.	<p>Select Amend.</p> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"> Amend + Create New ↻ History 📎 Attach 🔍 Authorization Search 🖨 View/Print as PDF </td> </tr> <tr style="background-color: #e0f0e0;"> <td style="width: 30%;">✔ Approved</td> <td style="width: 40%; text-align: center;">Authorization #: 92203003026</td> <td style="width: 30%; text-align: right;">Effective: 03/31/2022</td> </tr> </table> </div>	Amend + Create New ↻ History 📎 Attach 🔍 Authorization Search 🖨 View/Print as PDF			✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022			
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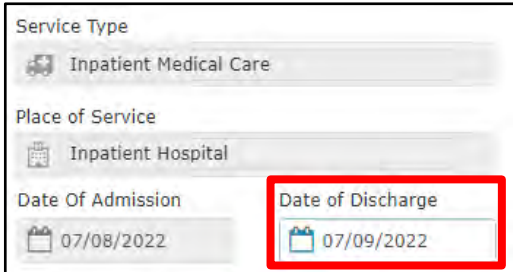
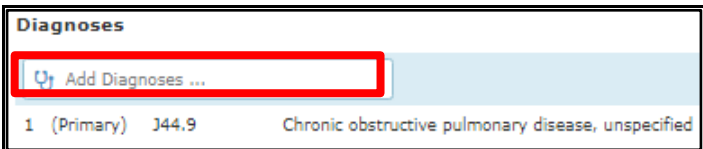
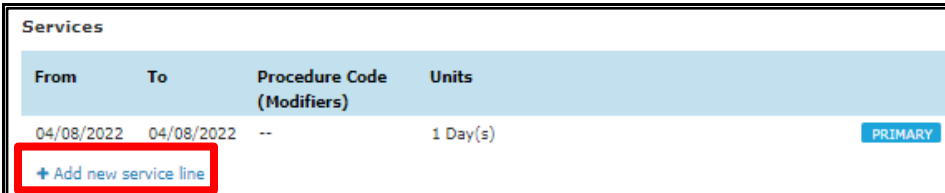
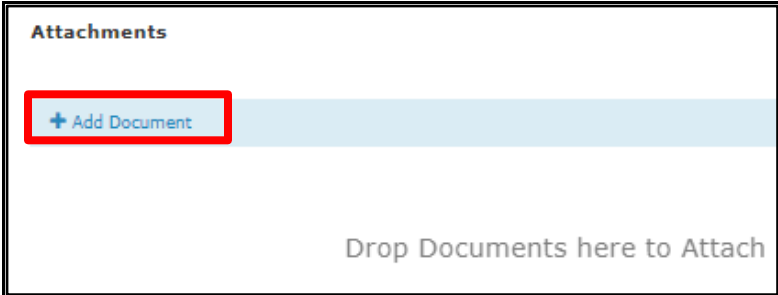
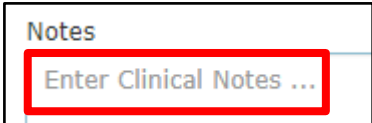
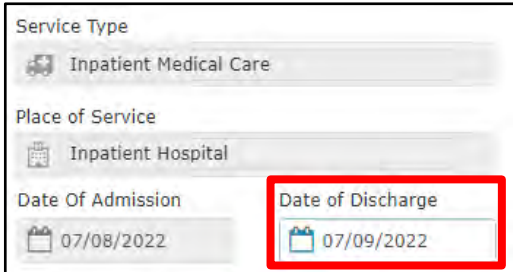
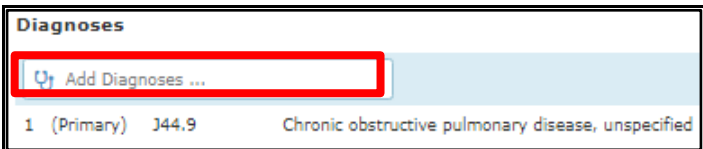
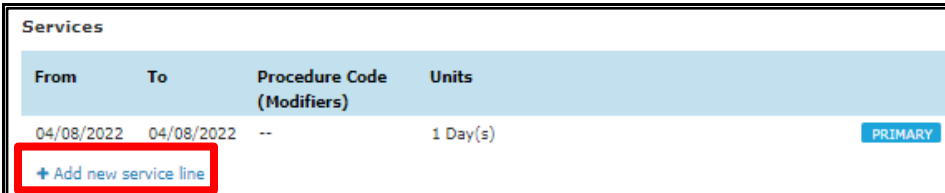
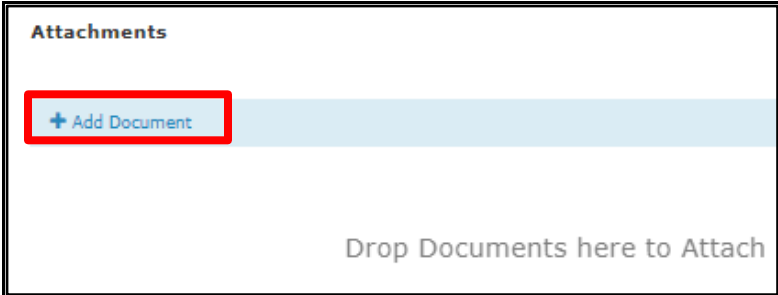
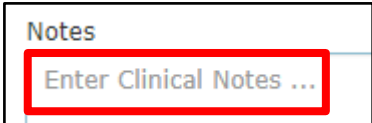
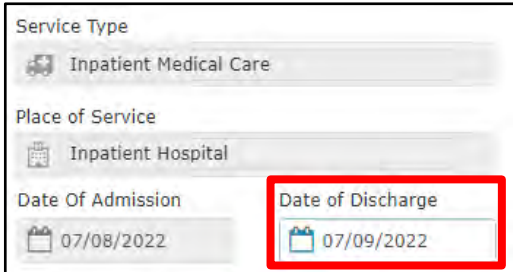
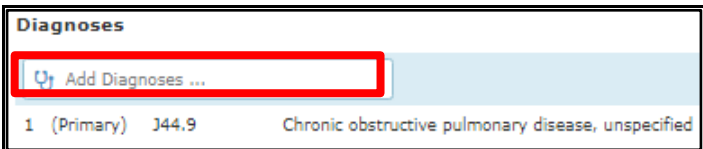
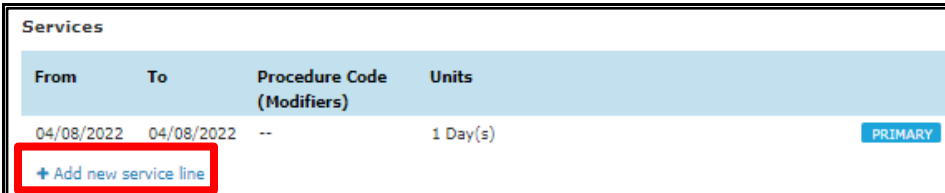
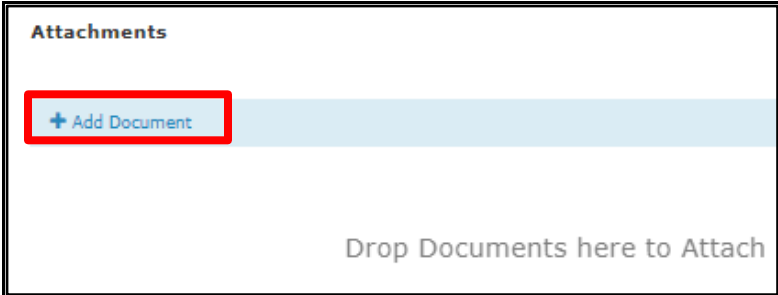
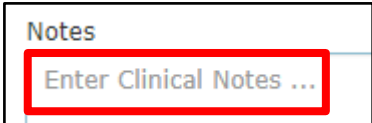
Amending an Authorization Request (cont'd)

Step	Action				
4.	<table border="1"> <thead> <tr> <th data-bbox="228 275 548 325">If...</th> <th data-bbox="548 275 1563 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="228 325 548 405">Amending an outpatient request</td> <td data-bbox="548 325 1563 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</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.
	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					

Amending an Authorization Request (cont'd)

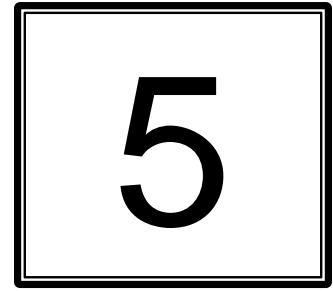
Step	Action						
4. (cont.)	<p data-bbox="251 237 673 273">Amending an outpatient request</p> <p data-bbox="251 283 673 409">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 325 1563 703"><p data-bbox="711 336 893 357">▼ Contact Information</p><table data-bbox="711 367 1559 556"><tr><td data-bbox="711 367 974 420">First Name Beth</td><td data-bbox="1136 367 1299 420">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="711 430 974 493">Last Name Williams</td><td data-bbox="1136 430 1299 493">Fax Number Optional</td></tr><tr><td data-bbox="711 504 974 556">Email Address Optional</td><td data-bbox="1136 493 1559 556"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><p data-bbox="711 577 1550 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="1274 661 1559 693">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						

Amending an Authorization Request (cont'd)

Step	Action																						
5.	<p>Amending an inpatient request</p> <table border="1" data-bbox="240 275 1555 411"> <thead> <tr> <th data-bbox="240 275 488 325">If...</th> <th data-bbox="488 275 1555 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 325 488 411">Amending an inpatient request</td> <td data-bbox="488 325 1555 411">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="240 457 1555 743"> <tr> <td data-bbox="240 457 597 743">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="597 457 1555 743">  <p>Service Type Inpatient Medical Care</p> <p>Place of Service Inpatient Hospital</p> <p>Date Of Admission 07/08/2022</p> <p>Date of Discharge 07/09/2022</p> </td> </tr> </table> <table border="1" data-bbox="240 743 1555 909"> <tr> <td data-bbox="240 743 597 909">Add additional diagnoses if applicable</td> <td data-bbox="597 743 1555 909">  <p>Diagnoses</p> <p>+ Add Diagnoses ...</p> <p>1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p> </td> </tr> </table> <table border="1" data-bbox="240 909 1555 1161"> <tr> <td data-bbox="240 909 597 1161">Add new service line</td> <td data-bbox="597 909 1555 1161">  <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>+ Add new service line</p> </td> </tr> </table> <table border="1" data-bbox="240 1161 1555 1472"> <tr> <td data-bbox="240 1161 597 1472">Add attachments if applicable</td> <td data-bbox="597 1161 1555 1472">  <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p> </td> </tr> </table> <table border="1" data-bbox="240 1472 1555 1614"> <tr> <td data-bbox="240 1472 597 1614">Add notes if applicable</td> <td data-bbox="597 1472 1555 1614">  <p>Notes</p> <p>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 Inpatient Medical Care</p> <p>Place of Service Inpatient Hospital</p> <p>Date Of Admission 07/08/2022</p> <p>Date of Discharge 07/09/2022</p>	Add additional diagnoses if applicable	 <p>Diagnoses</p> <p>+ 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>+ 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>+ Add Document</p> <p>Drop Documents here to Attach</p>	Add notes if applicable	 <p>Notes</p> <p>Enter Clinical Notes ...</p>
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Amending an Authorization Request (cont'd)

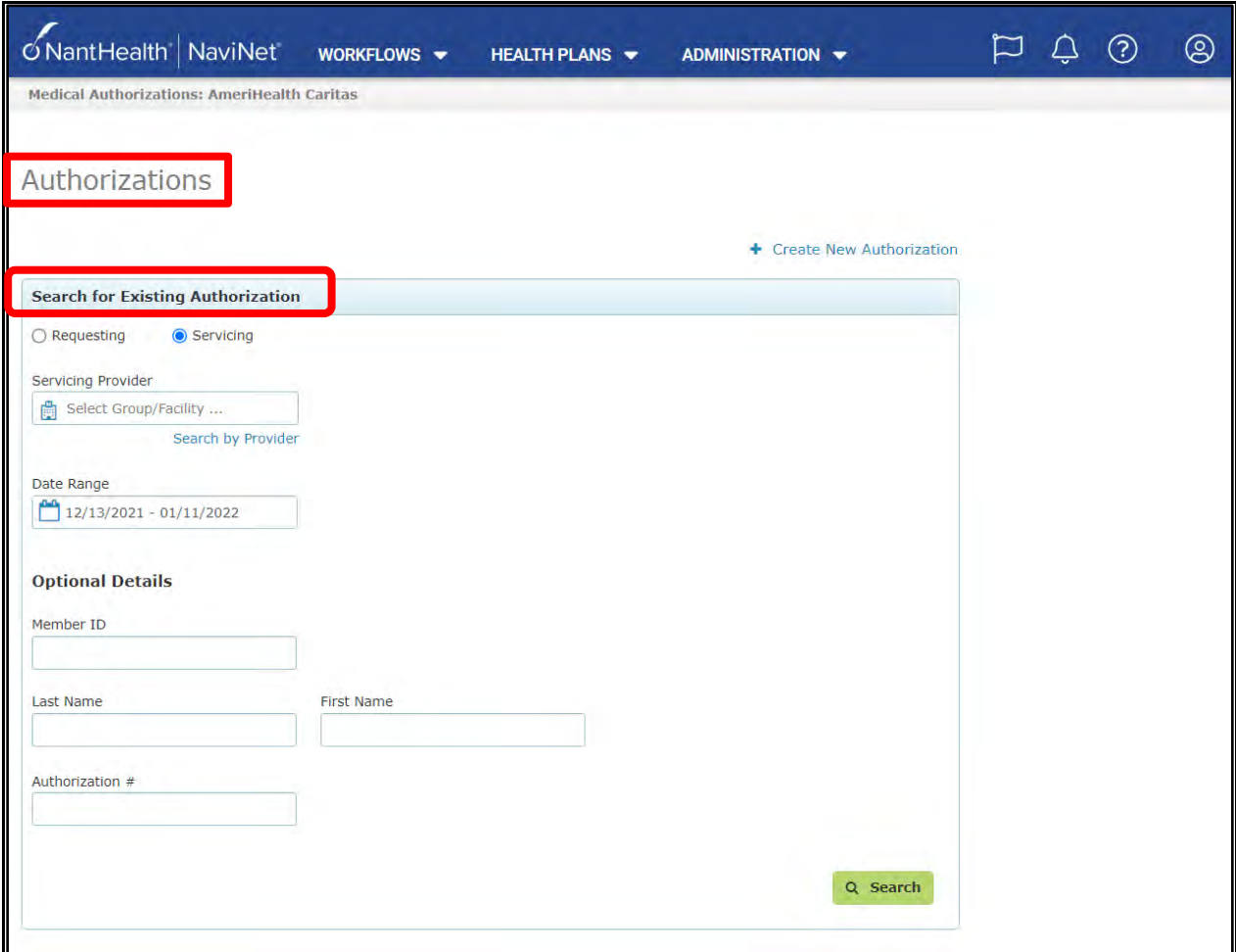
Step	Action						
5. (cont.)	<p data-bbox="251 237 651 268">Amending an inpatient request</p> <div data-bbox="251 279 548 436"><p>Enter contact information, check the Declaration box, and Submit</p></div> <div data-bbox="565 279 1568 699"><p data-bbox="573 296 781 317">▼ Contact Information</p><table data-bbox="573 327 1568 552"><tr><td data-bbox="573 327 878 394">First Name Beth</td><td data-bbox="1068 327 1256 394">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="573 411 878 478">Last Name Williams</td><td data-bbox="1068 411 1247 478">Fax Number Optional</td></tr><tr><td data-bbox="573 495 878 552">Email Address Optional</td><td data-bbox="1068 478 1398 535"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><div data-bbox="573 562 1568 636"><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p></div><p data-bbox="1230 657 1528 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
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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.

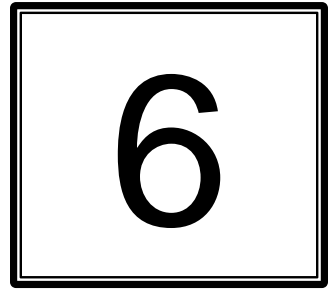
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div>  <p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'NantHealth NaviNet', 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The main heading is 'Medical Authorizations: AmeriHealth Caritas'. Below this, there is a red box around the 'Authorizations' link. To the right is a '+ Create New Authorization' link. Below that is a red box around the 'Search for Existing Authorization' tab. The form contains the following elements:</p> <ul style="list-style-type: none"><input type="radio"/> Requesting <input checked="" type="radio"/> ServicingServicing Provider: Select Group/Facility ... (with a 'Search by Provider' link)Date Range: 12/13/2021 - 01/11/2022Optional Details:<ul style="list-style-type: none">Member ID: [Text Input]Last Name: [Text Input] First Name: [Text Input]Authorization #: [Text Input][Search] button

Search: Search for an Existing Authorization (cont'd)

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 268 1455 1245" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Search for Existing Authorization</p> <div style="border: 2px solid red; padding: 2px; display: flex; gap: 10px;"> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </div> <p>Servicing Provider</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> Select Group/Facility ... </div> <div style="border: 2px solid red; padding: 2px; margin-top: 5px;"> <p>Date Range</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> 02/09/2022 - 03/10/2022 </div> </div> <p>Optional Details</p> <p>Member ID</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <p>Last Name First Name</p> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; width: 150px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 150px; height: 20px;"></div> </div> <p>Authorization #</p> <div style="border: 1px solid #ccc; width: 100%; height: 20px;"></div> <div style="text-align: right; margin-top: 20px;"> <div style="border: 2px solid red; padding: 2px; display: inline-block; background-color: #d4edda; color: #c3e6cb;"> 🔍 Search </div> </div> </div> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1442 1608" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input type="text" value="Filter Results ..."/> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Authorization #</th> <th style="text-align: left;">Patient (Member ID) ^</th> <th style="text-align: left;">Status</th> <th style="text-align: left;">Requesting Provider</th> <th style="text-align: left;">Servicing Provider</th> <th style="text-align: left;">Proc.</th> <th style="text-align: left;">Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022																

Search: Search for an Existing Authorization (cont'd)


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="240 289 1513 554" 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="240 663 1539 940"> <tbody> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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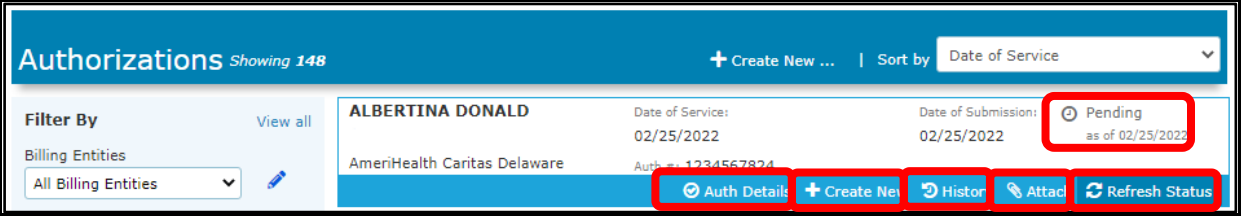

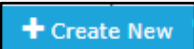




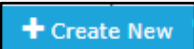




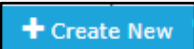



6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

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

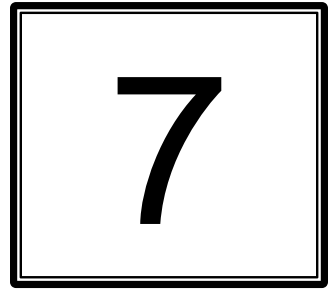
Step	Action																																				
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px;"> <p>Workflows 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="240 730 1565 1360" style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>Authorizations <small>Showing 148</small></p> </div> <div style="text-align: right;"> + Create New ... Sort by Date of Service ▼ </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%; border: 1px solid red;">Filter By</th> <th style="width: 40%;"></th> <th style="width: 15%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td> <p>Billing Entities</p> <p>All Billing Entities ▼</p> </td> <td>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: Pending <small>as of 02/25/2022</small></td> </tr> <tr> <td> <p>Patient Details</p> <p>Search for name or ID...</p> </td> <td>AmeriHealth Caritas Delaware</td> <td>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td> <p>Authorization #</p> <p>Search for name or ID...</p> </td> <td>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required <small>as of 02/25/2022</small></td> </tr> <tr> <td> <p>Servicing Provider</p> <p>Search for name or ID...</p> </td> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td> <p>Date of service</p> <p>12/11/2021-03/10/2022</p> </td> <td>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required <small>as of 02/25/2022</small></td> </tr> <tr> <td> <p><input checked="" type="checkbox"/> Authorizations Created By Me</p> </td> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td> <p>Status</p> </td> <td>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required <small>as of 02/25/2022</small></td> </tr> <tr> <td></td> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> </tbody> </table> </div>	Filter By				<p>Billing Entities</p> <p>All Billing Entities ▼</p>	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: Pending <small>as of 02/25/2022</small>	<p>Patient Details</p> <p>Search for name or ID...</p>	AmeriHealth Caritas Delaware	Auth #: 1234567824 Servicing: Shock Trauma Associates Pa		<p>Authorization #</p> <p>Search for name or ID...</p>	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required <small>as of 02/25/2022</small>	<p>Servicing Provider</p> <p>Search for name or ID...</p>	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa		<p>Date of service</p> <p>12/11/2021-03/10/2022</p>	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required <small>as of 02/25/2022</small>	<p><input checked="" type="checkbox"/> Authorizations Created By Me</p>	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa		<p>Status</p>	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required <small>as of 02/25/2022</small>		AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	
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Search: Medical Authorization Log (cont'd)

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 Buttons: Auth Details, + Create New, History, Attach, Refresh Status <table border="1" data-bbox="240 596 1526 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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	Allows the user to refresh the status for any updates.												

Search: Medical Authorization Log (cont'd)

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="256 338 1544 527" style="border: 1px solid black; padding: 5px;"> <p> GRETA EMERSON Date of Service: 03/16/2022 Date of Submission: Draft <small>as of 11:29am Today</small> AmeriHealth Caritas Delaware Reference Id: -- </p> <p style="text-align: right;"> → Continue 🗑 Delete + Create New ↺ History </p> </div> <table border="1" data-bbox="256 573 1539 892" 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										
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↺ History	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

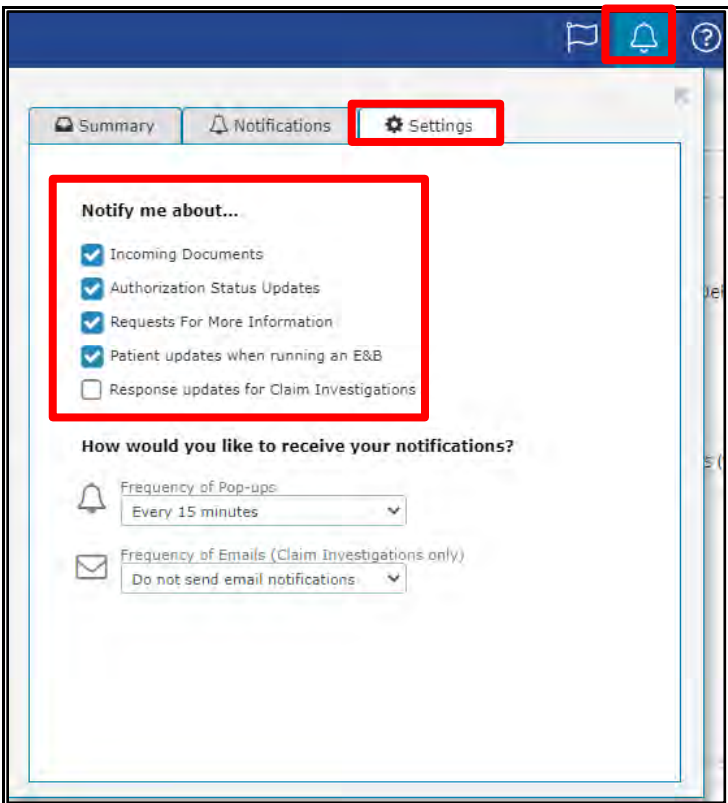
Request for More Information (RFMI)

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.

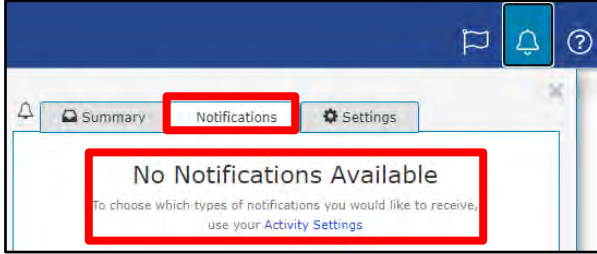
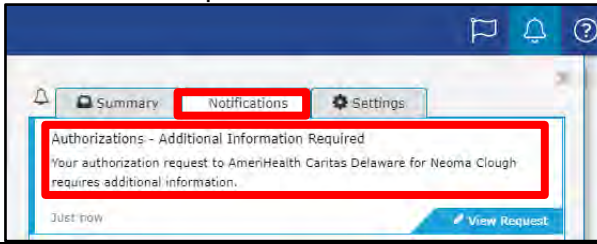
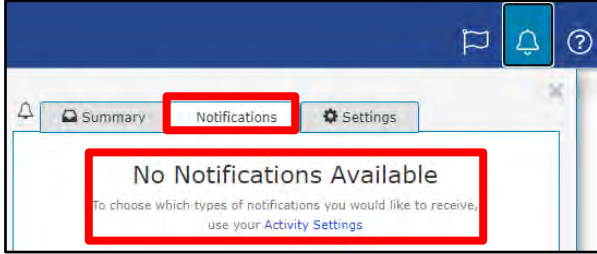
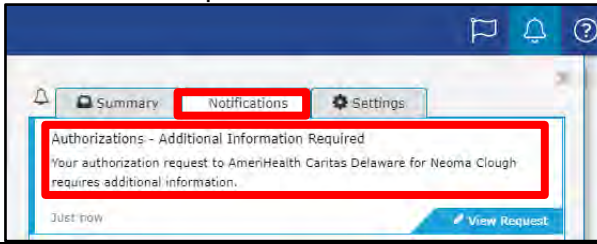
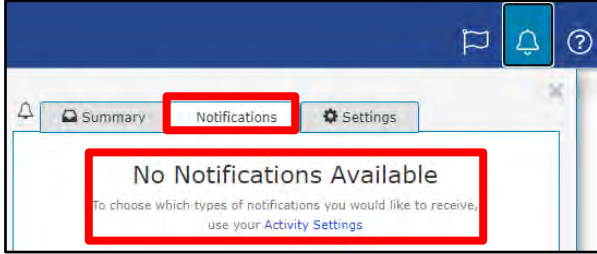
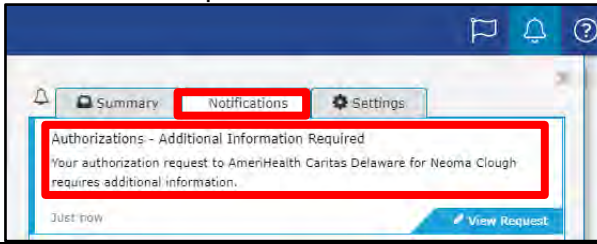
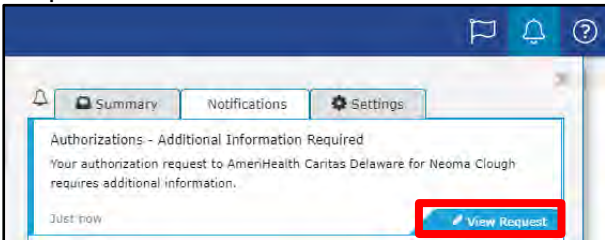
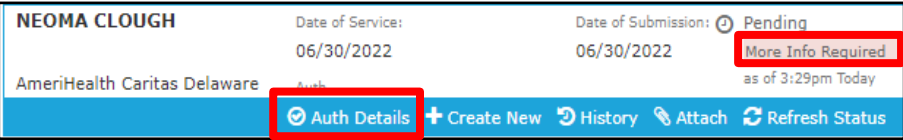


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


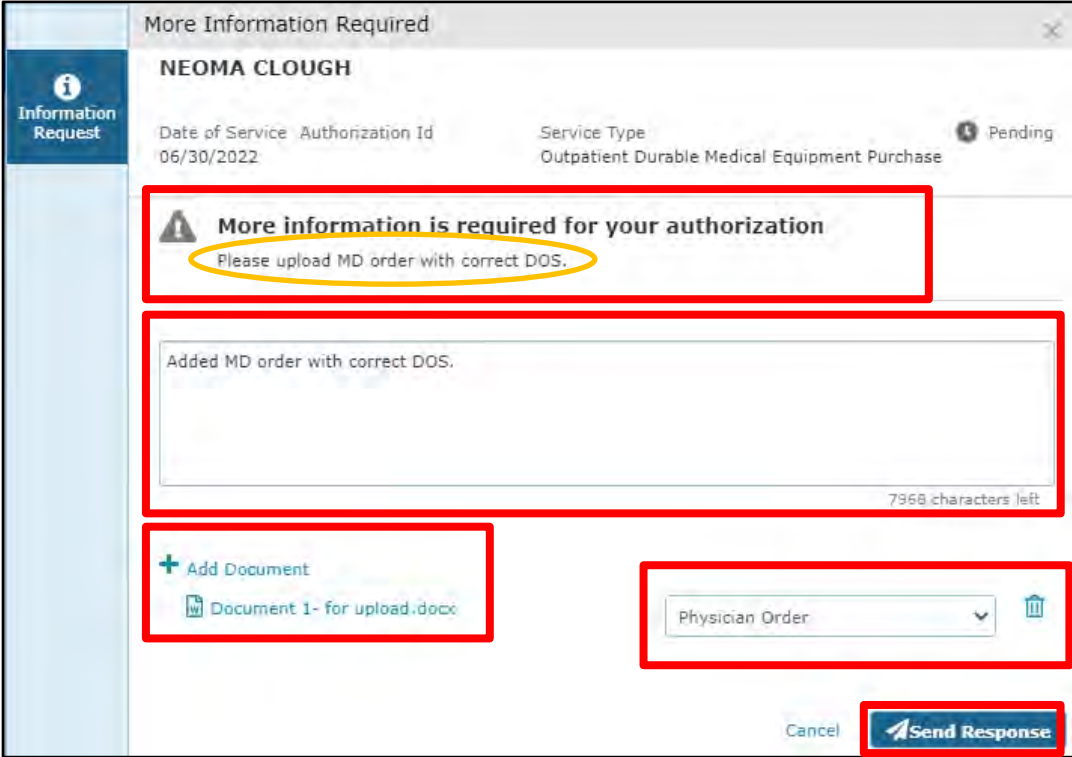
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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'd)

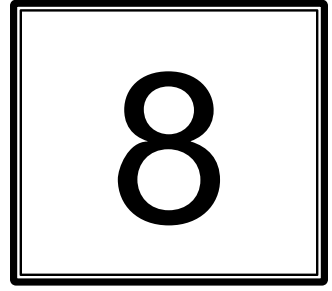
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 947"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 638">No notifications exist</td> <td data-bbox="618 310 1312 638"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 638 618 947">Notifications are available</td> <td data-bbox="618 638 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="240 1045 1567 1354"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="240 1354 1567 1638"> <p>From the Medical Auth Log if More Info Required is listed the user will select Auth Details then select More Information Required to activate the More Information Required area.</p>  						

Request for More Information (RFMI) (cont'd)

Step	Action
<p>3. (cont'd)</p>	<p>3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area.</p>  <p>The screenshot shows the 'Authorization Details' for NEOMA CLOUGH. At the bottom, there is a 'Pending' status and a red box around the 'More Information Required »' link. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons.</p>
<p>4.</p>	<p>Complete the more information required information request. The requested information will be listed under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send the response back to the health plan select Send Response.</p>  <p>The screenshot shows the 'More Information Required' form. A red box highlights the warning message: 'More information is required for your authorization. Please upload MD order with correct DOS.' Another red box highlights the text area containing 'Added MD order with correct DOS.' A third red box highlights the 'Add Document' section with a file named 'Document 1- for upload.docx'. A fourth red box highlights the 'Physician Order' dropdown menu. A final red box highlights the 'Send Response' button.</p>

Request for More Information (RFMI) (cont'd)

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 the following events:</p> <table border="1"><thead><tr><th>Event</th><th>By</th><th>Timestamp</th></tr></thead><tbody><tr><td>Attached Physician Order</td><td>Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>Response Sent</td><td>Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>More Information Required</td><td>from Health Plan</td><td>07/27/2022 3:16pm</td></tr><tr><td>Pending</td><td>from Health Plan</td><td>06/30/2022 9:10am</td></tr></tbody></table>	Event	By	Timestamp	Attached Physician Order	Jessica Williams	07/27/2022 7:35pm	Response Sent	Jessica Williams	07/27/2022 7:35pm	More Information Required	from Health Plan	07/27/2022 3:16pm	Pending	from Health Plan	06/30/2022 9:10am
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Pending	from Health Plan	06/30/2022 9:10am														



8 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