



**Keystone First**  
*Family of Health Plans*

# NaviNet Medical Authorizations Participant Guide

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Corporate Clinical Systems Training Department

Original Date: 4/14/2022

Updated Date: 2/1/2023

Updated By: Cassandra Borges, &  
Jessica Williams

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Review Cycle: Annually

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# **1 LOGGING IN TO NAVINET**

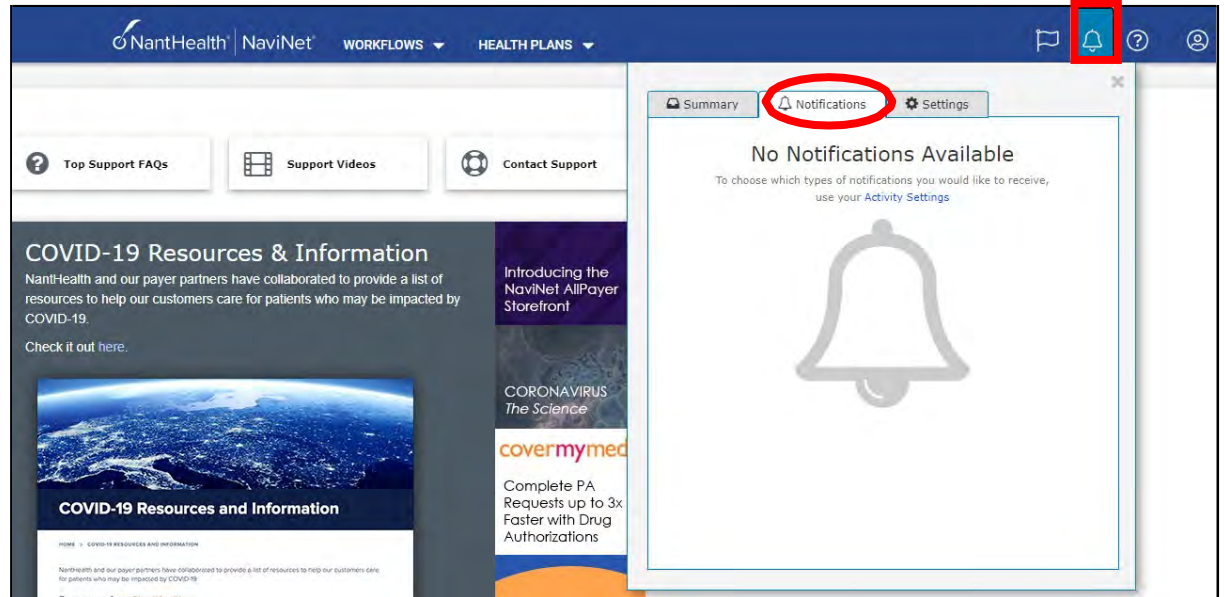
## Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: <a href="https://navinet.navimedix.com">https://navinet.navimedix.com</a>. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="599 350 1154 1031" style="border: 1px solid black; padding: 10px; text-align: center;"></div>
2.	Enter your <b>Username</b>
3.	Enter your <b>Password</b>
4.	Click <b>Sign In</b> <b>Result:</b> <i>The NaviNet Home screen will be displayed</i>

## Logging in to NaviNet (cont'd)



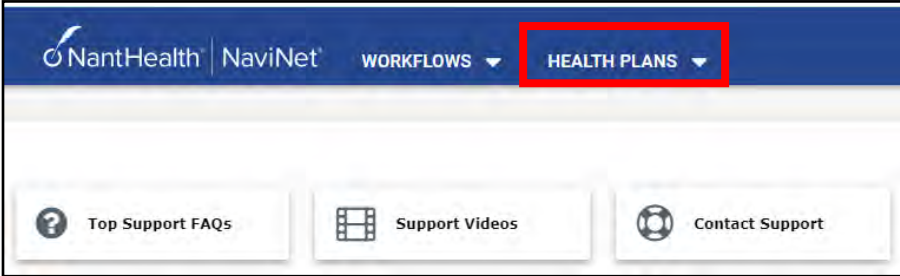
Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot displays the NantHealth NaviNet user interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there are icons for a flag, a bell (notifications), a question mark, and a user profile. The bell icon is highlighted with a red box. Below the navigation bar, there are three main sections: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a large banner for 'COVID-19 Resources & Information' with a blue background and a cityscape. To the right, there is a vertical sidebar with 'Introducing the NaviNet AllPayer Storefront' and 'CORONAVIRUS The Science' by covermymed. A modal window is open in the foreground, titled 'No Notifications Available'. The modal has tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and circled in red. The modal content includes a large bell icon and the text: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.'

## Logging in to NaviNet (cont'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 <b>HEALTH PLANS</b> in the top menu.</p> 																												
2.	<p>Select the appropriate health plan from the displayed list. Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details.</p> <table border="1" data-bbox="207 737 1567 1119"> <thead> <tr> <th colspan="4" data-bbox="215 747 305 772">My Plans</th> </tr> </thead> <tbody> <tr> <td data-bbox="237 800 483 821">AmeriHealth Caritas Delaware</td> <td data-bbox="586 800 792 821">AmeriHealth Caritas Next</td> <td data-bbox="935 800 1203 821">Blue Cross Complete of Michigan</td> <td data-bbox="1284 800 1360 821">Medicare</td> </tr> <tr> <td data-bbox="237 846 483 888">AmeriHealth Caritas District of Columbia (ACDC)</td> <td data-bbox="586 852 792 873">AmeriHealth Caritas Ohio</td> <td data-bbox="935 852 1073 873">First Choice Next</td> <td data-bbox="1284 840 1544 905">New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td data-bbox="237 911 459 932">AmeriHealth Caritas Florida</td> <td data-bbox="586 898 802 940">AmeriHealth Caritas PA Community HealthChoices</td> <td data-bbox="935 894 1214 957">First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td data-bbox="1284 919 1390 940">PerformCare</td> </tr> <tr> <td data-bbox="237 963 483 984">AmeriHealth Caritas Louisiana</td> <td data-bbox="586 963 821 984">AmeriHealth Caritas VIP Care</td> <td data-bbox="935 978 1049 999">Keystone First</td> <td data-bbox="1284 974 1536 995">Select Health of South Carolina</td> </tr> <tr> <td data-bbox="237 1010 440 1052">AmeriHealth Caritas New Hampshire</td> <td data-bbox="586 1016 862 1037">AmeriHealth Caritas VIP Care Plus</td> <td data-bbox="935 1020 1146 1062">Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td data-bbox="237 1075 524 1096">AmeriHealth Caritas North Carolina</td> <td data-bbox="586 1062 870 1104">AmeriHealth PA Medical Assistance Plan</td> <td data-bbox="935 1083 1138 1104">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

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

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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.


**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?


[More](#) ▾

**Training Videos**


Claims Investigation




Intensive Case Management



Care Gaps



ADT Alerts



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

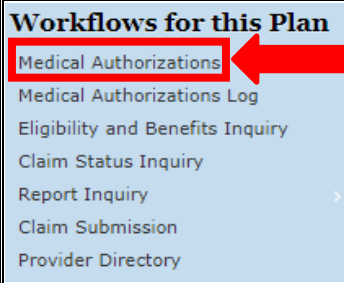
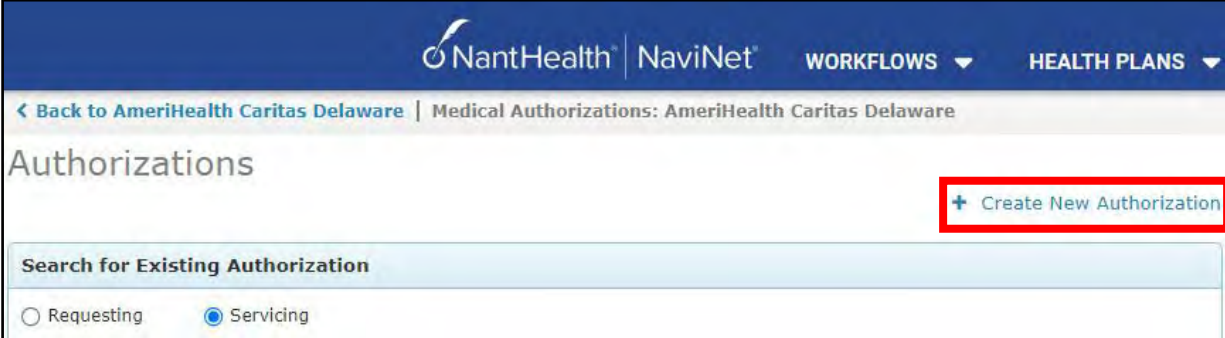




## **3 CREATING A NEW AUTHORIZATION**

# Creating a New Authorization

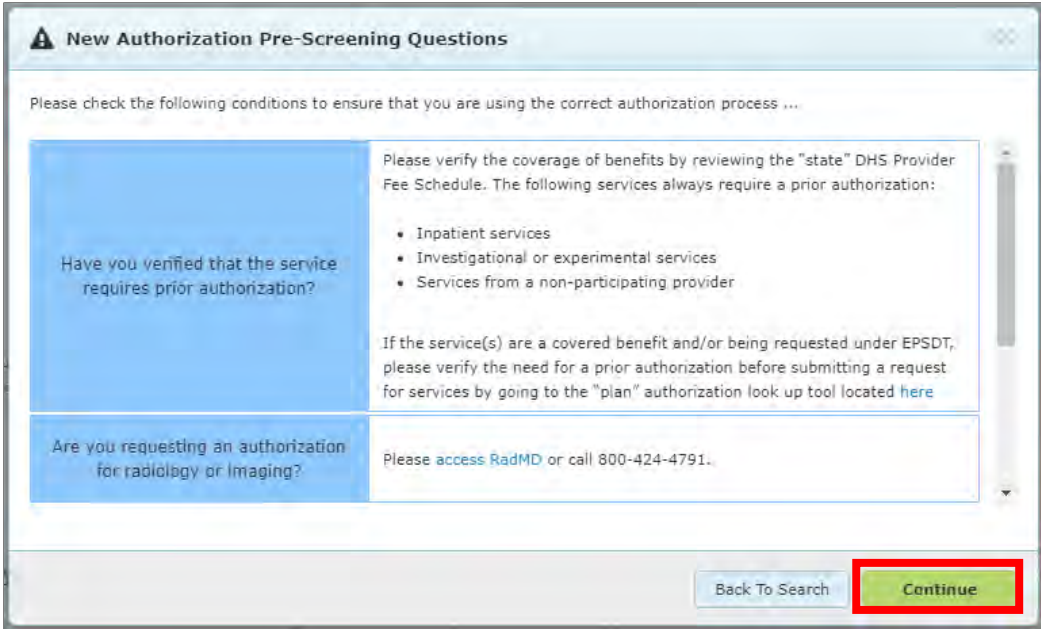

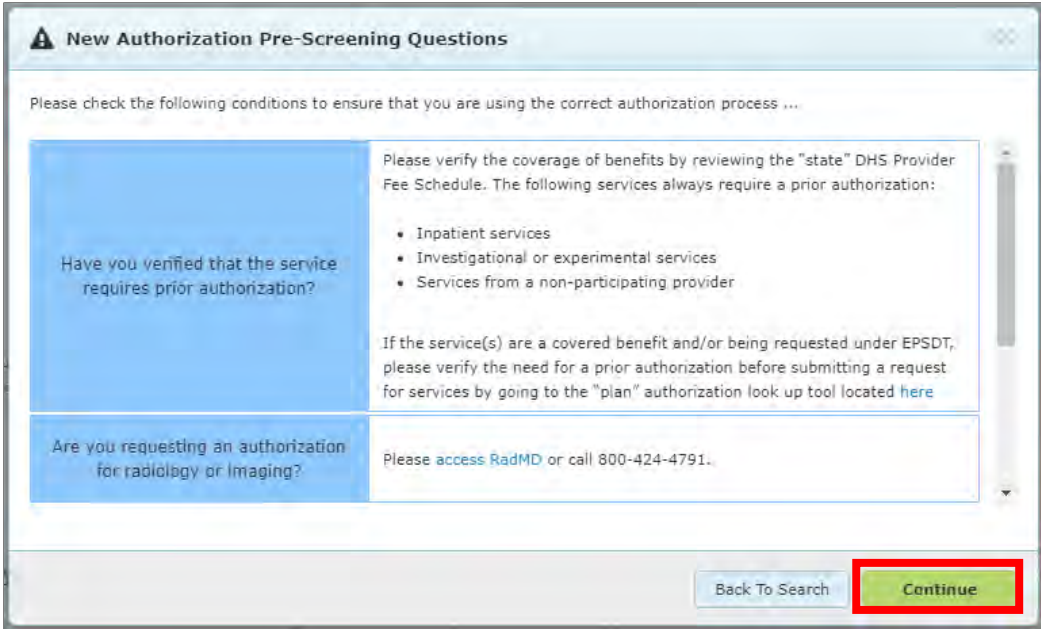

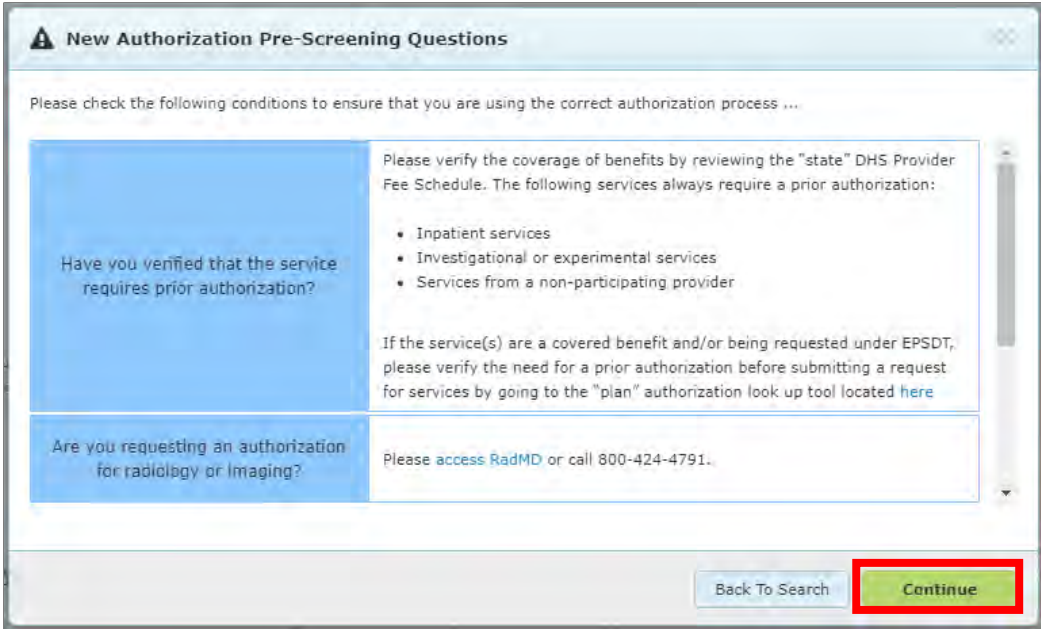

To create a new authorization:

Step	Action
1.	<p>Launch <b>Medical Authorizations</b> under Workflows for this Plan.</p>  <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"><li>Medical Authorizations</li><li>Medical Authorizations Log</li><li>Eligibility and Benefits Inquiry</li><li>Claim Status Inquiry</li><li>Report Inquiry</li><li>Claim Submission</li><li>Provider Directory</li></ul>
2.	<p>Click <b>Create New Authorization</b></p>  <p>NantHealth   NaviNet WORKFLOWS HEALTH PLANS</p> <p><a href="#">Back to AmeriHealth Caritas Delaware</a>   Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p><a href="#">+ Create New Authorization</a></p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>




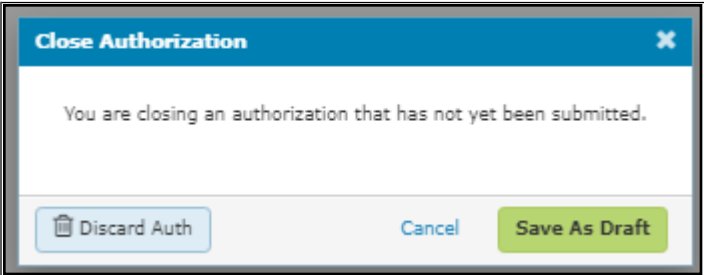
## Creating a New Authorization (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select <b>Search</b>. 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="240 394 349 504"> </div> <div data-bbox="409 382 1552 516"> <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, the user selects the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="217 527 1127 1283"> </div> <div data-bbox="228 1339 1252 1379"> <p><b>Note:</b> If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1547"> </div>

## Creating a New Authorization (cont'd)

Step	Action						
4.	<p>Address the pre-screening questions pop up box and select <b>Continue</b>.</p> <p><b>Note:</b> If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="196 350 391 392">If...</th> <th data-bbox="391 350 1555 392">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="196 392 391 1234"> <p>The member has active coverage</p> </td> <td data-bbox="391 392 1555 1234"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="196 1234 391 1619"> <p>The member is ineligible</p> </td> <td data-bbox="391 1234 1555 1619"> <p>The provider will receive the authorization cannot be created message.</p>  </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 
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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 						

## Creating a New Authorization (cont'd)

Step	Action						
5.	<p>Enter service type and place of service, then select <b>Next</b></p> <div data-bbox="224 268 1539 382">  <p><b>View Eligibility &amp; Benefits</b> is available to view under the member's demographic information.</p> </div> <div data-bbox="207 394 1526 898">  </div> <p><b>Service Type</b> – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.</p> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Creating an outpatient episode</td> <td>Continue to the next step (step 6)</td> </tr> <tr> <td>Creating an inpatient episode</td> <td>Continue to step 7</td> </tr> </tbody> </table> <p><b>Note:</b> At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.</p> <div data-bbox="207 1537 906 1810">  </div> <div data-bbox="933 1537 1502 1810"> <p><b>Discard Auth</b> – deletes the request</p> <p><b>Cancel</b> – allows the user to continue</p> <p><b>Save As Draft</b> – allows the user to come back and complete the request later</p> </div>	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 7
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## Creating a New Authorization - Outpatient Request

Step	Action																																
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1"> <tr> <td data-bbox="207 289 461 443"><b>Date of Service</b></td> <td data-bbox="466 289 1552 443">           This defaults to the current date and is not available to be changed.           <div data-bbox="480 342 678 436" style="border: 1px solid black; padding: 5px;">             Date Of Service              03/09/2022           </div> </td> </tr> <tr> <td data-bbox="207 449 461 856"><b>Level of Service</b></td> <td data-bbox="466 449 1552 856">           Choose the appropriate selection from the drop-down list – elective or urgent.           <div data-bbox="480 501 964 659" style="border: 1px solid black; padding: 5px;">             Level of Service ?              Elective              Select Level of Service ...              Elective              Urgent           </div> <table border="1" data-bbox="480 665 1468 856"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td><b>Elective</b></td> <td>Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td><b>Urgent</b></td> <td>Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="207 863 461 1056"><b>Requesting Provider</b></td> <td data-bbox="466 863 1552 1056">           Choose the appropriate selection from the drop-down list. 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## Creating a New Authorization - Outpatient (cont'd)

Step	Action										
6.	<p data-bbox="207 222 521 254"><b>Services</b></p> <table border="1" data-bbox="207 260 1563 1753"> <tr> <td data-bbox="207 260 521 940"><b>From / To</b></td> <td data-bbox="526 260 1563 940"> <p data-bbox="537 260 963 294"><b>From</b> (start date) / <b>To</b> (end date)</p> <div data-bbox="537 306 867 394" style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p data-bbox="537 407 1531 630"><b>Note:</b> The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. 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## Creating a New Authorization – Outpatient (cont'd)









Step	Action
6.	<p data-bbox="228 226 410 258"><b>Attachments</b></p> <p data-bbox="228 275 467 306"><b>+ Add Document</b></p> <p data-bbox="540 275 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"><b>Attachments</b></p> <p data-bbox="565 579 711 615"><b>+ Add Document</b></p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1211"> <p data-bbox="565 783 686 804"><b>Attachments</b></p> <p data-bbox="565 831 711 867"><b>+ Add Document</b></p> <div data-bbox="565 884 1490 1211"> <p data-bbox="573 888 824 909">Document 1- for upload.docx</p> <p data-bbox="1003 888 1279 919">Select document type ...</p> <ul data-bbox="1003 926 1299 1203" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1328 898 1482 930"><b>Delete</b></p> </div> </div>



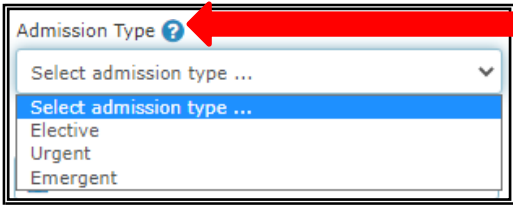
## Creating a New Authorization – Outpatient (cont'd)

Step	Action						
6.	<p><b>Notes</b></p> <p><b>Notes</b></p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="565 390 1455 548" 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><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1289" style="border: 1px solid black; padding: 5px;"> <p>▼ Contact Information</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>First Name</p> <input type="text" value="Beth"/> </td> <td style="width: 50%;"> <p>Phone Number</p> <input type="text" value="(843) 999-9999"/> </td> </tr> <tr> <td> <p>Last Name</p> <input type="text" value="Williams"/> </td> <td> <p>Fax Number</p> <input type="text" value="Optional"/> </td> </tr> <tr> <td> <p>Email Address</p> <input type="text" value="Optional"/> </td> <td> <input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations         </td> </tr> </table> <p><b>DECLARATION</b></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;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Submit"/> </p> </div> <p><b>***Proceed to Step 8 for InterQual instructions***</b></p>	<p>First Name</p> <input type="text" value="Beth"/>	<p>Phone Number</p> <input type="text" value="(843) 999-9999"/>	<p>Last Name</p> <input type="text" value="Williams"/>	<p>Fax Number</p> <input type="text" value="Optional"/>	<p>Email Address</p> <input type="text" value="Optional"/>	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
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# Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p><b>Service Type</b> Select the appropriate service type and place of service according to the request.</p> <div data-bbox="435 310 1068 554" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="435 604 1425 777"> <tr> <td><b>Service Type</b></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><b>Place of Service</b></td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click <b>Next</b> to continue.</p> <div data-bbox="435 877 662 982" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Next »</b></p> </div>	<b>Service Type</b>	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.)	<b>Place of Service</b>	Location in which services will be rendered.
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<b>Place of Service</b>	Location in which services will be rendered.				
	<p><b>Date of Admission/ Date of Discharge</b> 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="435 1159 993 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="435 1373 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.	<div data-bbox="217 226 375 296"> <p><b>Admission Type</b></p> </div> <div data-bbox="418 226 1495 296"> <p>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> </div> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 302 1411 478"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 774"> <thead> <tr> <th data-bbox="423 520 586 552">If</th> <th data-bbox="591 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 586 621"><b>Elective</b></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"><b>Urgent</b></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="423 728 586 774"><b>Emergent</b></td> <td data-bbox="591 728 1406 774">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	<b>Elective</b>	Potential admission for illness/injury enrollee not currently admitted	<b>Urgent</b>	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	<b>Emergent</b>	Concurrent review, enrollee is currently admitted
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<b>Emergent</b>	Concurrent review, enrollee is currently admitted								
<p><b>Requesting Provider</b></p>	<p>Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p>								
<p><b>Servicing Provider</b></p>	<p>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>								
<p><b>Servicing Facility</b></p>	<p>The servicing facility is the location where the service will be performed.</p>								


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

Step	Action								
7.	<p><b>Diagnoses</b></p> <p><b>Diagnoses</b></p> <p>Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"> <p><b>Diagnoses</b></p> <input type="text" value="Add Diagnoses ..."/> </div> <p><b>Note:</b> 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="526 600 1552 779"> <p><b>Diagnoses</b></p> <input type="text" value="Add Diagnoses ..."/> <table border="1"> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td> </td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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## Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 222 326 247"><b>Services</b></p> <p data-bbox="219 264 354 289"><b>From / To</b></p> <p data-bbox="542 264 1455 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 348 914 449"> <p>The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022'. The 'To' field contains a placeholder 'mm/dd/yyyy'.</p> </div> <p data-bbox="219 470 448 495"><b>Procedure Code</b></p> <p data-bbox="542 470 1455 693">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 bokup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="542 705 743 806"> <p>The screenshot shows a text input field with the label 'Procedure Code' above it.</p> </div> <p data-bbox="219 827 350 852"><b>Modifiers</b></p> <p data-bbox="542 827 1114 852">This is a free text field and is not mandatory.</p> <div data-bbox="542 865 818 957"> <p>The screenshot shows a text input field with the label 'Modifiers' above it.</p> </div> <p data-bbox="219 978 293 1003"><b>Units</b></p> <p data-bbox="542 978 1455 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1058 857 1159"> <p>The screenshot shows a text input field with the label 'Units' above it. The field contains the number '1' and the text 'Unit(s)' to its right.</p> </div> <p data-bbox="219 1180 350 1205"><b>Bed Type</b></p> <p data-bbox="542 1180 1377 1247">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1260 876 1360"> <p>The screenshot shows a dropdown menu with the label 'Bed Type' above it. The selected option is 'Select Bed Type'.</p> </div> <p data-bbox="219 1390 483 1457"><b>+ Add New Service Line</b></p> <p data-bbox="542 1390 1455 1495">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="542 1507 818 1596"> <p>The screenshot shows a blue button with a plus sign and the text '+ Add New Service Line'.</p> </div>

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

Step	Action	
7.	<p><b>Attachments</b></p> <p><b>Add Document</b></p>	<p>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 1482 657"> <p><b>Attachments</b></p> <p><a href="#">+ Add Document</a></p> <p>Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1482 1108"> <p><b>Attachments</b></p> <p><a href="#">+ Add Document</a></p> <p>  Document 1- for upload.docx           <span style="float: right;"> <a href="#">Select document type ...</a> <a href="#">Delete</a> </span> </p> <ul style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> </div>

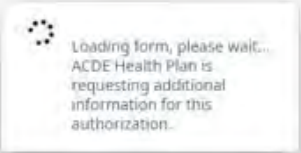
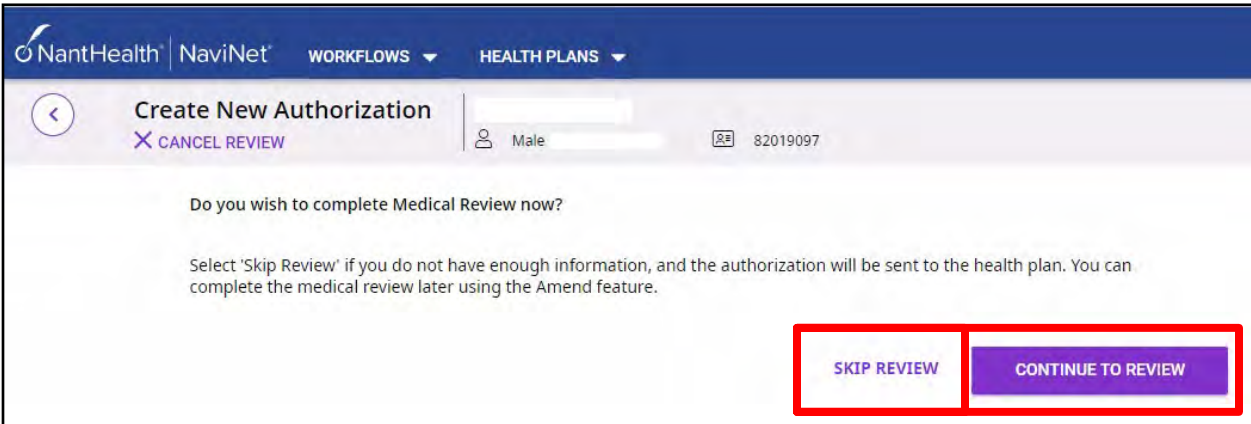
## Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 239 305 268"><b>Notes</b></p> <p data-bbox="207 279 305 308"><b>Notes</b></p> <p data-bbox="532 279 1523 390">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 579"><p data-bbox="548 415 597 436">Notes</p><p data-bbox="565 447 732 468">Enter Clinical Notes ...</p><p data-bbox="1393 554 1523 575">264 characters left</p></div> <p data-bbox="207 596 500 625"><b>Contact Information</b></p> <p data-bbox="532 596 1539 747">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 <b>Submit</b> when the request is complete.</p> <p data-bbox="532 758 1539 831"><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 848 1533 1283"><p data-bbox="548 856 760 877">▼ Contact Information</p><p data-bbox="548 888 634 909">First Name</p><p data-bbox="548 919 597 940">Beth</p><p data-bbox="548 972 634 993">Last Name</p><p data-bbox="548 1003 630 1024">Williams</p><p data-bbox="548 1056 662 1077">Email Address</p><p data-bbox="548 1087 630 1108">Optional</p><p data-bbox="1060 888 1174 909">Phone Number</p><p data-bbox="1060 919 1190 940">(843) 999-9999</p><p data-bbox="1060 972 1157 993">Fax Number</p><p data-bbox="1060 1003 1133 1024">Optional</p><p data-bbox="1060 1045 1369 1098"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="565 1150 695 1171"><b>DECLARATION</b></p><p data-bbox="565 1182 1255 1203"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1206 1245 1271 1266">Cancel</p><p data-bbox="1304 1245 1385 1266">« Previous</p><p data-bbox="1433 1245 1515 1266"><b>Submit</b></p></div>

## Creating a New Authorization – InterQual – Outpatient and Inpatient


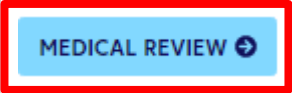

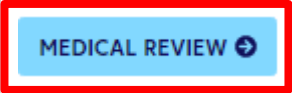

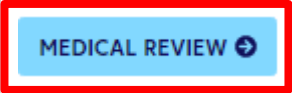


If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

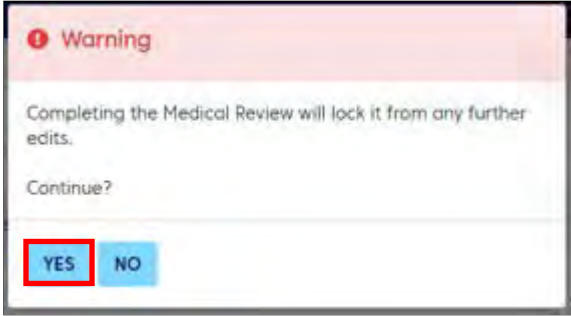
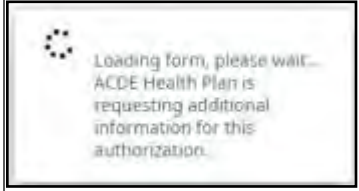
Step	Action						
8.	<p>After completion of the previous steps, when the user selects <b>Submit</b>, InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code 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="207 533 636 785" 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 1451 1318" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1369 1468 1898"> <thead> <tr> <th data-bbox="207 1369 522 1415">If...</th> <th data-bbox="522 1369 1468 1415">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1415 522 1688"> <p><b>Skip Review</b></p> </td> <td data-bbox="522 1415 1468 1688"> <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.  <b>Note:</b>  <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 1688 522 1898"> <p><b>Continue to Review</b></p> </td> <td data-bbox="522 1688 1468 1898"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.  <b>Note:</b>  <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><b>Skip Review</b></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.  <b>Note:</b>  <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><b>Continue to Review</b></p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.  <b>Note:</b>  <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
If...	Then...						
<p><b>Skip Review</b></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.  <b>Note:</b>  <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><b>Continue to Review</b></p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.  <b>Note:</b>  <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>						



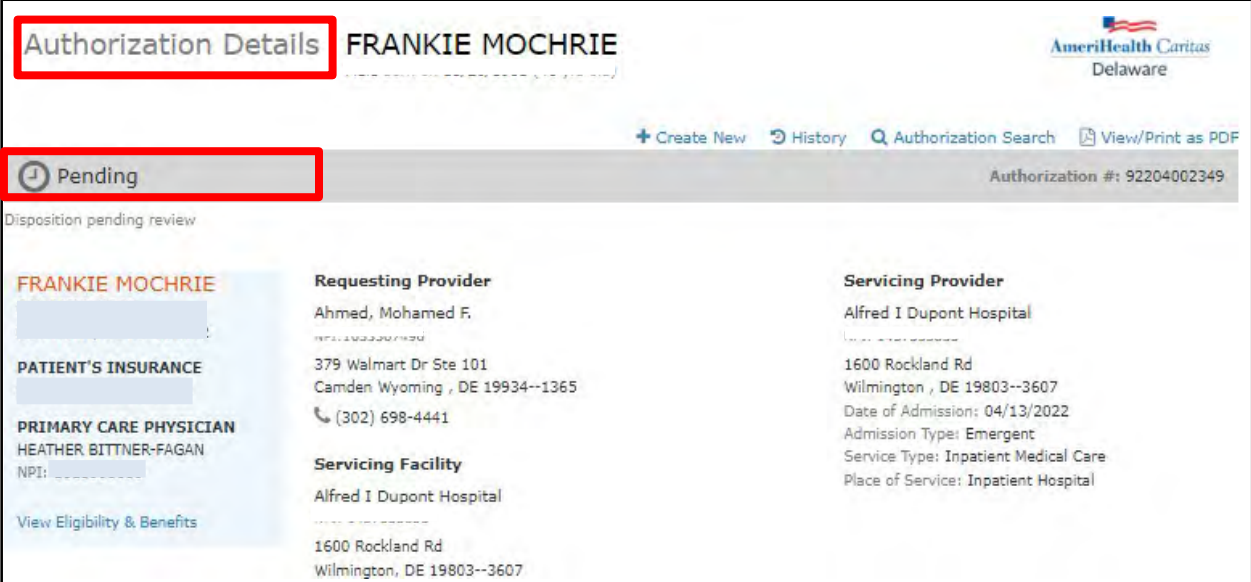
## Creating a New Authorization - InterQual (cont'd)

Step	Action				
11.	<table border="1"><tr><td data-bbox="237 306 412 579"><b>Outpatient</b></td><td data-bbox="412 306 1401 579"><p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p><p>Answer the questions as they relate to the patient/member.</p></td></tr><tr><td data-bbox="237 579 412 932"><b>Inpatient</b></td><td data-bbox="412 579 1401 932"><p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p><p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p></td></tr></table>	<b>Outpatient</b>	<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>	<b>Inpatient</b>	<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>
<b>Outpatient</b>	<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>				
<b>Inpatient</b>	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>				










## Creating a New Authorization - InterQual (cont'd)

Step	Action						
12.	<p data-bbox="204 226 669 260">At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1567 632"> <thead> <tr> <th data-bbox="204 264 699 310">If....</th> <th data-bbox="699 264 1567 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 310 699 432">Q&amp;A criteria is used (outpatient)</td> <td data-bbox="699 310 1567 432">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 432 699 632">Decision tree is used (inpatient)</td> <td data-bbox="699 432 1567 632">Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.</td> </tr> </tbody> </table>	If....	Then....	Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.	Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.
If....	Then....						
Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.						
Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.						
13.	<p data-bbox="204 678 1175 711">When the review is complete, click <b>Complete</b>, then select <b>YES</b> 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 data-bbox="204 1077 1430 1110">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 "Authorization ID: 1234567890".</p>						


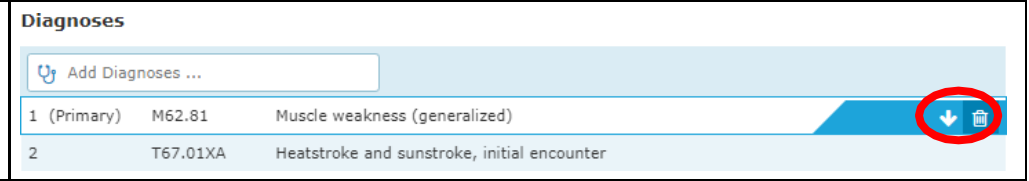






## Creating a New Authorization - InterQual (cont'd)

Step	Action
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p>  <p>The screenshot displays the 'Authorization Details' for a patient named FRANKIE MOCHRIE. The status is 'Pending'. The screen is divided into three main sections: Patient Information, Requesting Provider, and Servicing Provider. The Patient Information section includes the patient's name, insurance details, and primary care physician (HEATHER BITTNER-FAGAN). The Requesting Provider section lists Ahmed, Mohamed F. with contact information. The Servicing Provider section lists Alfred I Dupont Hospital with address and admission details. The Servicing Facility section also lists Alfred I Dupont Hospital with address. The authorization number is 92204002349.</p>

## Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action
6.	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><b>Service Type</b></p> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="540 415 1161 520" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Inpatient Emergent Admission Notificati... </p> </div> <p>Click <b>Next</b> to continue.</p> <div data-bbox="540 583 776 682" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Next &gt;</b></p> </div>
	<p><b>Date of Admission/ Date of Discharge</b></p> <p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="540 787 1101 898" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission      Date of Discharge</p> <p> 03/09/2022       Optional</p> </div>
	<p><b>Admission Type</b></p> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="540 966 1047 1165" 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="1063 966 1518 1102" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>The question mark provides information regarding the types of admissions.</p> </div>
	<p><b>Requesting Provider</b></p> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="540 1270 1079 1381" style="border: 1px solid black; padding: 5px;"> <p><b>Requesting Provider</b></p> <p> Select Group/Facility ...</p> </div>
	<p><b>Servicing Provider</b></p> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="540 1480 1079 1591" style="border: 1px solid black; padding: 5px;"> <p><b>Servicing Provider</b></p> <p> Select Provider ...</p> </div>
	<p><b>Servicing Facility</b></p> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="540 1648 1291 1795" style="border: 1px solid black; padding: 5px;"> <p><b>Servicing Facility</b></p> <p>The Servicing Facility is the location where the surgery or service will be performed.</p> <p> Select Group/Facility</p> </div>

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

Step	Action																
6.	<p data-bbox="219 220 381 252"><b>Diagnoses</b></p> <p data-bbox="219 262 381 294"><b>Diagnoses</b></p> <p data-bbox="544 262 1567 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="544 346 941 462">  </div> <p data-bbox="544 472 1567 630"><b>Note:</b> The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="544 640 1567 819">  <table border="1" data-bbox="560 682 1550 808"> <thead> <tr> <th colspan="4">Diagnoses</th> </tr> </thead> <tbody> <tr> <td colspan="4">Add Diagnoses ...</td> </tr> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td> </td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
Diagnoses																	
Add Diagnoses ...																	
1 (Primary)	M62.81	Muscle weakness (generalized)	 														
2	T67.01XA	Heatstroke and sunstroke, initial encounter															

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

Step	Action
6.	<p data-bbox="207 222 326 247"><b>Services</b></p> <p data-bbox="540 260 1455 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="540 348 914 453"><p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p></div> <p data-bbox="540 470 1455 693">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 <b>not</b> be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="540 709 743 814"><p>Procedure Code <input type="text"/></p></div> <p data-bbox="540 831 1198 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 873 816 961"><p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/></p></div> <p data-bbox="540 978 1455 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1167"><p>Units <input type="text" value="1"/> Unit(s)</p></div> <p data-bbox="540 1184 1385 1209">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1226 878 1331"><p>Bed Type <input type="text" value="Select Bed Type"/></p></div> <p data-bbox="540 1348 1385 1457">Click on <b>Add New Service Line</b> for the system to recognize the request. <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="540 1474 816 1562"><p><input type="button" value="+ Add New Service Line"/></p></div>

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

Step	Action
6.	<p data-bbox="201 233 521 264"><b>Attachments</b></p> <p data-bbox="217 275 431 306"><b>Add Document</b></p> <p data-bbox="537 275 1534 422">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error may be deleted.</p> <div data-bbox="537 443 1479 674"> <p data-bbox="558 457 678 478">Attachments</p> <p data-bbox="574 506 699 527">+ Add Document</p> <p data-bbox="829 617 1195 638">Drop Documents here to Attach</p> </div> <div data-bbox="537 695 1479 1125"> <p data-bbox="558 709 678 730">Attachments</p> <p data-bbox="574 758 699 779">+ Add Document</p> <p data-bbox="558 806 813 827">Document 1- for upload.docx</p> <p data-bbox="992 814 1252 835">Select document type ...</p> <ul data-bbox="992 842 1276 1115" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1365 821 1430 842">Delete</p> </div>

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

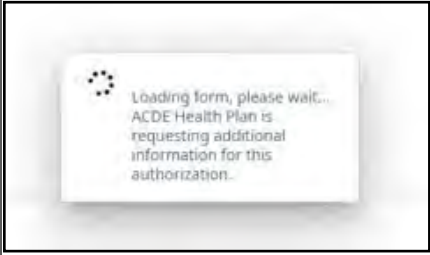
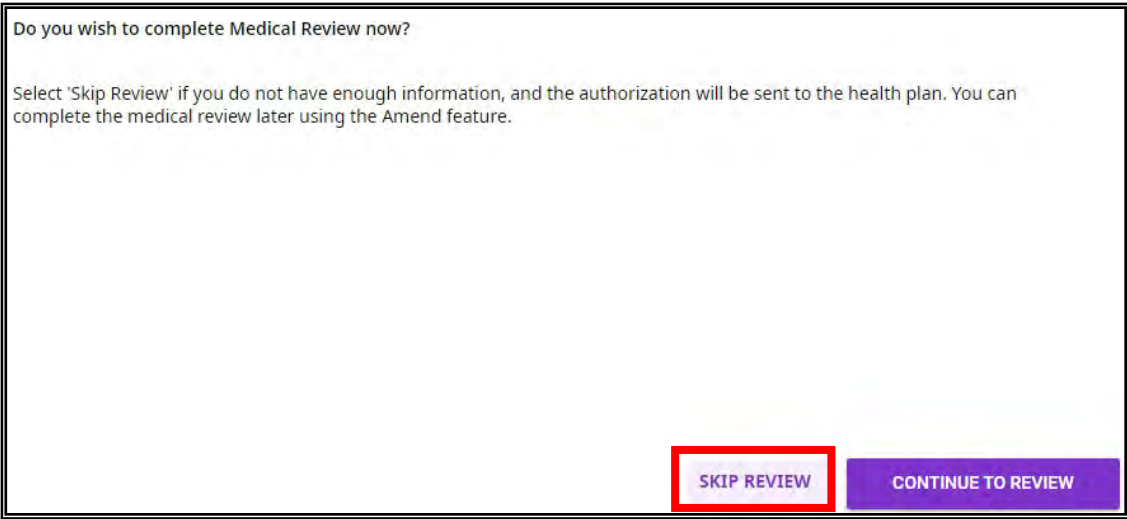
Step	Action
6.	<p><b>Notes</b></p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 407 1533 579"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 846 1533 1255"> <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><b>DECLARATION</b></p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel   « Previous   <b>Submit</b></p> </div>



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


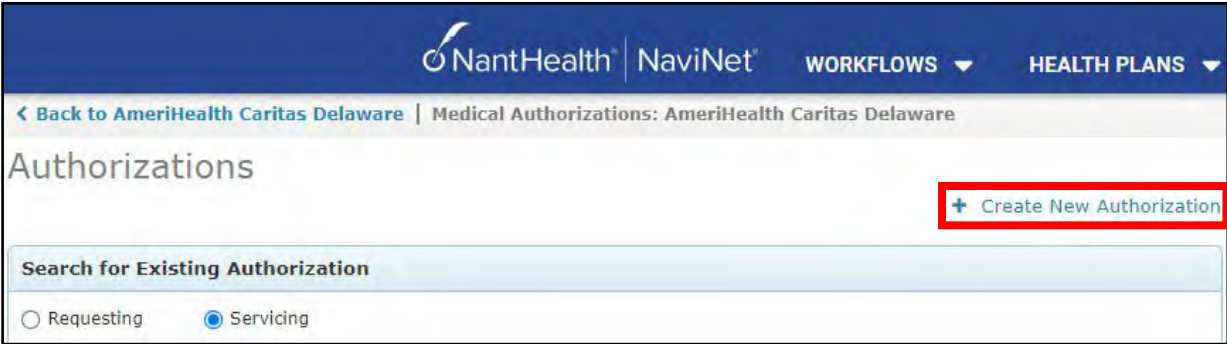


**Note:** Non-clinical users may follow the steps below to bypass the InterQual Review.


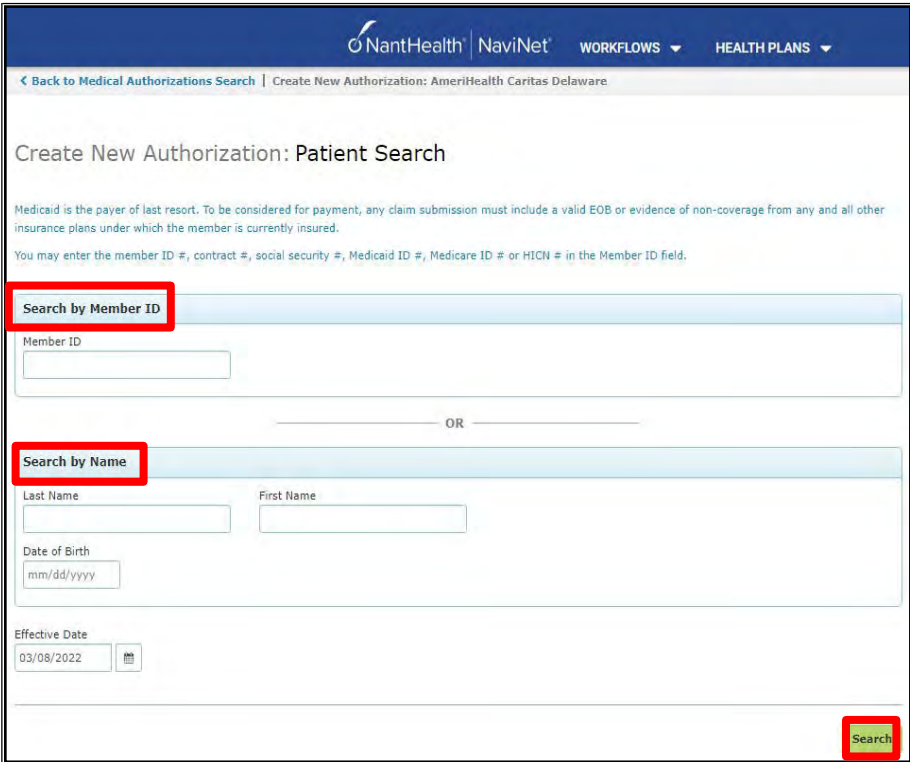
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a light gray border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional 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 light purple button labeled "SKIP REVIEW" which is highlighted with a red rectangular box, and a darker purple button labeled "CONTINUE TO REVIEW".</p> <p><b>Note:</b> 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 <b>Medical Authorizations</b> under Workflows for this Plan.</p>  <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"><li>Medical Authorizations</li><li>Medical Authorizations Log</li><li>Eligibility and Benefits Inquiry</li><li>Claim Status Inquiry</li><li>Report Inquiry</li><li>Claim Submission</li><li>Provider Directory</li></ul>
2.	<p>Click <b>Create New Authorization</b></p>  <p>NantHealth   NaviNet WORKFLOWS HEALTH PLANS</p> <p>&lt; 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>


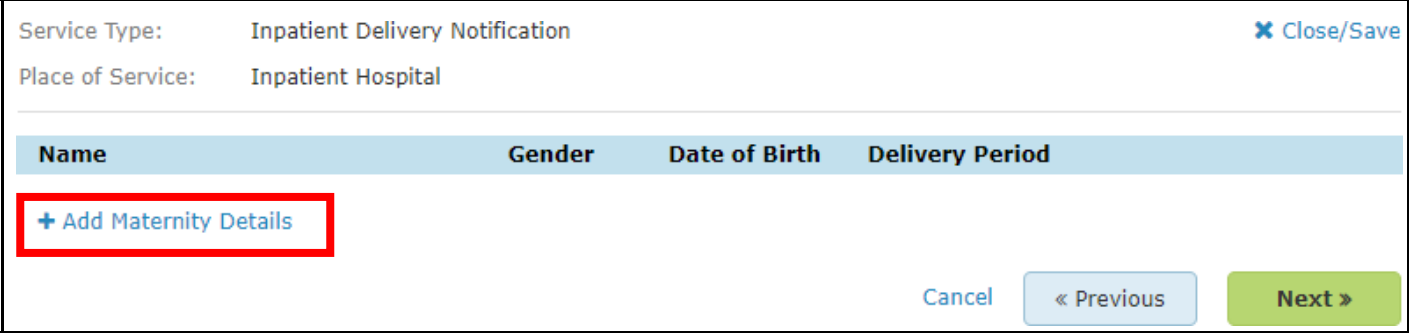
## Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select <b>Search</b>. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="224 338 1552 485" style="border: 1px solid black; padding: 5px;">  <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="217 491 1122 1247" style="border: 1px solid black; padding: 5px;">  <p>The screenshot shows the 'Create New Authorization: Patient Search' interface. It features two search tabs: 'Search by Member ID' and 'Search by Name'. The 'Search by Member ID' tab is selected and highlighted with a red box. Below it is a text input field for the Member ID. The 'Search by Name' tab is also highlighted with a red box. It contains input fields for Last Name, First Name, and Date of Birth (mm/dd/yyyy). There is also an Effective Date field with a calendar icon. A red box highlights the 'Search' button at the bottom right of the form.</p> </div> <p><b>Note:</b> If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="217 1310 964 1465" style="border: 1px solid black; padding: 5px;"> <p>Create New Authorization: Patient Search</p> <p><span style="border: 1px solid red; padding: 2px;">✘ Subscriber / Insured Not Found. Please Correct and Resubmit.</span></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 <b>Continue</b>.</p> <p><b>Note:</b> 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="196 354 391 390">If...</th> <th data-bbox="391 354 1542 390">Then...</th> </tr> </thead> </table>	If...	Then...
If...	Then...		
	<table border="1"> <tbody> <tr> <td data-bbox="196 396 391 1245"> <p>The member has active coverage</p> </td> <td data-bbox="391 396 1542 1245"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 451 1446 1081" 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> </tbody> </table>	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 451 1446 1081" 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>
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	<table border="1"> <tbody> <tr> <td data-bbox="196 1257 391 1663"> <p>The member is ineligible</p> </td> <td data-bbox="391 1257 1542 1663"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1455 1623" data-label="Image"> </div> </td> </tr> </tbody> </table>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1455 1623" data-label="Image"> </div>
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## 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: <b>Inpatient Delivery Notification</b>            Place of Service: <b>Birthing Center</b> or <b>Inpatient Hospital</b>            Select <b>Next</b></p> 
6.	<p>Click <b>+ Add Maternity Details</b> to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> 



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

Step	Action
6.	<div data-bbox="203 220 1177 1165"><p><b>Add Maternity Details</b> <span style="float: right;">✕</span></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><b>Delivery</b></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 style="text-align: right;"><input type="button" value="Cancel"/> <input type="button" value="Save"/></p></div>

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

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

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

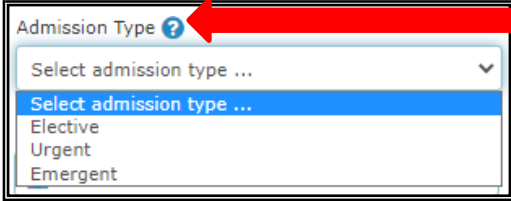
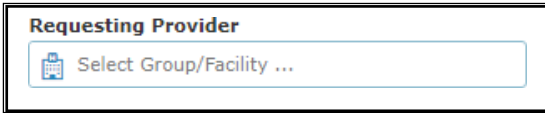

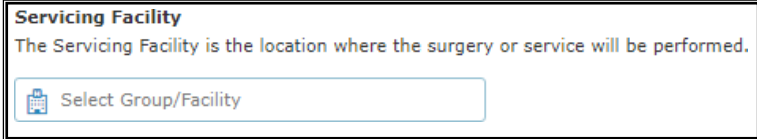
Step	Action								
6.	<b>5 Minute Apgar</b> Drop down field - select 1-10. 5 Minute Apgar:  <input type="text" value="Select"/>								
	<b>Delivery Outcome</b> Drop down field – select live birth or non live birth. Delivery Outcome: <input type="text" value="Select"/>								
	<b>Delivery Method</b> Drop down field – select c-section or normal vaginal delivery. Delivery Method: <input type="text" value="Select"/>								
	<b>Delivery Period</b> Drop down field – select day of admission, day after admission, or 2 or more days after admission. Delivery Period: <input type="text" value="Select"/>								
	<b>Estimated Gestational Age</b> Select the appropriate values from the drop down fields. Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days								
	<b>Estimated Confinement Date</b> Type the date or use the calendar to select the appropriate date. Estimated Confinement Date:  MM/DD/YYYY								
	<b>Nursery type</b> Drop down field – select well baby or NICU. Nursery type: <input type="text" value="Select"/>								
7.	Select <b>Save</b> when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select <b>+ Add Maternity Details</b> to complete the additional details, then select <b>Next</b> .								
<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"/> <span style="float: right;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/> </span> </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="228 226 402 384"><b>Date of Admission/ Date of Discharge</b></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="418 352 982 470" style="border: 1px solid black; padding: 5px;"><p data-bbox="435 369 613 390">Date Of Admission</p><input data-bbox="444 403 667 447" type="text" value="03/09/2022"/><p data-bbox="716 369 878 390">Date of Discharge</p><input data-bbox="716 403 943 447" type="text" value="Optional"/></div> <p data-bbox="418 485 1536 516"><b>Note:</b> If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1385 617" style="border: 2px solid red; padding: 5px;"><ul data-bbox="483 562 1338 594" style="list-style-type: none"><li data-bbox="483 562 1338 594">• <b>Invalid / Missing Date(s) of Service - Please Correct and Resubmit</b></li></ul></div>

## Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<p data-bbox="217 226 448 260"><b>Admission Type</b></p> <p data-bbox="537 226 1289 260">Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1045 474" style="border: 1px solid black; padding: 5px;"> <p>Admission Type ? </p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> <div data-bbox="1143 275 1531 443" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="537 527 1531 779" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="537 527 711 560">If</th> <th data-bbox="711 527 1531 560">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 560 711 632"><b>Elective</b></td> <td data-bbox="711 560 1531 632">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 632 711 730"><b>Urgent</b></td> <td data-bbox="711 632 1531 730">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="537 730 711 779"><b>Emergent</b></td> <td data-bbox="711 730 1531 779">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> <p data-bbox="217 793 509 827"><b>Requesting Provider</b></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="537 884 1078 989" style="border: 1px solid black; padding: 5px;"> <p><b>Requesting Provider</b></p> <p> Select Group/Facility ...</p> </div> <p data-bbox="217 1031 480 1064"><b>Servicing Provider</b></p> <p data-bbox="537 1031 1531 1102">Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="537 1121 1078 1226" style="border: 1px solid black; padding: 5px;"> <p><b>Servicing Provider</b></p> <p> Select Provider ...</p> </div> <p data-bbox="217 1247 461 1281"><b>Servicing Facility</b></p> <p data-bbox="537 1247 1463 1276">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1295 1289 1436" style="border: 1px solid black; padding: 5px;"> <p><b>Servicing Facility</b></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	<b>Elective</b>	Potential admission for illness/injury enrollee not currently admitted	<b>Urgent</b>	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	<b>Emergent</b>	Concurrent review, enrollee is currently admitted
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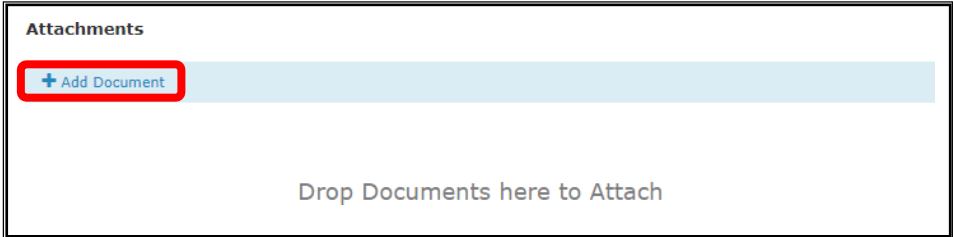
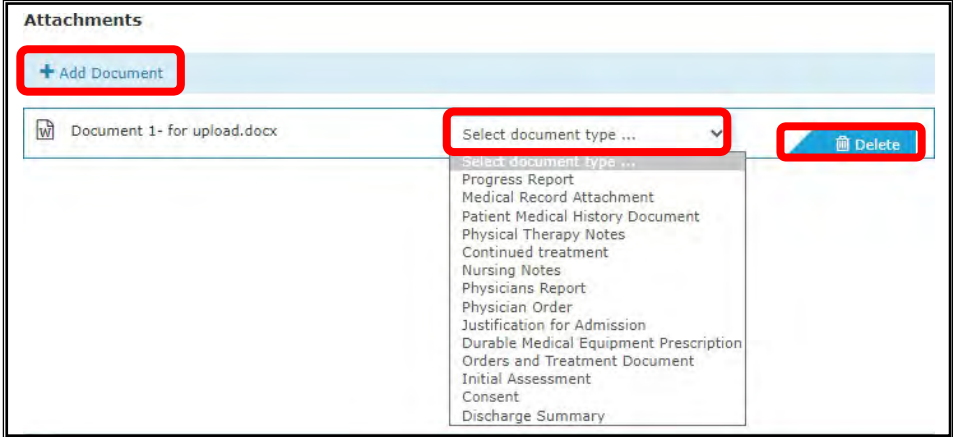
## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action							
9.	<p data-bbox="207 222 370 254"><b>Diagnoses</b></p> <div data-bbox="207 260 521 865" style="background-color: #cccccc; width: 193px; height: 288px;"></div> <p data-bbox="537 268 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 928 464" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 359 656 384"><b>Diagnoses</b></p> <div data-bbox="553 401 911 453" style="border: 1px solid #ccc; padding: 2px;">  Add Diagnoses ...         </div> </div> <p data-bbox="537 478 1533 625"><b>Note:</b> 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="537 646 1533 814" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 653 656 678"><b>Diagnoses</b></p> <div data-bbox="553 688 906 730" style="border: 1px solid #ccc; padding: 2px;">  Add Diagnoses ...         </div> <table border="1" data-bbox="553 737 1533 814"> <tbody> <tr> <td data-bbox="553 743 570 768">1</td> <td data-bbox="586 743 651 768">(Primary) M62.81</td> <td data-bbox="802 743 1040 768">Muscle weakness (generalized)</td> <td data-bbox="1446 730 1533 783" rowspan="2" style="text-align: center;">   </td> </tr> <tr> <td data-bbox="553 779 570 804">2</td> <td data-bbox="675 779 756 804">T67.01XA</td> <td data-bbox="802 779 1133 804">Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	1	(Primary) M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter
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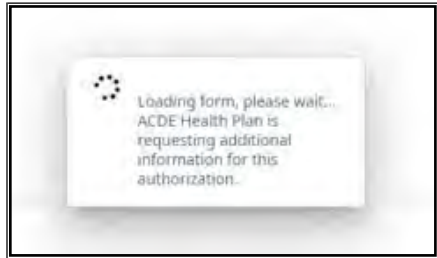
## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="207 218 326 247"><b>Services</b></p> <p data-bbox="219 260 354 289"><b>From / To</b></p> <p data-bbox="542 260 1409 365">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 382 914 487"> </div> <p data-bbox="219 504 448 533"><b>Procedure Code</b></p> <p data-bbox="542 504 1446 726">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 <b>not</b> be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> <div data-bbox="542 739 743 844"> </div> <p data-bbox="219 861 350 890"><b>Modifiers</b></p> <p data-bbox="542 861 1115 890">This is a free text field and is not mandatory.</p> <div data-bbox="542 903 818 995"> </div> <p data-bbox="219 1012 293 1041"><b>Units</b></p> <p data-bbox="542 1012 1453 1083">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1092 857 1197"> </div> <p data-bbox="219 1218 354 1247"><b>Bed Type</b></p> <p data-bbox="542 1218 1378 1289">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1297 876 1402"> </div> <p data-bbox="219 1423 483 1495"><b>+ Add New Service Line</b></p> <p data-bbox="542 1423 1446 1537">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="542 1549 818 1633"> </div>

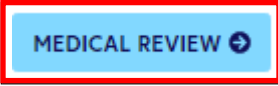
## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action	
9.	<p><b>Attachments</b></p> <p><b>Add Document</b></p>	<p>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>  

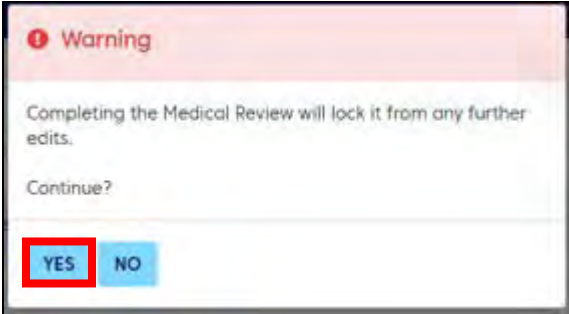
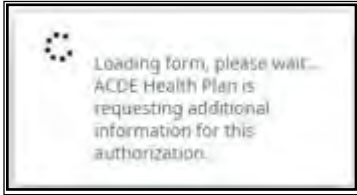
## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247"><b>Notes</b></p> <p data-bbox="201 254 521 558"><b>Notes</b></p> <p data-bbox="526 254 1559 369">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="526 380 1559 558"> <p data-bbox="526 380 1559 409">Notes</p> <p data-bbox="526 415 1559 531">Enter Clinical Notes ...</p> <p data-bbox="1393 531 1559 558">264 characters left</p> </div> <p data-bbox="201 569 521 598"><b>Contact Information</b></p> <p data-bbox="526 569 1559 726">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 <b>Submit</b> when the request is complete.</p> <p data-bbox="526 737 1559 810"><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="526 821 1559 1245"> <p data-bbox="526 821 1559 850">▼ Contact Information</p> <p data-bbox="526 856 862 940">First Name</p> <p data-bbox="526 940 862 1024">Last Name</p> <p data-bbox="526 1024 862 1087">Email Address</p> <p data-bbox="526 1087 862 1117">Optional</p> <p data-bbox="1040 856 1235 940">Phone Number</p> <p data-bbox="1040 940 1235 1024">Fax Number</p> <p data-bbox="1040 1024 1235 1087">Optional</p> <p data-bbox="1040 1087 1377 1087"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p data-bbox="526 1094 1559 1178"><b>DECLARATION</b></p> <p data-bbox="526 1178 1559 1178"><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p data-bbox="1203 1192 1559 1222">Cancel &lt; Previous <b>Submit</b></p> </div>
9.	<p data-bbox="201 1251 1559 1402">Selecting <b>Submit</b> may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p data-bbox="201 1409 1559 1451">If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> <div data-bbox="201 1457 634 1713">  <p data-bbox="261 1507 565 1661">Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization.</p> </div>

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

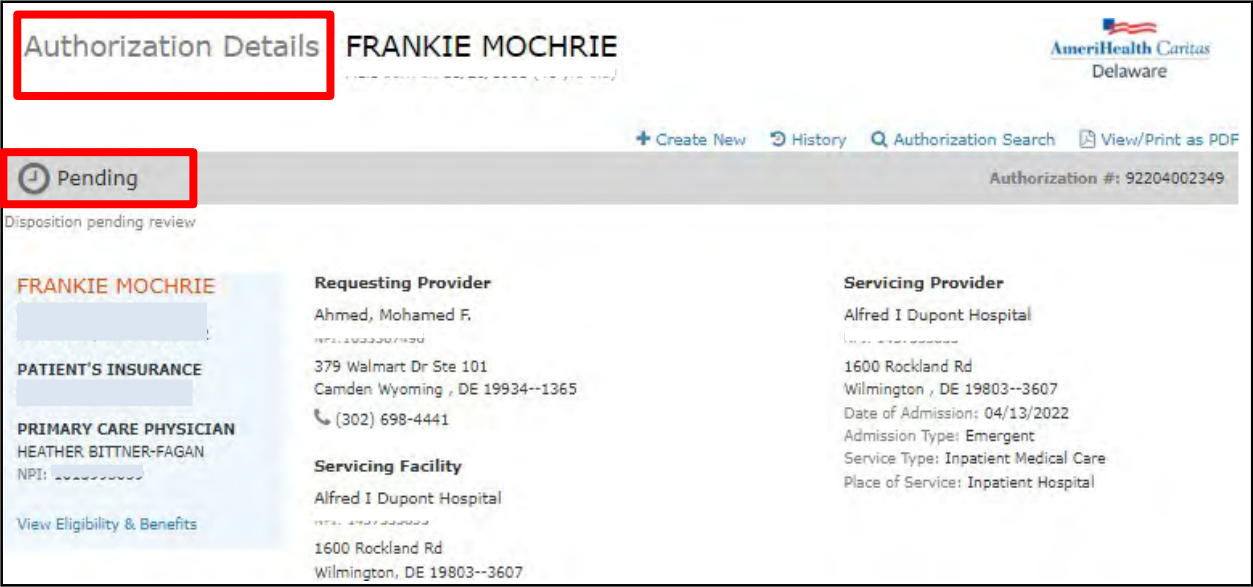
Step	Action
11.	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>

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



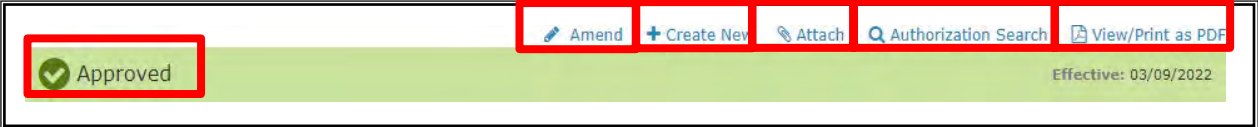

# Creating a New Authorization - Inpatient Delivery Notification (cont'd)

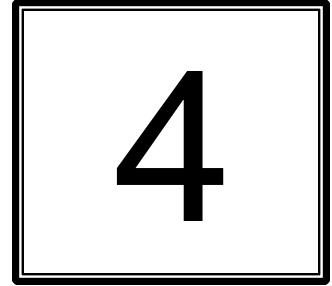
Step	Action			
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p>  <p><b>Authorization Details</b> FRANKIE MOCHRIE</p> <p>AmeriHealth Caritas Delaware</p> <p>+ Create New History Authorization Search View/Print as PDF</p> <p><b>Pending</b> Authorization #: 92204002349</p> <p>Disposition pending review</p> <table border="0"> <tr> <td data-bbox="219 577 479 850"> <p><b>FRANKIE MOCHRIE</b></p> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [REDACTED]</p> <p><a href="#">View Eligibility &amp; Benefits</a></p> </td> <td data-bbox="511 577 787 892"> <p><b>Requesting Provider</b></p> <p>Ahmed, Mohamed F. [REDACTED]</p> <p>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365</p> <p>(302) 698-4441</p> <p><b>Servicing Facility</b></p> <p>Alfred I Dupont Hospital [REDACTED]</p> <p>1600 Rockland Rd Wilmington, DE 19803--3607</p> </td> <td data-bbox="1039 577 1307 808"> <p><b>Servicing Provider</b></p> <p>Alfred I Dupont Hospital [REDACTED]</p> <p>1600 Rockland Rd Wilmington , DE 19803--3607</p> <p>Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p> </td> </tr> </table>	<p><b>FRANKIE MOCHRIE</b></p> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [REDACTED]</p> <p><a href="#">View Eligibility &amp; Benefits</a></p>	<p><b>Requesting Provider</b></p> <p>Ahmed, Mohamed F. [REDACTED]</p> <p>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365</p> <p>(302) 698-4441</p> <p><b>Servicing Facility</b></p> <p>Alfred I Dupont Hospital [REDACTED]</p> <p>1600 Rockland Rd Wilmington, DE 19803--3607</p>	<p><b>Servicing Provider</b></p> <p>Alfred I Dupont Hospital [REDACTED]</p> <p>1600 Rockland Rd Wilmington , DE 19803--3607</p> <p>Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>
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## Authorization Status – Approved and Pending

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

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

If...	Then it will look like this...										
Approved	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 512 1495 546"><b>Note:</b> 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><b>Amend</b></td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>Attach</b></td> <td>Attaching a document</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </table>	<b>Amend</b>	Extending existing services or requesting another service on the same authorization	<b>Create New</b>	Creating a new request	<b>Attach</b>	Attaching a document	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF
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<b>View/Print as PDF</b>	View and print authorization status request as PDF										
Pending	<div data-bbox="277 926 1528 1052" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 1083 1495 1146"><b>Note:</b> 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 1178 1495 1211">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1211 1539 1383"> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>History</b></td> <td>Detailed history of the request</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </table>	<b>Create New</b>	Creating a new request	<b>History</b>	Detailed history of the request	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF		
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<b>History</b>	Detailed history of the request										
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<b>View/Print as PDF</b>	View and print authorization status request as PDF										



## **4 AMENDING AN AUTHORIZATION**

## Amending an Authorization Request



















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



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

Step	Action									
1.	<p>Locate the existing request under <b>Workflows for this Plan</b>.</p> <div data-bbox="243 613 594 756" style="border: 1px solid black; padding: 5px;"> <p><b>Workflows for this Plan</b></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 <b>Medical Authorizations Log</b></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 <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select <b>Medical Authorizations Log</b>	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)			
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2.	<p>Select <b>Auth Details</b> on the request that needs to be amended.</p> <div data-bbox="243 1041 1354 1188" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>GRETA EMERSON</b></td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: <span style="color: green;">✔</span> <b>Approved</b> 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;"> <span style="border: 1px solid red; padding: 2px;">🔍 Auth Details</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">🕒 History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔄 Refresh Status</span> </td> </tr> </table> </div>	<b>GRETA EMERSON</b>	Date of Service: 03/18/2022	Date of Submission: <span style="color: green;">✔</span> <b>Approved</b> as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		<span style="border: 1px solid red; padding: 2px;">🔍 Auth Details</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">🕒 History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔄 Refresh Status</span>		
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3.	<p>Select <b>Amend</b>.</p> <div data-bbox="243 1255 1539 1381" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"> <span style="border: 1px solid red; padding: 2px;">✎ Amend</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">🕒 History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔍 Authorization Search</span> <span style="margin-left: 10px;">📄 View/Print as PDF</span> </td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center; color: green;">✔ <b>Approved</b></td> <td style="text-align: center;">Authorization #: 92203003026</td> <td style="text-align: right;">Effective: 03/31/2022</td> </tr> </table> </div>		<span style="border: 1px solid red; padding: 2px;">✎ Amend</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">🕒 History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔍 Authorization Search</span> <span style="margin-left: 10px;">📄 View/Print as PDF</span>		✔ <b>Approved</b>	Authorization #: 92203003026	Effective: 03/31/2022			
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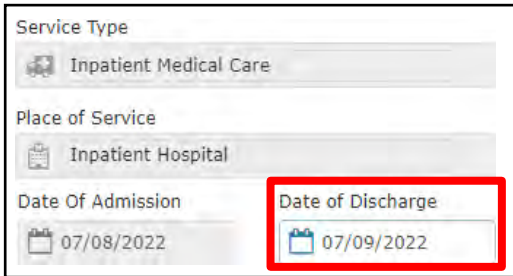
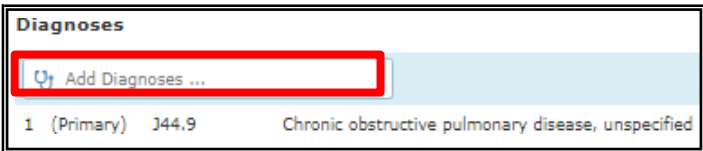
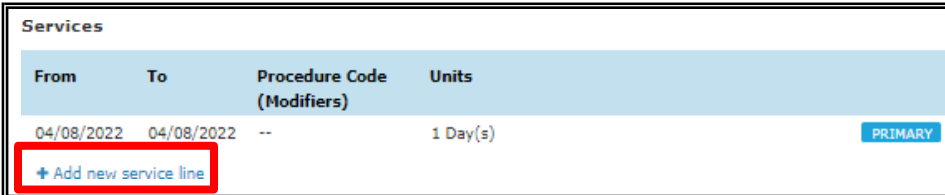
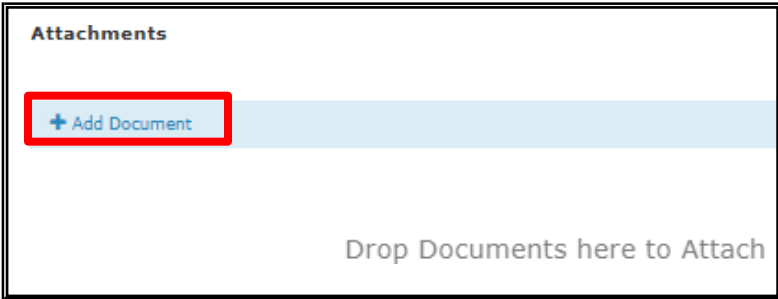
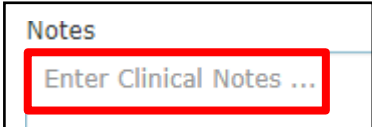
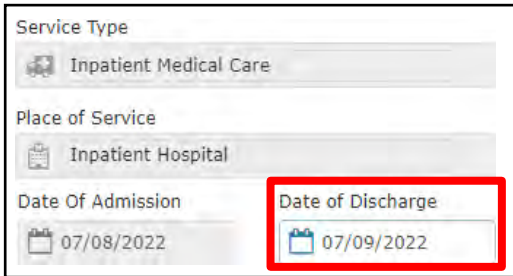
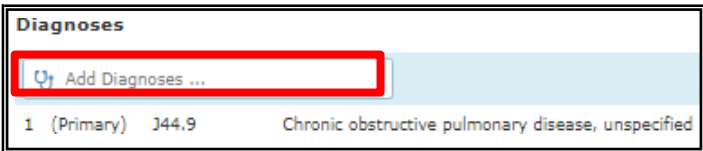
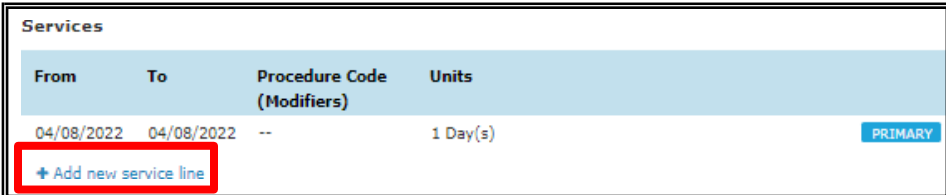
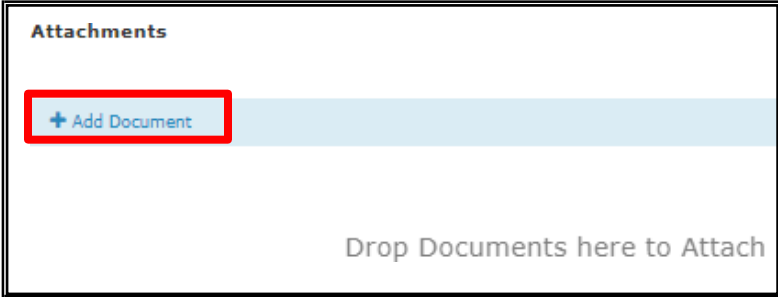
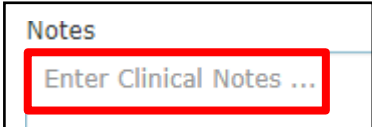
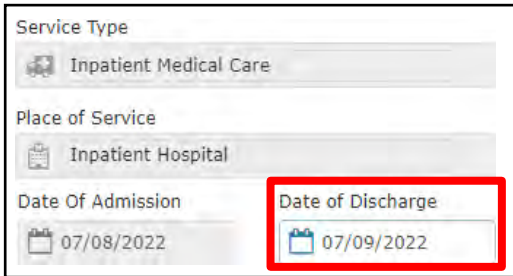
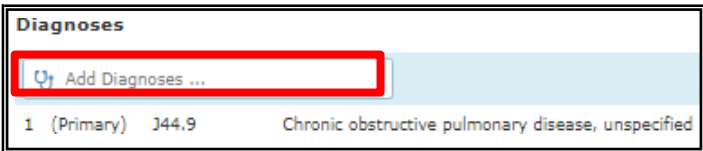
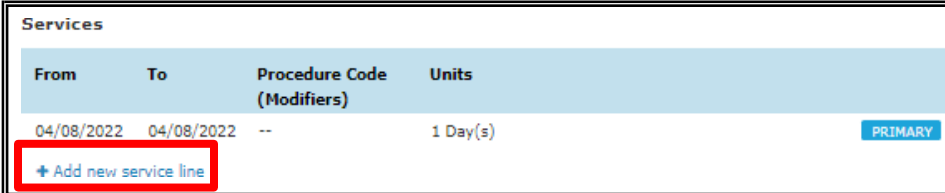
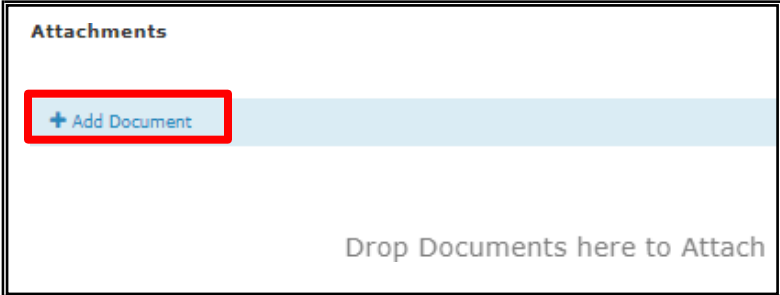
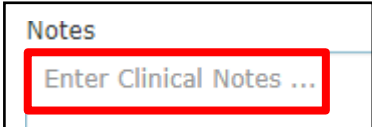
## Amending an Authorization Request (cont'd)

Step	Action																				
4.	<table border="1"> <tr> <td data-bbox="240 327 548 407">Amending an outpatient request</td> <td data-bbox="548 327 1555 407">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> <tr> <td data-bbox="240 457 667 594">Address the Date of Service</td> <td data-bbox="667 457 1555 594"> <div data-bbox="683 468 1021 590"> <p>Date Of Service</p> <p> 09/01/2022</p> </div> </td> </tr> <tr> <td data-bbox="240 594 667 793">Add additional diagnoses if applicable</td> <td data-bbox="667 594 1555 793"> <div data-bbox="683 604 1284 783"> <p>Diagnoses</p> <p> Add Diagnoses ...</p> <p>1 (Primary) A02.8 Other specified salmonella infections</p> </div> </td> </tr> <tr> <td data-bbox="240 793 667 1035">Add new service line</td> <td data-bbox="667 793 1555 1035"> <div data-bbox="683 804 1284 1024"> <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 colspan="4"> Add new service line</td> </tr> </tbody> </table> </div> </td> </tr> <tr> <td data-bbox="240 1035 667 1234">Add attachments if applicable</td> <td data-bbox="667 1035 1555 1234"> <div data-bbox="683 1045 1284 1224"> <p>Attachments</p> <p> Add Document</p> <p> Doc3.docx <span>Medical Record Attachment</span></p> </div> </td> </tr> <tr> <td data-bbox="240 1234 667 1381">Add notes if applicable</td> <td data-bbox="667 1234 1555 1381"> <div data-bbox="683 1245 1049 1371"> <p>Notes</p> <p>Enter Clinical Notes ...</p> </div> </td> </tr> </table>	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	<div data-bbox="683 468 1021 590"> <p>Date Of Service</p> <p> 09/01/2022</p> </div>	Add additional diagnoses if applicable	<div data-bbox="683 604 1284 783"> <p>Diagnoses</p> <p> Add Diagnoses ...</p> <p>1 (Primary) A02.8 Other specified salmonella infections</p> </div>	Add new service line	<div data-bbox="683 804 1284 1024"> <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 colspan="4"> Add new service line</td> </tr> </tbody> </table> </div>	From	To	Procedure Code (Modifiers)	Units	 Add new service line				Add attachments if applicable	<div data-bbox="683 1045 1284 1224"> <p>Attachments</p> <p> Add Document</p> <p> Doc3.docx <span>Medical Record Attachment</span></p> </div>	Add notes if applicable	<div data-bbox="683 1245 1049 1371"> <p>Notes</p> <p>Enter Clinical Notes ...</p> </div>
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## Amending an Authorization Request (cont'd)

Step	Action
<p><b>4.</b> <b>(cont.)</b></p>	<p>Amending an outpatient request</p> <p>Enter contact information, check the Declaration box, and <b>Submit</b>.</p> <div data-bbox="695 327 1562 682"> <p><b>Contact Information</b></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><b>DECLARATION</b></p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel   « Previous   <b>Submit</b></p> </div>

## 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="240 275 488 321">If...</th> <th data-bbox="488 275 1555 321">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 321 488 411">Amending an inpatient request</td> <td data-bbox="488 321 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 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><b>Diagnoses</b></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><b>Services</b></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><b>Attachments</b></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><b>Notes</b></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 Date of Discharge: 07/09/2022</p>	Add additional diagnoses if applicable	 <p><b>Diagnoses</b></p> <p>+ Add Diagnoses ...</p> <p>1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p>	Add new service line	 <p><b>Services</b></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><b>Attachments</b></p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p>	Add notes if applicable	 <p><b>Notes</b></p> <p>Enter Clinical Notes ...</p>
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## Amending an Authorization Request (cont'd)

Step	Action
5. (cont.)	<p data-bbox="250 237 651 268">Amending an inpatient request</p> <p data-bbox="250 285 529 432">Enter contact information, check the Declaration box, and <b>Submit</b></p> <div data-bbox="553 285 1568 684"><p data-bbox="565 296 781 317">▼ <b>Contact Information</b></p><p data-bbox="565 331 889 394">First Name Beth</p><p data-bbox="565 411 889 474">Last Name Williams</p><p data-bbox="565 491 889 554">Email Address Optional</p><p data-bbox="1068 331 1256 394">Phone Number (843) 999-9999</p><p data-bbox="1068 411 1256 474">Fax Number Optional</p><p data-bbox="1068 491 1398 537"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="565 569 1568 632"><b>DECLARATION</b> <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1230 653 1568 684">Cancel Previous <b>Submit</b></p></div>

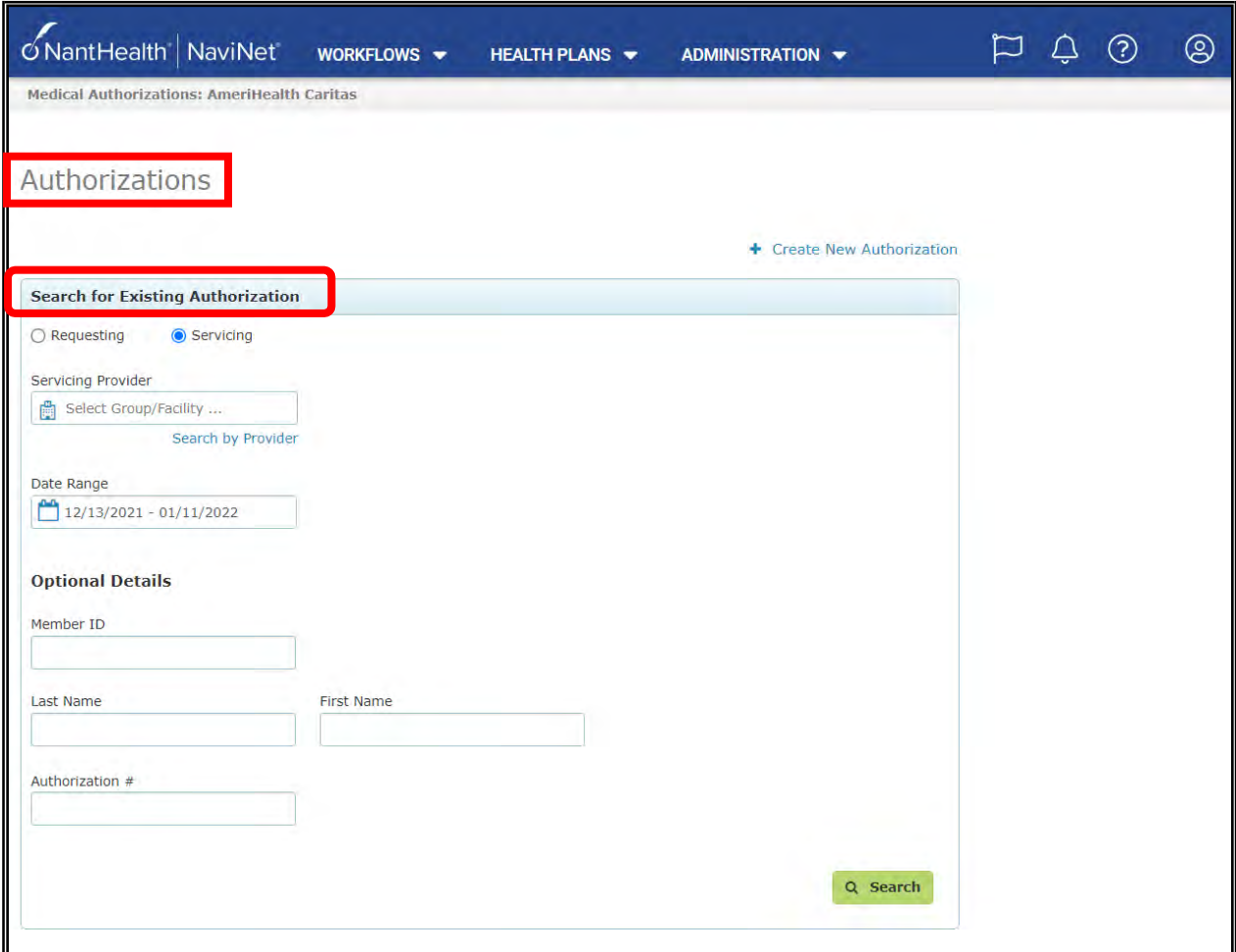




## **5 SEARCH FOR AN EXISTING AUTHORIZATION**

## Search for an Existing Authorization


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

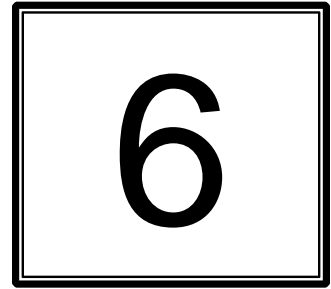
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select <b>Medical Authorizations</b> under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p><b>Workflows for this Plan</b></p><p>Medical Authorizations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

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

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select <b>Search</b>.</p> <div data-bbox="243 268 1455 1245" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;"><a href="#">+ Create New Authorization</a></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><b>Search for Existing Authorization</b></p> <p> <input type="radio"/> Requesting    <input checked="" type="radio"/> Servicing         </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> </div> <p><b>Optional Details</b></p> <p>Member ID</p> <p><input type="text"/></p> <p>Last Name                      First Name</p> <p><input type="text"/>                              <input type="text"/></p> <p>Authorization #</p> <p><input type="text"/></p> <p style="text-align: right;"><input type="button" value="Q Search"/></p> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1438 1598" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="Q Filter Results ..."/></p> <table border="1"> <thead> <tr> <th>Authorization #</th> <th>Patient (Member ID) ^</th> <th>Status</th> <th>Requesting Provider</th> <th>Servicing Provider</th> <th>Proc.</th> <th>Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td><span style="color: red;">●</span> 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><span style="color: blue;">○</span> 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	<span style="color: red;">●</span> Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN ( )	<span style="color: blue;">○</span> Pending	CUTTING	CUTTING	31365	05/07/2022
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## 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 552" style="border: 1px solid black; padding: 5px;">  </div> <p><b>Note:</b> 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="240 661 1539 940"> <tbody> <tr> <td><b>Amend</b></td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>Attach</b></td> <td>Attaching a document</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	<b>Amend</b>	Extending existing services or requesting another service on the same authorization	<b>Create New</b>	Creating a new request	<b>Attach</b>	Attaching a document	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF
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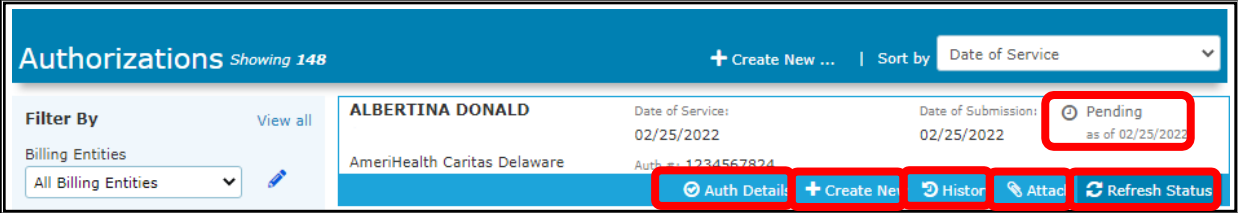
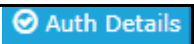
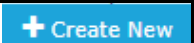


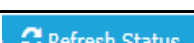
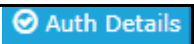
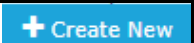


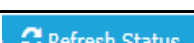
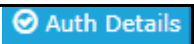
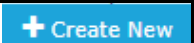


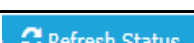
## **6 MEDICAL AUTHORIZATION LOG**

## 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 <b>Medical Authorization Log</b> 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; margin: 10px 0;"> <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"> <li>Medical Authorizations</li> <li>Medical Authorizations Log </li> </ul> </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 <b>Authorizations Created By Me</b>.</p> <div data-bbox="240 737 1560 1346" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>Authorizations</b> Showing 148</span> <span><a href="#">+ Create New ...</a></span> <span>Sort by <span style="border: 1px solid red; padding: 2px;">Date of Service</span></span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Filter By</th> <th style="width: 35%;">ALBERTINA DONALD</th> <th style="width: 15%;">Date of Service:</th> <th style="width: 20%;">Date of Submission:</th> </tr> </thead> <tbody> <tr> <td>                     Billing Entities  <input type="text" value="All Billing Entities"/> </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>02/25/2022 <span style="font-size: small;">Pending as of 02/25/2022</span></td> </tr> <tr> <td>                     Patient Details  <input type="text" value="Search for name or ID..."/> </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- <span style="font-size: small;">Required as of 02/25/2022</span></td> </tr> <tr> <td>                     Authorization #  <input type="text"/> </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- <span style="font-size: small;">Required as of 02/25/2022</span></td> </tr> <tr> <td>                     Servicing Provider  <input type="text" value="Search for name or ID..."/> </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- <span style="font-size: small;">Required as of 02/25/2022</span></td> </tr> <tr> <td>                     Date of service  <input type="text" value="12/11/2021-03/10/2022"/> </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- <span style="font-size: small;">Required as of 02/25/2022</span></td> </tr> <tr> <td> <input type="checkbox"/> Authorizations Created By Me                 </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- <span style="font-size: small;">Required as of 02/25/2022</span></td> </tr> <tr> <td>                     Status                 </td> <td>AmeriHealth Caritas Delaware</td> <td>02/25/2022</td> <td>-- <span style="font-size: small;">Required as of 02/25/2022</span></td> </tr> </tbody> </table> </div>	Filter By	ALBERTINA DONALD	Date of Service:	Date of Submission:	Billing Entities <input type="text" value="All Billing Entities"/>	AmeriHealth Caritas Delaware	02/25/2022	02/25/2022 <span style="font-size: small;">Pending as of 02/25/2022</span>	Patient Details <input type="text" value="Search for name or ID..."/>	AmeriHealth Caritas Delaware	02/25/2022	-- <span style="font-size: small;">Required as of 02/25/2022</span>	Authorization # <input type="text"/>	AmeriHealth Caritas Delaware	02/25/2022	-- <span style="font-size: small;">Required as of 02/25/2022</span>	Servicing Provider <input type="text" value="Search for name or ID..."/>	AmeriHealth Caritas Delaware	02/25/2022	-- <span style="font-size: small;">Required as of 02/25/2022</span>	Date of service <input type="text" value="12/11/2021-03/10/2022"/>	AmeriHealth Caritas Delaware	02/25/2022	-- <span style="font-size: small;">Required as of 02/25/2022</span>	<input type="checkbox"/> Authorizations Created By Me	AmeriHealth Caritas Delaware	02/25/2022	-- <span style="font-size: small;">Required as of 02/25/2022</span>	Status	AmeriHealth Caritas Delaware	02/25/2022	-- <span style="font-size: small;">Required as of 02/25/2022</span>
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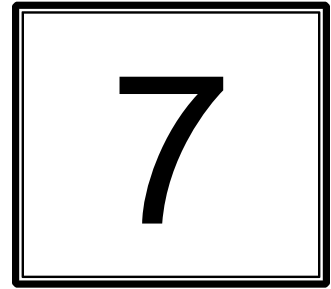
## Search: Medical Authorization Log (cont'd)

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: <b>Auth Details, +Create New, History, Attach, and Refresh Status</b>.</p>  <p>The screenshot shows the 'Authorizations' interface with the following details:</p> <ul style="list-style-type: none"> <li>Header: Authorizations Showing 148</li> <li>Buttons: + Create New ...   Sort by Date of Service</li> <li>Filter By: Billing Entities (All Billing Entities)</li> <li>Member: ALBERTINA DONALD</li> <li>Date of Service: 02/25/2022</li> <li>Date of Submission: 02/25/2022</li> <li>Status: Pending as of 02/25/2022</li> <li>Buttons: Auth Details, + Create New, History, Attach, Refresh Status</li> </ul> <table border="1" data-bbox="240 596 1523 978"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td> Auth Details</td> <td>Details related to the authorization</td> </tr> <tr> <td> + Create New</td> <td>Create New Authorization for the member</td> </tr> <tr> <td> History</td> <td>Provides detailed history of the request</td> </tr> <tr> <td> Attach</td> <td>Ability to attach documents</td> </tr> <tr> <td> Refresh Status</td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function	 Auth Details	Details related to the authorization	 + Create New	Create New Authorization for the member	 History	Provides detailed history of the request	 Attach	Ability to attach documents	 Refresh Status	Allows the user to refresh the status for any updates.
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## Search: Medical Authorization Log (cont'd)

Step	Action										
<p><b>3.</b> <b>(cont.)</b></p>	<p>If the request is in draft status different fields are available.  <b>Continue, Delete, Create New, and History</b></p> <div data-bbox="256 338 1544 527" style="border: 1px solid black; padding: 5px;"> <p> <b>GRETA EMERSON</b>      Date of Service: 03/16/2022      Date of Submission: <span style="border: 1px solid red; padding: 2px;">Draft</span>  <small>as of 11:29am Today</small>            AmeriHealth Caritas Delaware      Reference Id: --         </p> <p style="text-align: right;"> <span style="border: 1px solid red; padding: 2px;">→ Continue</span> <span style="border: 1px solid red; padding: 2px;">🗑 Delete</span> <span style="border: 1px solid red; padding: 2px;">+ Create New</span> <span style="border: 1px solid red; padding: 2px;">🕒 History</span> </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;"><span style="border: 1px solid black; padding: 2px;">→ Continue</span></td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">🗑 Delete</span></td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">+ Create New</span></td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">🕒 History</span></td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	<span style="border: 1px solid black; padding: 2px;">→ Continue</span>	Allows the user to continue working on the request	<span style="border: 1px solid black; padding: 2px;">🗑 Delete</span>	Allows the user to delete the request	<span style="border: 1px solid black; padding: 2px;">+ Create New</span>	Allows the user to create a new authorization for the member	<span style="border: 1px solid black; padding: 2px;">🕒 History</span>	Provides detailed history of the request
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# **7 REQUEST FOR MORE INFORMATION (RFMI)**

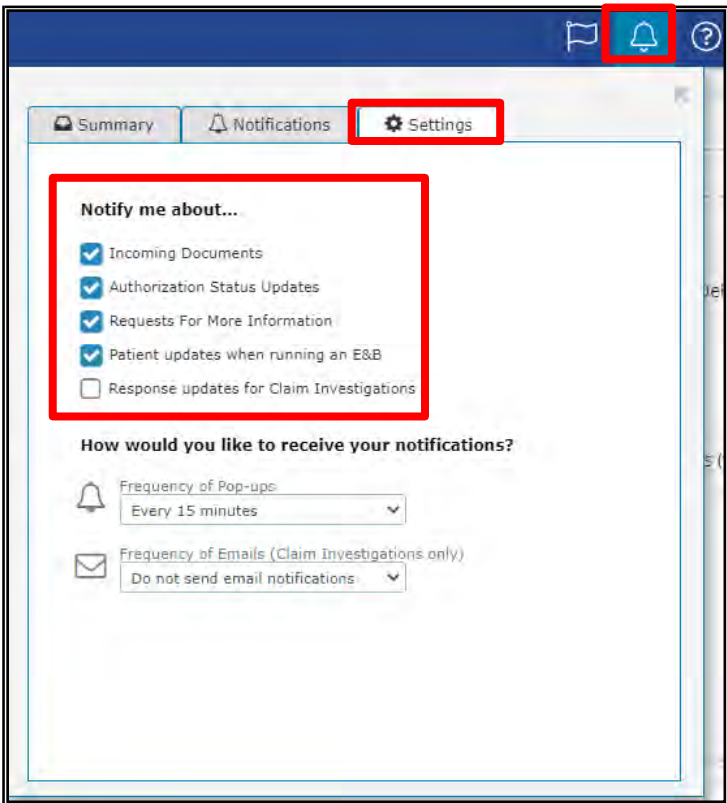
## Request for More Information (RFMI)

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

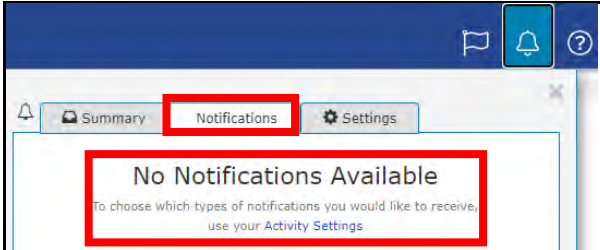
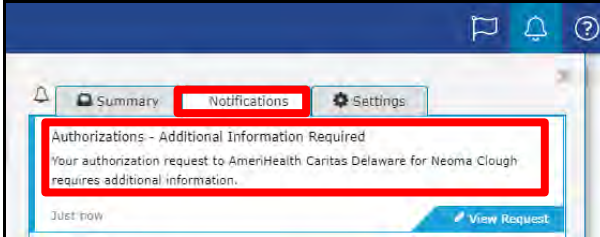
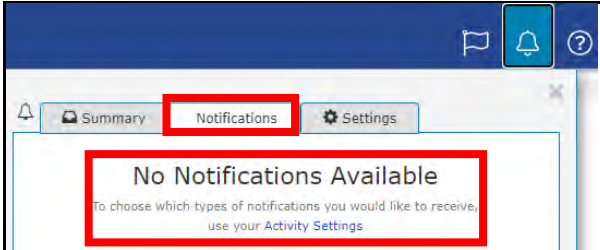
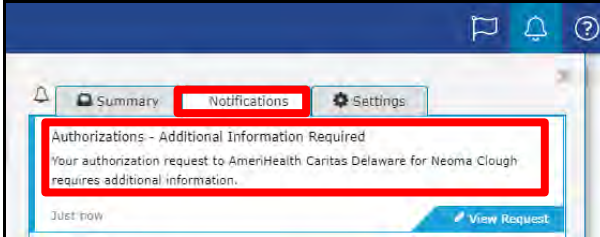
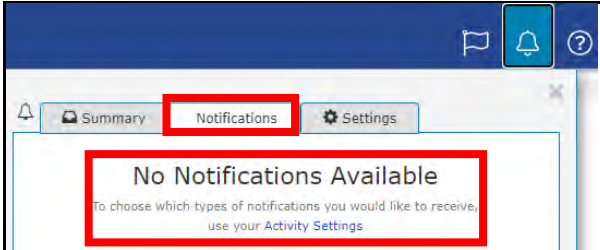
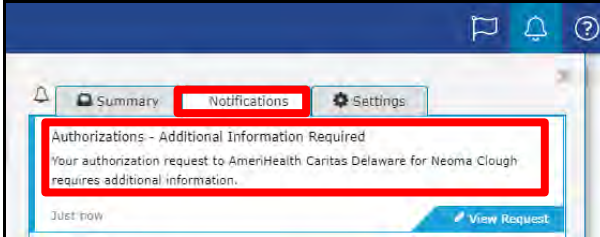
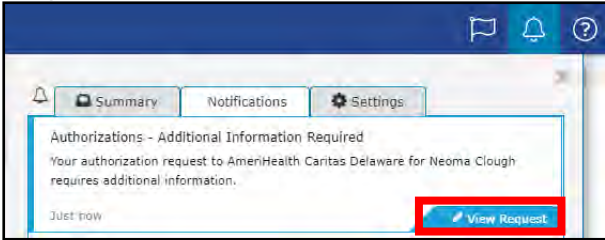
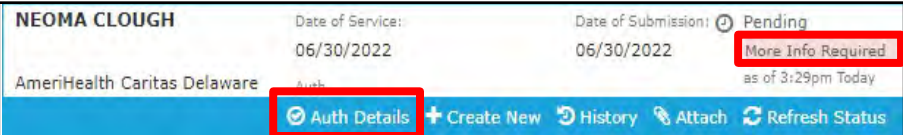


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


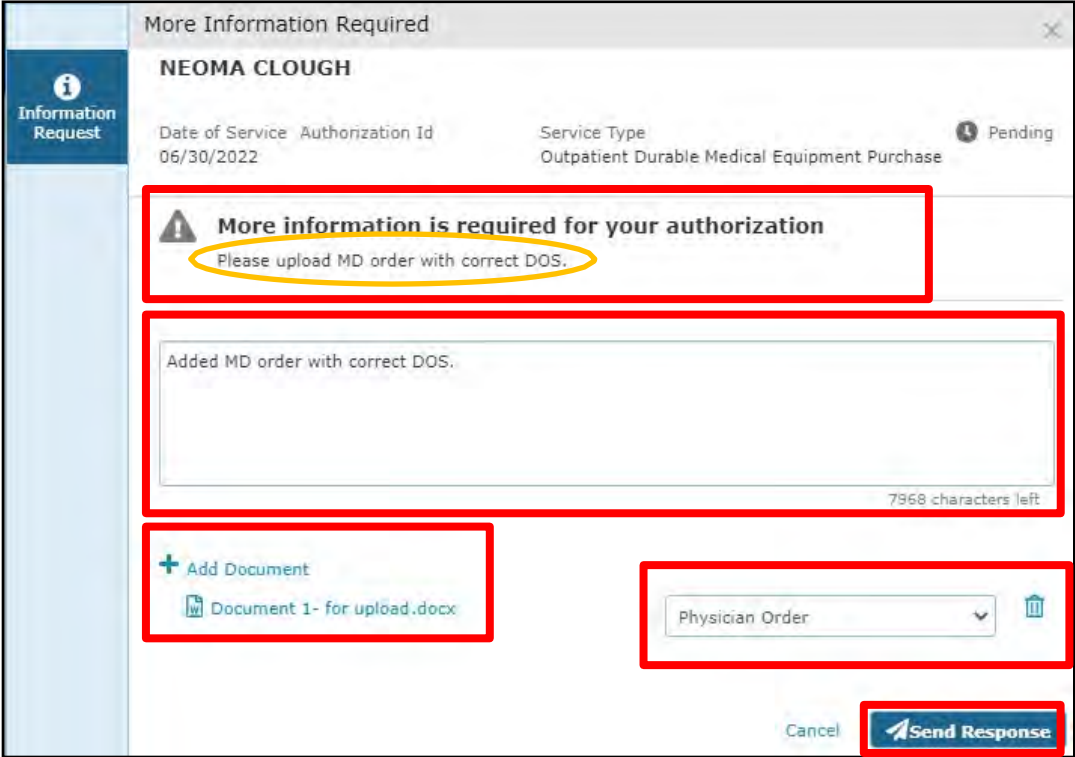
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	<p>Select the bell icon in the top right corner in NaviNet, then from the Settings tab, specify the notifications you would like to receive.</p>  <p>The screenshot shows the NaviNet interface. In the top right corner, a bell icon is highlighted with a red box. Below it, the 'Settings' tab is also highlighted with a red box. The 'Notify me about...' section contains a list of notification types with checkboxes: 'Incoming Documents', 'Authorization Status Updates', 'Requests For More Information', 'Patient updates when running an E&amp;B', and 'Response updates for Claim Investigations'. The first four are checked, and the last one is unchecked. Below this, the 'How would you like to receive your notifications?' section has two dropdown menus: 'Frequency of Pop-ups' set to 'Every 15 minutes' and 'Frequency of Emails (Claim Investigations only)' set to 'Do not send email notifications'.</p>


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

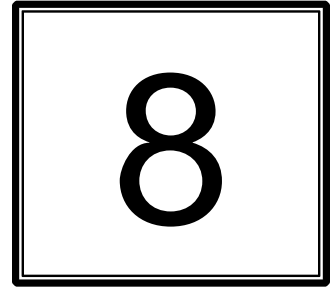
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 940"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 632">No notifications exist</td> <td data-bbox="618 310 1312 632"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 632 618 940">Notifications are available</td> <td data-bbox="618 632 1312 940"> <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="245 1045 1528 1352"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  </li> <li data-bbox="245 1352 1528 1633"> <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>  </li> </ol>						

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

Step	Action
<p><b>3.</b> <b>(cont'd)</b></p>	<p><b>3.</b> 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 top right is the AmeriHealth Caritas Delaware logo. Below the name are links for '+ Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF'. At the bottom, there is a status bar with 'Pending' and a red box around the 'More Information Required &gt;' link. Other details include 'Authorization #: 92206016951', 'Effective: 06/30/2022', and 'Expires: 09/02/2022'.</p>
<p><b>4.</b></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 <b>Send Response</b>.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. It includes fields for 'Date of Service' (06/30/2022), 'Authorization Id', and 'Service Type' (Outpatient Durable Medical Equipment Purchase). A warning message states: 'More information is required for your authorization. Please upload MD order with correct DOS.' Below this is a text input area with 'Added MD order with correct DOS.' and a character count of '7968 characters left'. There is an 'Add Document' section with a file named 'Document 1- for upload.docx' and a dropdown menu set to 'Physician Order'. At the bottom right, there are 'Cancel' and 'Send Response' buttons.</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 <b>History</b>.</p>  <p>The screenshot shows the 'Authorization Details' page for NEOMA CLOUGH. The status is 'Pending'. A 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <ul style="list-style-type: none"> <li>Attached Physician Order (07/27/2022 7:35pm)</li> <li>Response Sent (07/27/2022 7:35pm)</li> <li>More Information Required (07/27/2022 3:16pm)</li> <li>Pending (06/30/2022 9:10am)</li> </ul> <p>The 'Response Sent' event is highlighted in blue, indicating it is the selected item.</p>



## **8 RESOURCES**

## Plan Contact Information

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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

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