



**Keystone First**

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

## NaviNet User Guide

Guidelines for accessing the secure Provider portal, member eligibility, care gaps and more.

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Keystone First

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# Overview

## Purpose of this User Guide

The purpose of this guide is to provide an abbreviated, user-friendly reference tool to help your practice get started using the most common functions offered by NaviNet quickly and efficiently.

Keystone First has developed this guide as a tool for its providers. This user guide is not published by NaviNet, and NaviNet did not participate in its development or publication.

NaviNet provides additional user guides and video tutorials in the **Help** section on the NaviNet website, as outlined in Section 3 of this user guide.

Keystone First is not responsible for maintaining or updating the NaviNet site; and this guide may not necessarily reflect the most current updates to the NaviNet site.

**Note: Not all of the functionalities represented in this user guide are supported for all health plans.**

If you see a NaviNet service functionality that would be useful to your practice, please contact your health plan account executive.

### **NaviNet offers your office:**

- Reliable member information right on your desktop.
- Cost-effective tools and services through a single, secure Web portal.
- Intuitive navigation to get your staff up and running quickly.
- Increased efficiency for streamlining business processes.
- Reliable access to the following transactions:
  - Eligibility and Benefits Inquiry.
  - Claim Status Inquiry.
  - Report Inquiry, including Panel Rosters, Member Care Gaps Queries, Member Clinical Summaries and more.

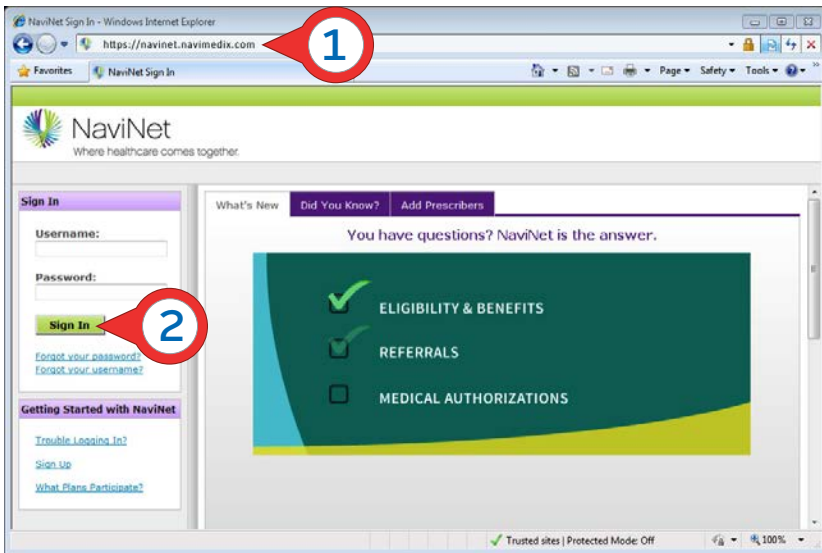
Get started now to see the benefits NaviNet offers.

### **New to NaviNet?**

Go to NaviNet at <https://navinet.navimedix.com>.

Click on the **Sign Up** link to begin the enrollment process.

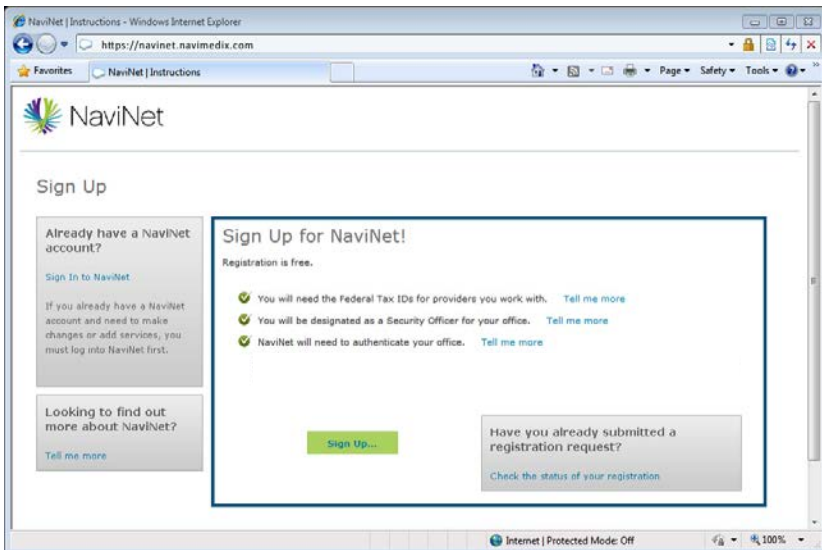
## Section 1: Getting Started



New users – signing up

Enrollment is easy.

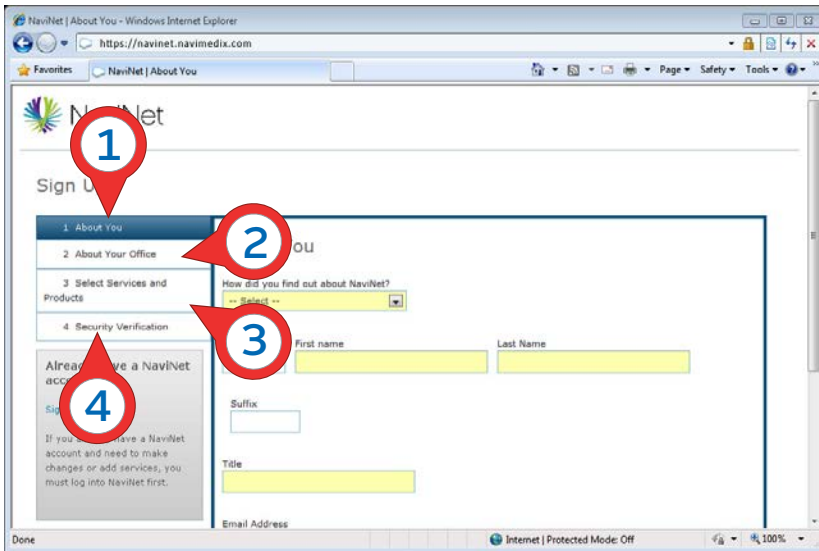
1. To enroll in NaviNet via online enrollment go to:  
<https://navinet.navimedix.com>.
2. Click on **Sign In**.



Registration is free.

Look here for the information you need to gather before you register for NaviNet.

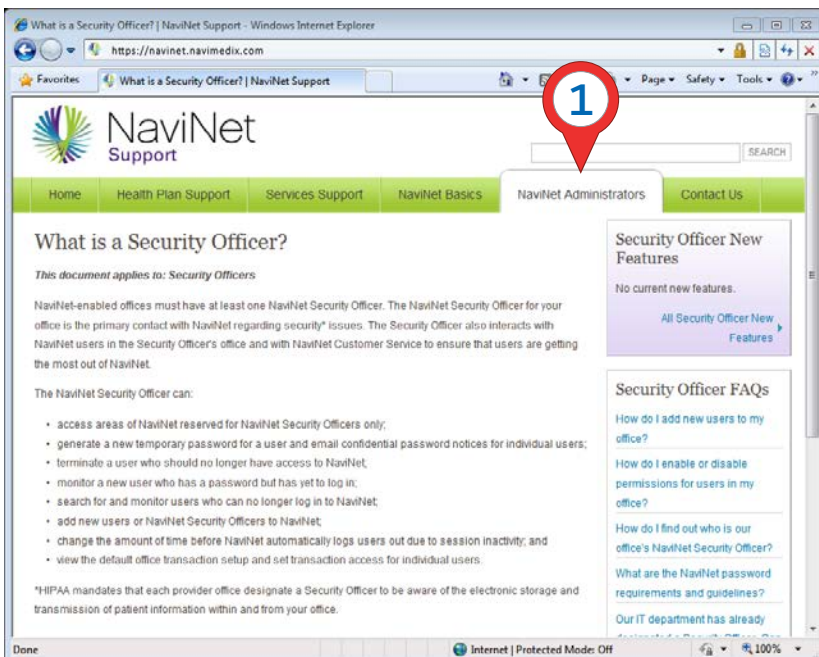
## Section 1: Getting Started



To register, follow the four-step process:

1. Complete the **About You** section, click **Next**.
2. Complete the **About Your Office** section, click **Next**.
3. Select desired **Services and Products**, click **Next**.
4. NaviNet will provide **Security Verification** and assign your user name.

You will be asked to create a password.



## The role of your Security Officer

For HIPAA compliance, each provider office should designate a **Security Officer** to be aware of the electronic storage and transmission of member information within and from your office.

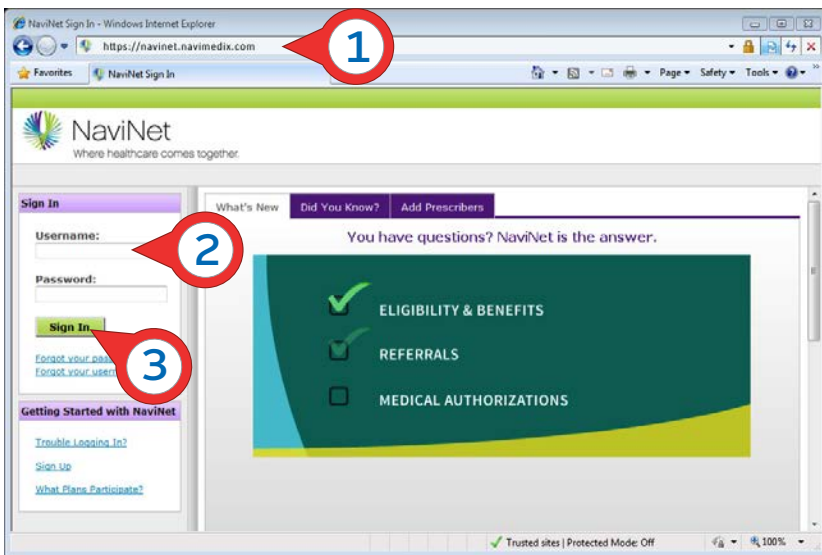
The person who registers your practice for NaviNet will be automatically assigned as your **Security Officer**.

1. Click on the **NaviNet Administrators** tab under the **Help** section for more information about the roles and responsibilities of your **Security Officer**.



Since the person who enrolls your office will be automatically assigned as your **Security Officer** it will be more efficient if you determine who is best suited to assume the **Security Officer** role and responsibilities prior to beginning enrollment.

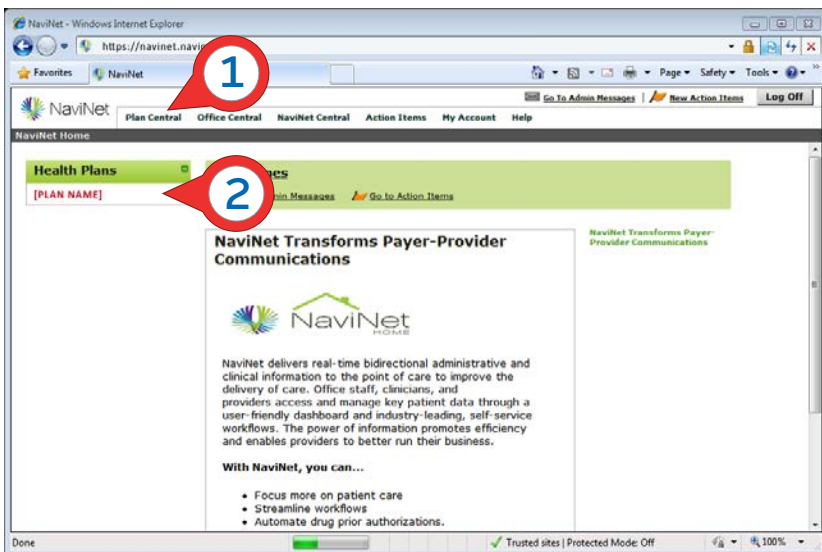
## Section 1: Getting Started



Existing users – signing on

Access the NaviNet website:

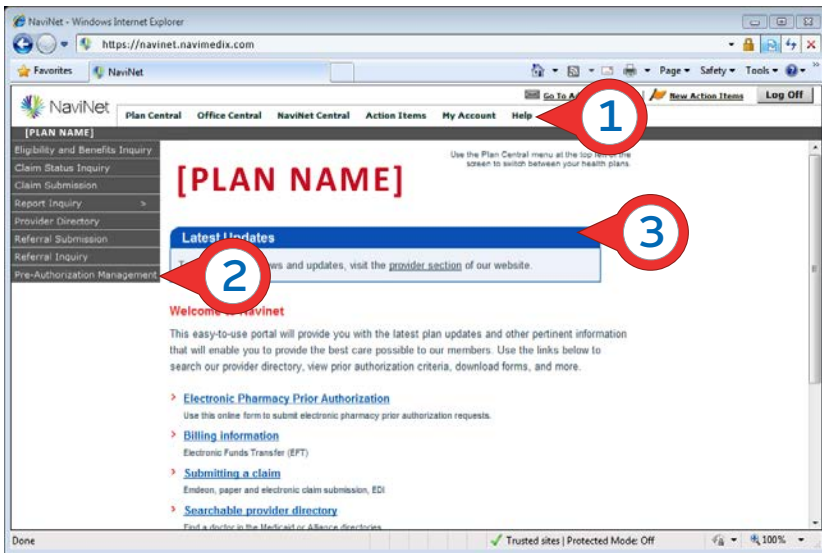
1. <https://navinet.navimedix.com>
2. Type in user name and password.
3. Click the **Sign In** button.



This is the welcome page:

1. From the top navigation bar, click on **Plan Central**.
2. Make your selection from the list of health plans provided in the drop down menu.

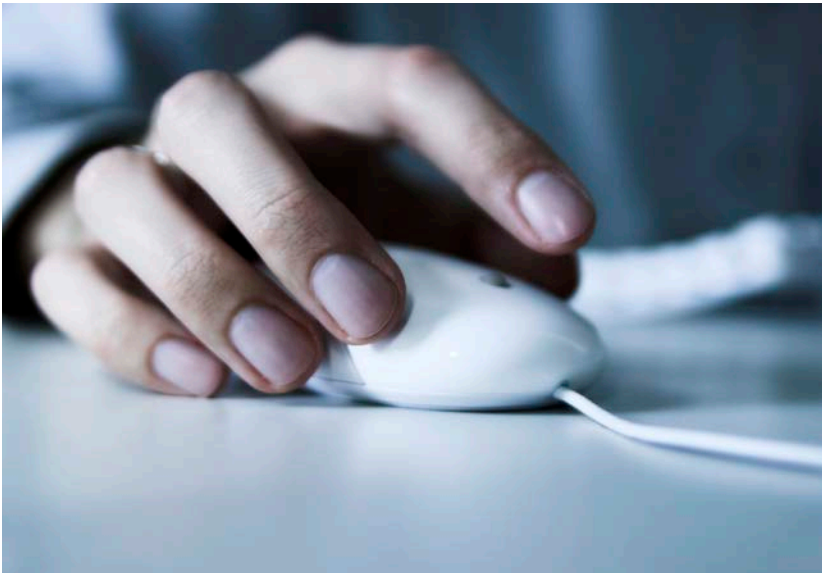
## Section 2: Basic Navigation



### Plan Central page

This is the **Plan Central** page. This will be your primary source of navigation for the plan you selected.

1. Use the **Plan Central** tab on the top navigation bar to navigate between health plans.
2. Use the side navigation bar to navigate between desired functions.
3. The latest updates to health plans can also be found on this page.



### Top navigation bar

#### Tab functionalities:

**Plan Central** – Navigate between your health plans.

**Office Central** – Provides features such as pre-authorization and referral logs and reports.

**NaviNet Central** – Change your profile.

**Action Items** – If a red flag appears here, you have incomplete action items.

**My Account** – Go here to change your password or to change your Security Officer.

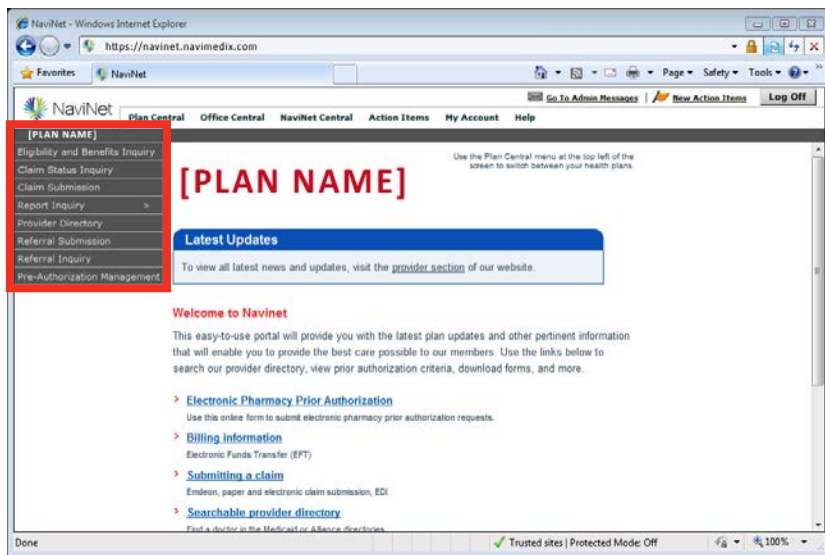
**Help** – Helpful demos and tutorials, as well as plan-specific information is located here.



#### Tip

**Do not use your Web browser's back button.** Use the navigation bar at the top of your screen to navigate between plans and the left navigation bar to navigate between desired functions.

## Section 2: Basic Navigation



### Left navigation bar

Use the left navigation bar to select the desired function.

Eligibility and Benefits.

Claim Submissions and Status.

Report Inquiries.

Provider Directory.

Referral Submissions and Inquiries.

Pre-Authorization Management.

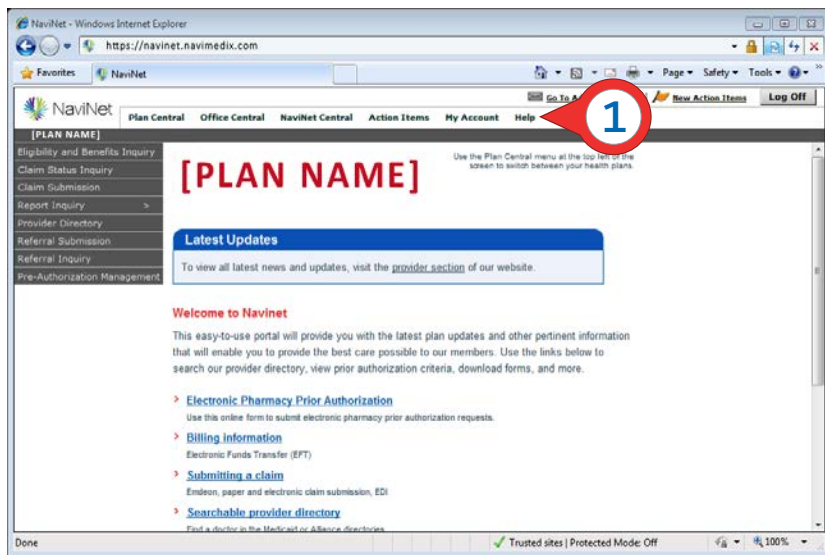


Functions in the left navigation bar may vary according to plan specifications.

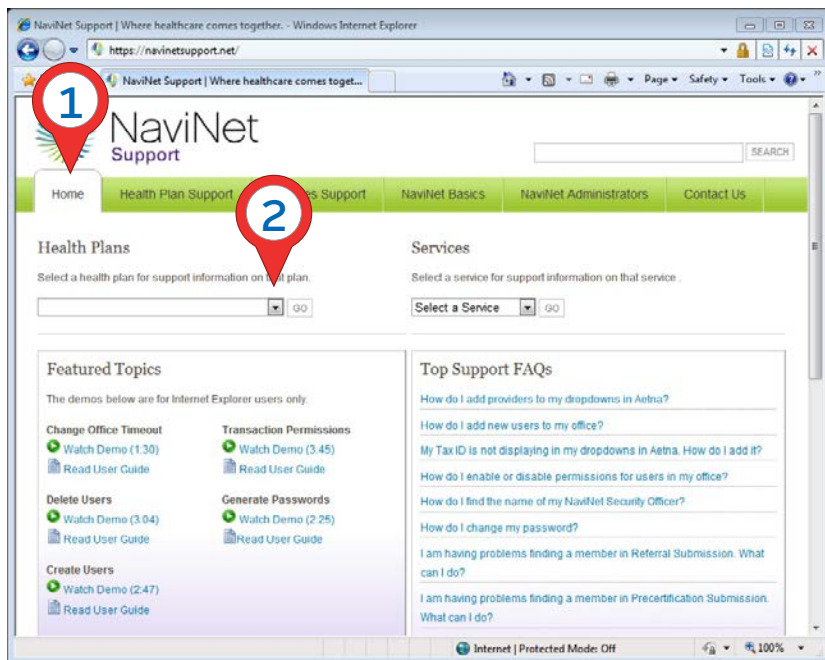
**Not all plans have the same functionalities.**



## Section 3: Getting to Know the Help Tab



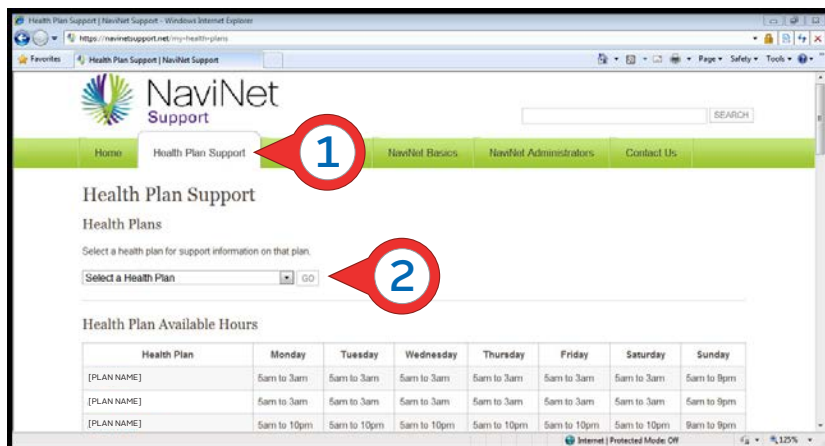
1. From the **Plan Central** page, select **Help** from the top navigation bar.



## NaviNet Support Home page

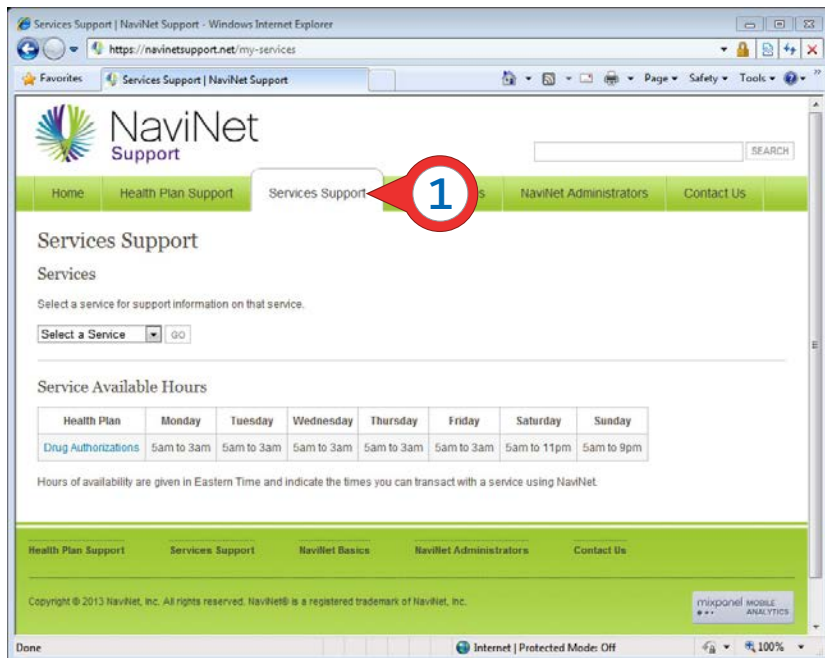
1. Look here for helpful tutorials, demos and top support FAQs.
2. From the pull down menu, select a health plan for plan-specific information.

## Section 3: Getting to Know the Help Tab



## Health Plan Support

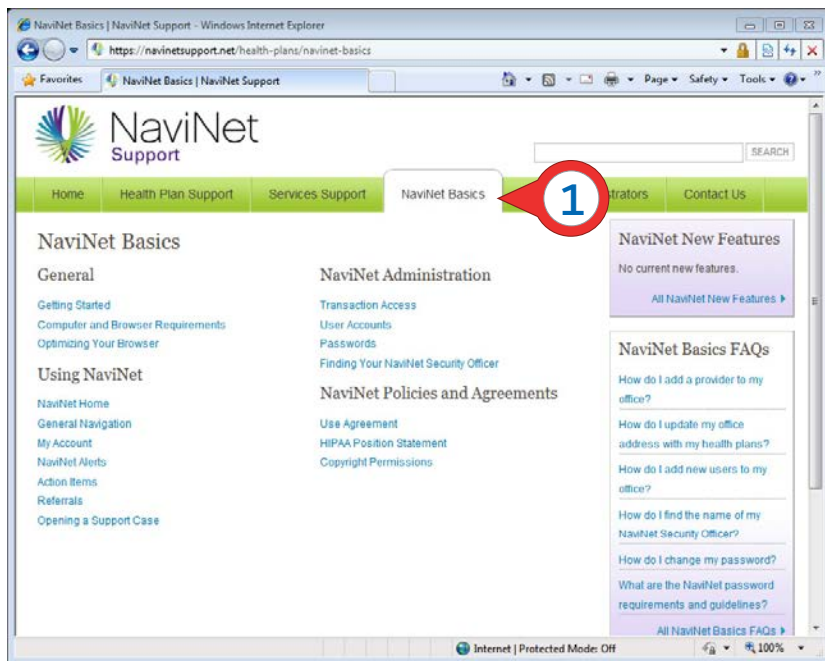
1. This tab provides health plan available hours and plan-specific information.
2. From the pull down menu, select a plan for plan-specific information



## Services Support

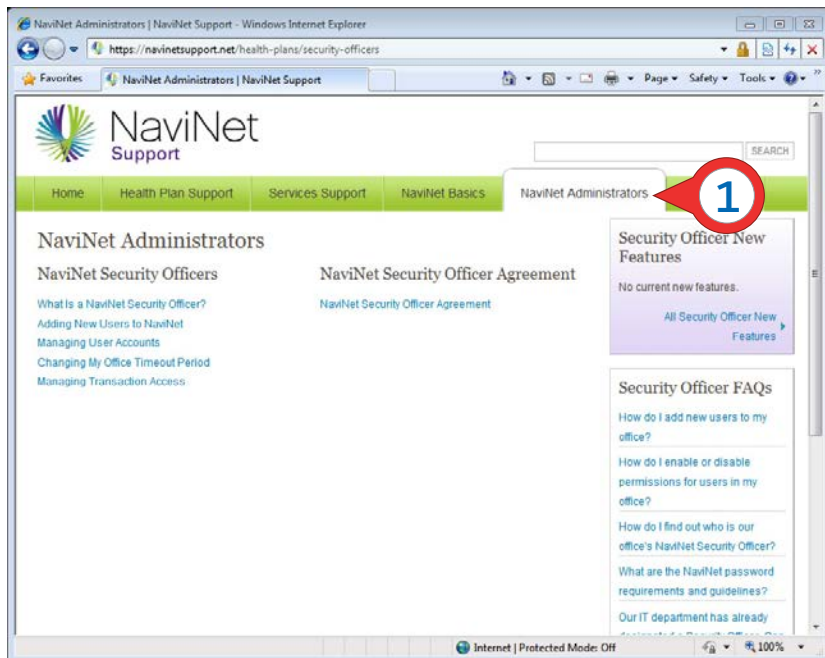
1. This function is not supported by Keystone First.

## Section 3: Getting to Know the Help Tab



## NaviNet Basics

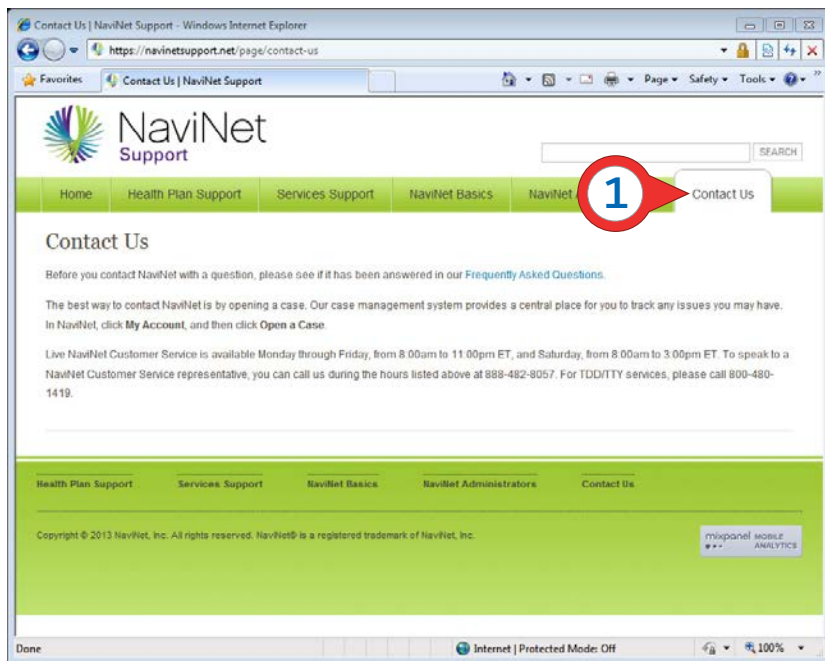
1. This tab provides detailed instructions on how to navigate NaviNet and general information about functionalities.



## NaviNet Administrators

1. **NaviNet Administrators** answers questions about the roles and responsibilities of your **Security Officer**.

## Section 3: Getting to Know the Help Tab

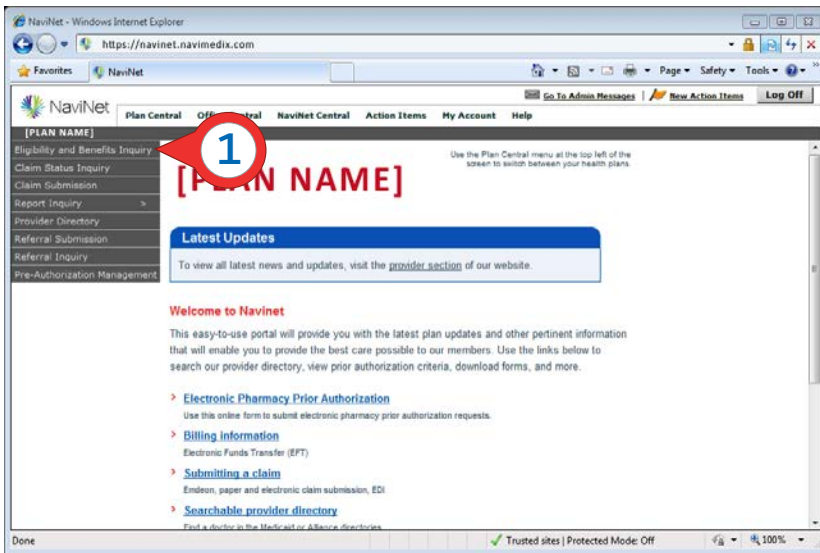


## Contact Us

1. This page provides NaviNet's hours of operation and contact information.

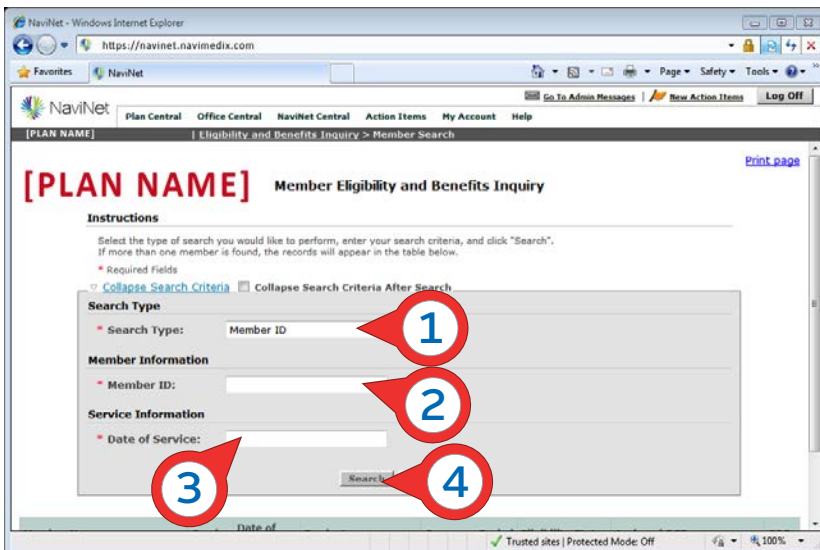


## Section 4: Eligibility and Benefits



From the Plan Central page:

1. Select **Eligibility and Benefits Inquiry** from the left navigation bar.



This is the Eligibility and Benefits search page:

1. Select **Search Type** by Member ID, Medicaid ID, Social Security or Member Name.
2. Enter the **Member Information** that you chose to search by.
3. Fill in the **Date of Service**.
4. Click on the **Search** button.

## Section 4: Eligibility and Benefits

Provider Information  
Current PCP: \_\_\_\_\_ PCP ID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Detailed Benefits for Date of Service:  
Health Benefit Plan Coverage - 30  
Status: \_\_\_\_\_  
Coverage Level: \_\_\_\_\_

Eligibility History  
Effective Start Date: \_\_\_\_\_ Effective End Date: \_\_\_\_\_

Member Alerts  
NOTE: If your browser has an alert you may need to turn it off to receive the following member alert(s).  
[View CARE GAP for](#)

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Exit

### Health Benefit Plan Coverage

1. This report provides an overview of the member's benefits for the date of service.

### Member Care Gaps and Clinical Alerts

2. An Eligibility and Benefits search will also alert you to Care Gaps for that member (clinical alerts). Click **View** to see your patient's Care Gap Worksheet.

[PLAN NAME]

Care Gap Worksheet  
Member:  
Name: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_  
SSN(Last 4): \_\_\_\_\_  
Phone: \_\_\_\_\_

Important Clinical Information  
Print this document and place it at the front of the member's medical record for review by a healthcare professional.

PCP Assigned:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

Condition	Service Due	Last Service	Last Value	Status	Frequency	Date Due	Result	Date Returned

Would you like help outreach to this member?  
 Yes, please help with the following: \_\_\_\_\_

Would you like to exclude the member from a specific measure(s)?  
 Yes, please exclude from the following measure(s): \_\_\_\_\_  
The reason for exclusion must be included: \_\_\_\_\_

Please note, exclusion requests will only be accepted for reasons that conform to the HEDIS measure guidelines.

The above services may be part of the Quality Enhancement Program (QEP). To update the member data, complete the columns in the "Response Required" section above. Sign below and fax a copy of the updated worksheet to: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

Page 1 of 1

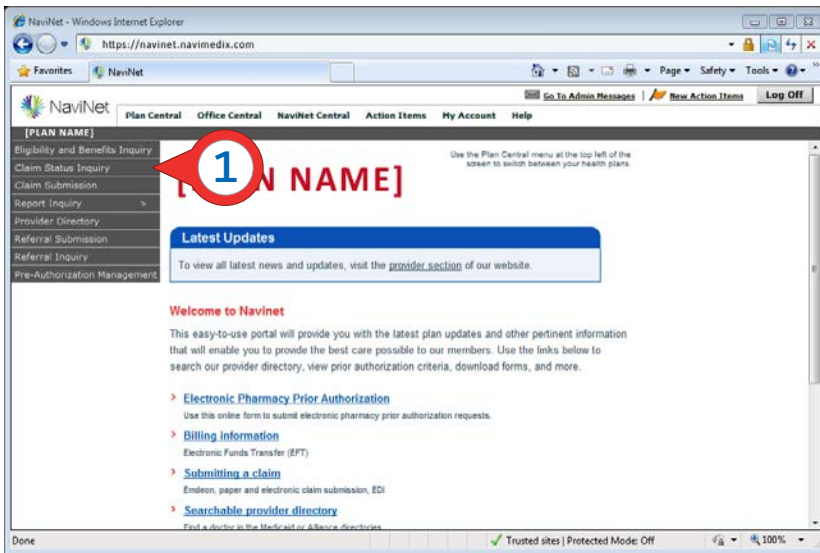
### Care Gap Worksheet

Completion of a **Care Gap Worksheet** is crucial to ensure each member's clinical information is current.

**Print** this document prior to the member's visit and place it at the front of the member's medical record for review by the attending health care professional.

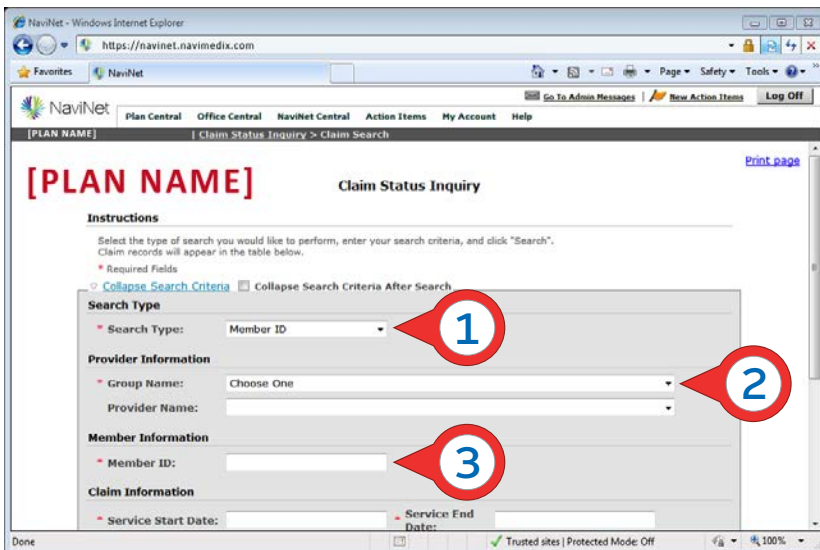
1. Complete the required responses indicated.
2. Let us know here if this member would benefit from personal outreach by the health plan.
3. Sign, date and return fax to the number provided on the worksheet.

## Section 5: Claims Status Inquiry



From the Plan Central page:

1. Select **Claim Status Inquiry** from the left navigation bar.



This is the Claims Status Inquiry search page.

1. Select the desired **Search Type** option: Member ID, Medicaid ID, Social Security number, or Member Name.
2. Select the **Group Name** (provider name is not required) from the pull down menu.
3. Fill in the **Member Information** for the type of search you chose.

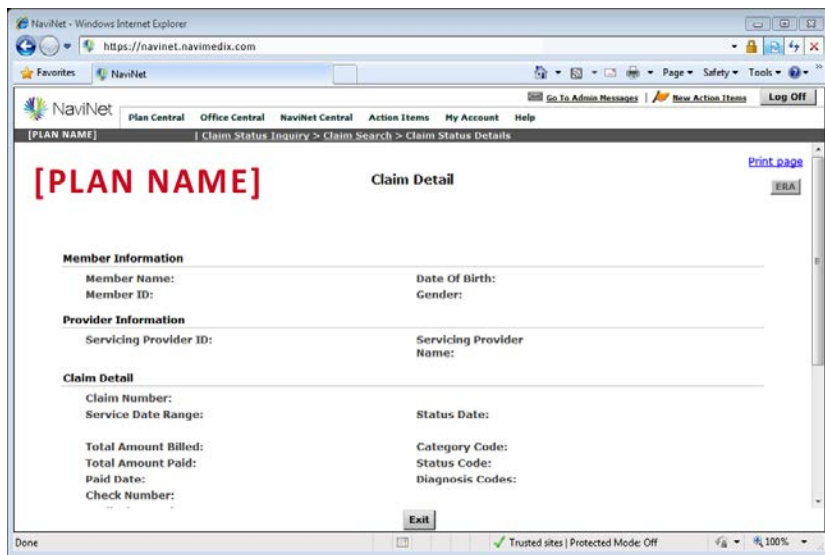
## Section 5: Claims Status Inquiry

4. Enter the **start** and **end** service dates.
5. Click on the **Search** button.
6. The **Claim Status** search results will appear at the bottom of the page. This page gives you claim numbers, member information, service dates, amounts billed, amounts paid and the option to see the **Online Remittance** advice.
7. Click the ERA button on the **Claim Status Results** to see a PDF of the **Online Remittance Advice**.
8. Click **Select** to see **Claim Detail**.

This is an **Online Remittance Advice**, accessed by clicking on the ERA button at the end of the row on the **Claim Status Results** page.



## Section 5: Claims Status Inquiry



The screenshot shows a web browser window displaying the NaviNet Claim Detail page. The browser's address bar shows the URL <https://navinet.navimedix.com>. The page title is "[PLAN NAME] Claim Detail". The page content is organized into several sections:

- Member Information:** Fields for Member Name, Member ID, Date Of Birth, and Gender.
- Provider Information:** Fields for Servicing Provider ID and Servicing Provider Name.
- Claim Detail:** Fields for Claim Number, Service Date Range, Status Date, Total Amount Billed, Total Amount Paid, Paid Date, and Check Number.
- Category Code, Status Code, and Diagnosis Codes:** Additional fields for claim details.

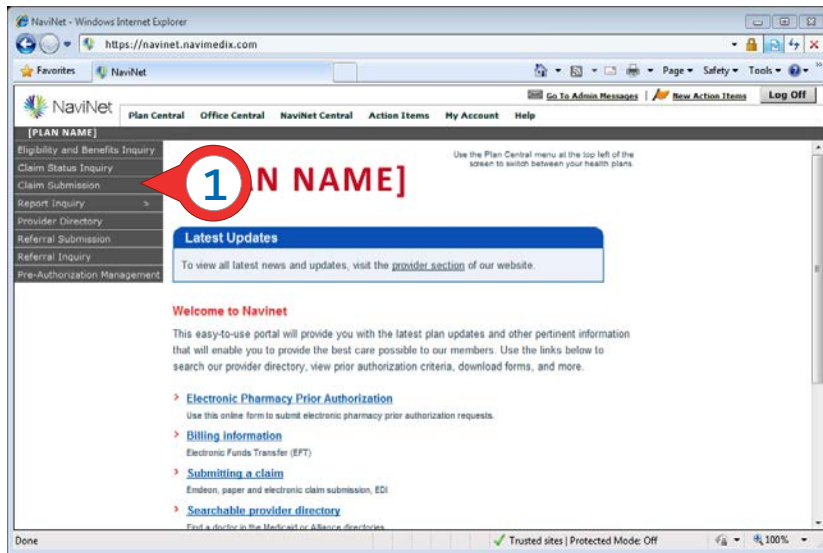
Navigation and utility buttons include "Print page", "ERA", and "Exit". The browser's status bar at the bottom indicates "Trusted sites | Protected Mode: Off".

This is the **Claim Detail** page, accessed by clicking on the **Select** button at the end of the row on the **Claims Status Results** page.



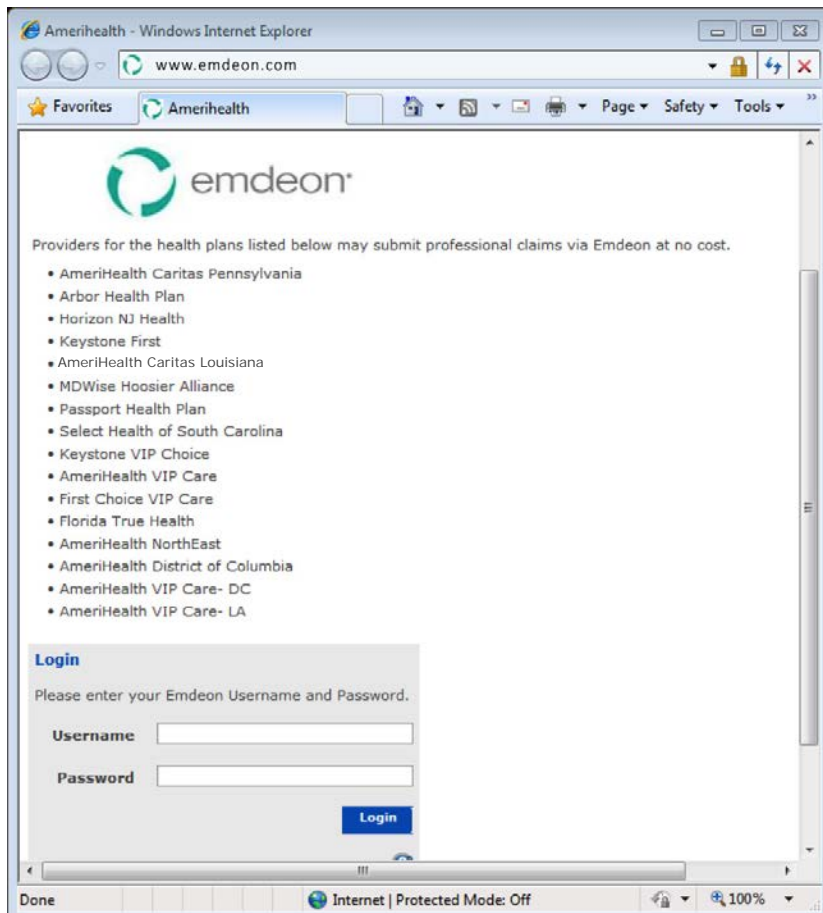
If you need additional assistance, please contact your health plan account executive.

## Section 6: Claims Submission (Electronic)



### Signing up for Emdeon

1. From the **Plan Central** page, select **Claim Submission** from the left navigation bar.



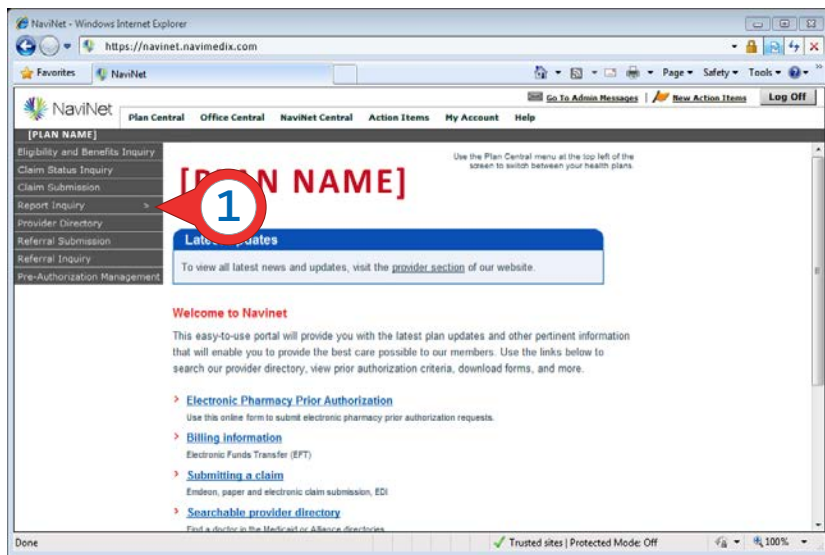
Contact Emdeon to submit professional claims electronically at no cost.

### Emdeon contact information:

Call: **1-866-506-2830** to enroll or **www.emdeon.com**

If you need additional assistance, please contact your health plan account executive.

## Section 7: Report Inquiry

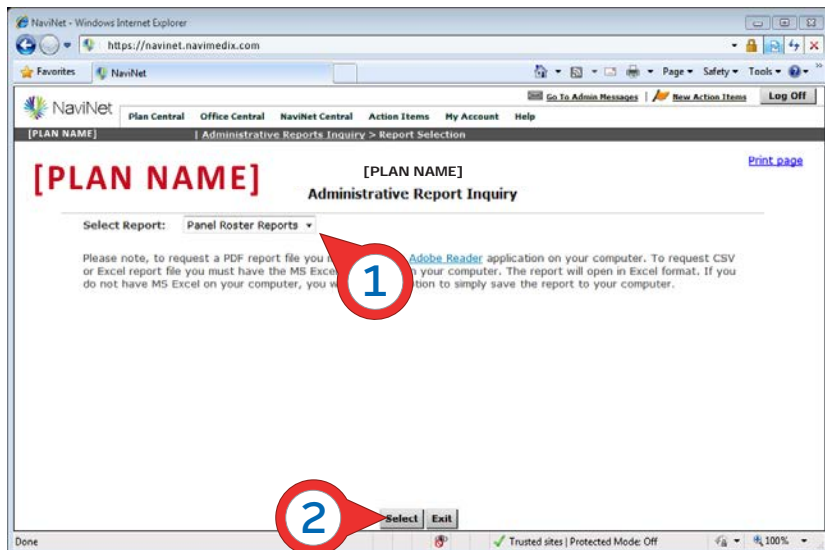


### Report Inquiry

1. From the **Plan Central** page, select **Report Inquiry** from the left menu.

Depending upon your practice's assigned capabilities, you may select from the following reports:

- Administrative (Panel Rosters).
- Clinical Reports.
- Member Clinical Summaries.



### Administrative reports – Panel Rosters

1. To see your Panel Roster select **Panel Roster Reports** from the left menu.
2. Click on **Select**.

## Section 7: Report Inquiry

1. Select a **Provider Group** or **Provider Name**.
2. Select your **Report Criteria**.
3. Select **Report Type**. If you would like to see your report in an Excel document, follow the steps below the screen shot.
4. Click on **Search**.



### For Panel Rosters Excel or CSV (downloadable) option:

Please follow the following steps to get the required report in Excel file format:

**Step 1:** Navigate into the **Panel Roster Report** section, and **Choose The Provider Group**.

**Step 2:** Start pressing the **Ctrl** button on your keyboard and select the **Excel/ CSV** option (Radio button) while continuing to press the **Ctrl** button.

**Step 3:** Continue pressing the **Ctrl** button and click on the **Search** button on the **Report Search** screen.

**Step 4:** This process would lead to a new window pop up, followed by a message box with a question **Do you want to open or save this file?**

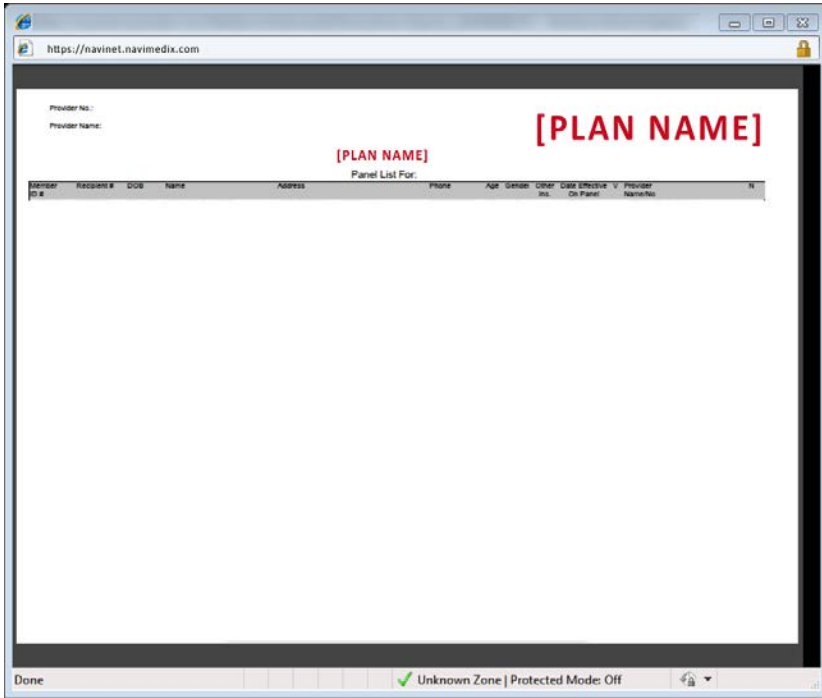
**Step 5:** Click on **Save** button.

**Step 6:** Save the document with extension **.csv** instead of **.xls**.

**Step 7:** Open the document from the destination from where it was saved in the previous step.

**Note:** You might receive a security pop up after step 4, if you have not listed **NaviNet** as a safe site to visit in your browser's Internet-options settings.

## Section 7: Report Inquiry



The **Panel Roster Report** will provide you with your patient's **Member ID**, **Medicaid Recipient ID** and **Panel Effective Date**, as well as basic demographic and contact information.

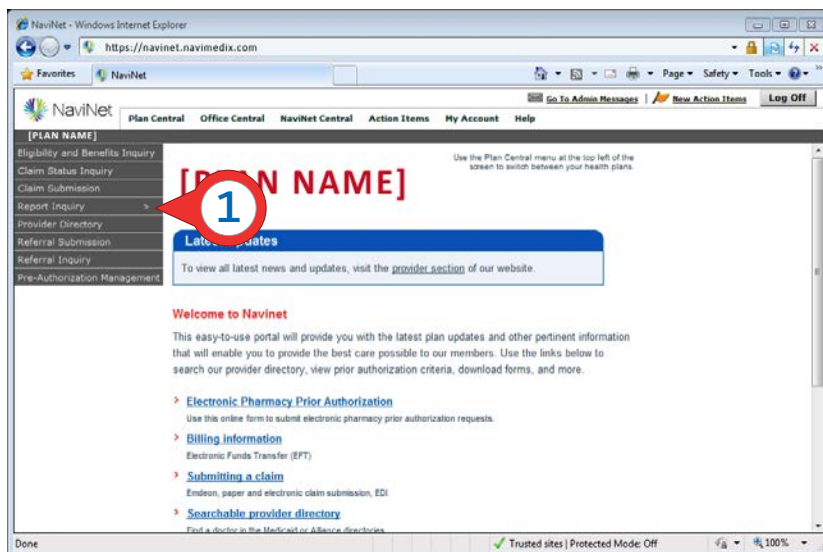
## Section 7: Report Inquiry



There are many clinical reports available through NaviNet that can benefit your practice and improve patient outcomes. For the purposes of this user guide, Care Gap queries, Member Alert Standalone Care Gap Requests and Hospital Admissions and Discharge Reports are featured. Additional reports that are available include but are not limited to:

- Chronic Care Initiative Readmission Report
- Missing and Overdue Care Gaps for All
- Missing and Overdue Care Gaps Pediatric Only
- Chronic Care High-Risk Patient Reports
- Chronic Care Initiative ER Frequent Utilization Reports
- Member Health Profile Reports

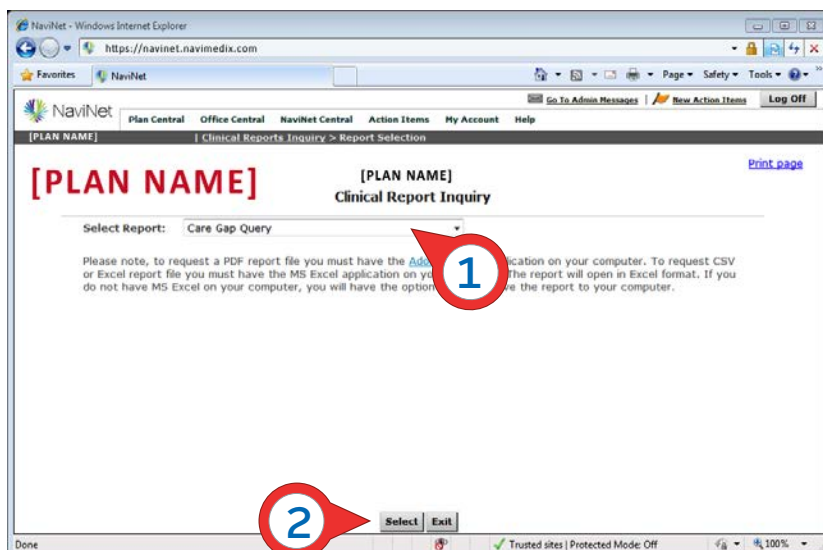
If you are interested in receiving a specific report, contact your health plan account executive.



## Clinical reports – Care Gap Query

The Care Gap Query report is a customizable report that provides all the care gap information for the plan members in your practice.

1. From the **Plan Central** page select **Report Inquiry**.



1. Select **Care Gap Query** from the pull down menu.
2. Click on **Select**.

If you need additional assistance, please contact your health plan account executive.

## Section 7: Report Inquiry

1. Select the **Provider Group** or **Provider**.

2. Select **All** or target **specific conditions** from the pull down menu.

3. Select **Status**.

4. Select **Age Range**.

5. Select **Sort Option** from the pull down menu.

You can select by: **Member Last Name, Provider ID, Conditions and Service**.

1. Select the **Provider Group** or **Provider**.
2. Select **All** or target **specific conditions** from the pull down menu.
3. Select **Status**.
4. Select **Age Range**.
5. Select **Sort Option** from the pull down menu.

You can select by: **Member Last Name, Provider ID, Conditions and Service**.

A Care Gap Query Report will be generated based upon your **Sort Option** criteria.

## Section 7: Report Inquiry

Instructions  
Please enter your search criteria, and click "Search". \* Indicates Required Fields.  
NOTE: If your browser has an active popup blocker you may need to turn it off to receive the report.

**Provider/Member Information**

- \* Choose a Provider Group
- \* Member ID

Last Update:

Search Exit Clear

## Clinical reports – Member Alert Standalone Care Gap Request

To access the member's **Care Gap Worksheet** referenced in the **Eligibility and Benefits** section, select **Member Alert Standalone Care Gap Request** from **Clinical Report Inquiry**.

1. Choose a **Provider Group**.
2. Enter the **Member's ID**.
3. Click **Search**.

**[PLAN NAME]**

Care Gap Worksheet

Member:

Name: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_  
SSN(Last 4): \_\_\_\_\_  
Phone: \_\_\_\_\_

Important Clinical Information

Print this document and place it at the front of the member's medical record for review by a healthcare professional.

PCP Assigned:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

Condition	Service Due	Last Service	Last Status	Status	Frequency	Date Due	Result	Date Referred

Would you like help outreach to this member?

Yes, please help with the following \_\_\_\_\_

Would you like to exclude the member from a specific measure(s)?

Yes, please exclude from the following measure(s): \_\_\_\_\_

The reason for exclusion must be included: \_\_\_\_\_

Please note, exclusion requests will only be accepted for reasons that conform to the HEDIS measure guidelines.

The above services may be part of the Quality Enhancement Program (QEP). To update the member data, complete the columns in the "Response Required" section above. Sign below and fax a copy of the updated worksheet to: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

Page 1 of 1

This is a sample of the **Care Gap Worksheet**.

**Print** this document prior to the member's visit and place it at the front of the member's medical record for review by the attending health care professional.

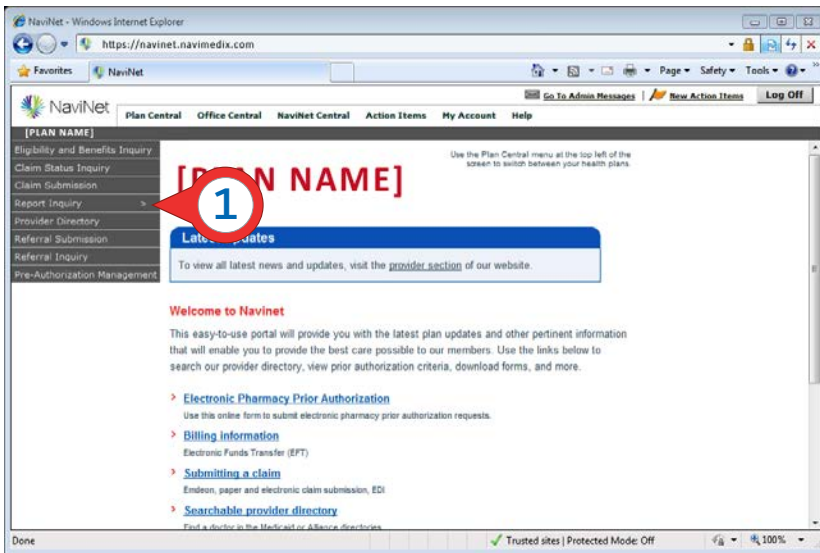
1. Complete the required responses indicated.
2. Let us know here if this member would benefit from personal outreach by the health plan.
3. Sign, date and return fax to the number provided on the worksheet.



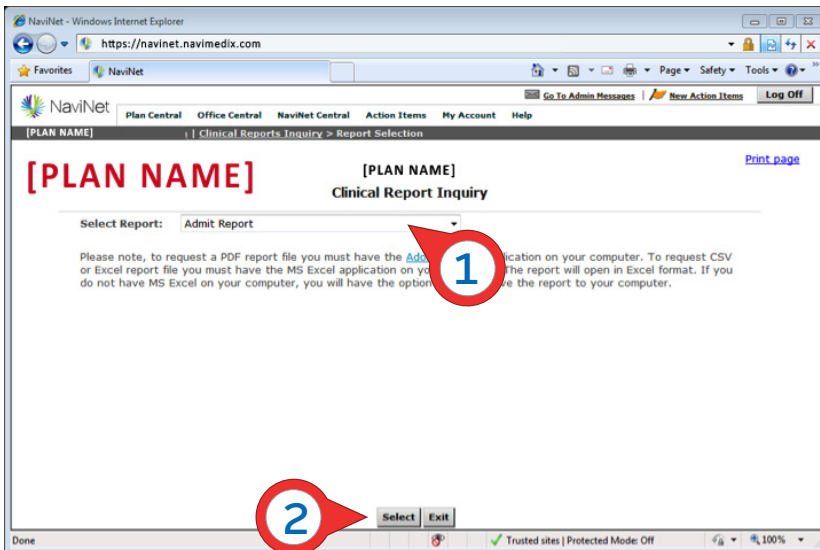
## Section 7: Report Inquiry

### Clinical reports – Admission Report

1. From the **Plan Central** page select **Report Inquiry**.



1. For a report of your patients that have been admitted to the hospital, select **Admit Report** from the list of available reports in the **Clinical Report Inquiry** drop down menu.



## Section 7: Report Inquiry

The screenshot shows the NaviNet 'Admit Report' search interface. The page title is '[PLAN NAME] Admit Report v. 1.0.1'. Below the title, there are instructions and a search criteria form. The form includes the following fields and controls:

- Search Criteria:**
  - 1:** A red callout points to the 'Choose a Provider Group' dropdown menu.
  - 2:** A red callout points to the 'Report Format' dropdown menu, which is currently set to 'pdf'.
  - 3:** A red callout points to the 'Admit To Date (MM/DD/YYYY)' input field.
  - 4:** A red callout points to the 'Search' button.

The browser address bar shows 'https://navinet.navimedix.com'. The status bar at the bottom indicates 'Trusted sites | Protected Mode: Off'.

1. Select your **Search Criteria**.
2. Choose a **Provider Group** or **Provider**.
3. Complete the **Admit From Date** and **Admit To Date**.
4. Click **Search**.

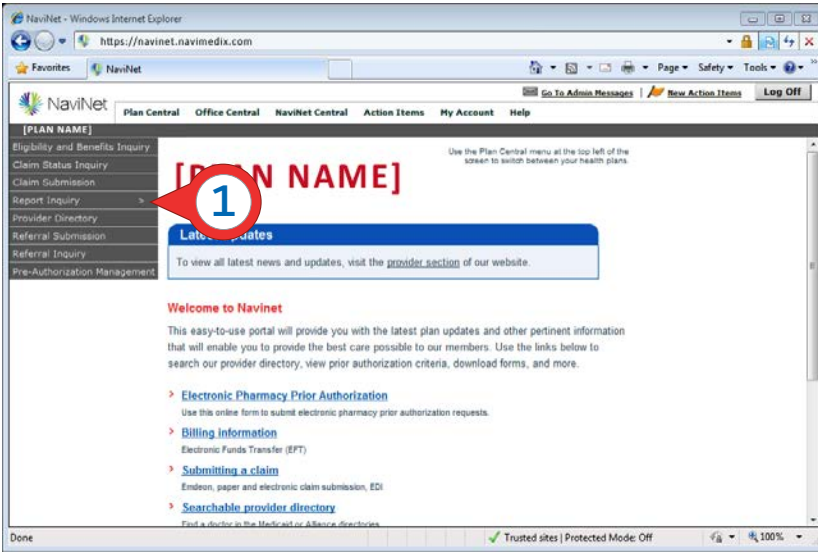
The screenshot shows the NaviNet 'Admit Report' results page. The page title is 'ADMIT REPORT'. The main content area displays 'NO RECORDS FOUND'. The page footer includes 'END OF REPORT' and 'Page 1 of 1'. The browser address bar shows 'https://navinet.navimedix.com'. The status bar at the bottom indicates 'Unknown Zone | Protected Mode: Off'.

A report of your patients admitted to the hospital will be generated.

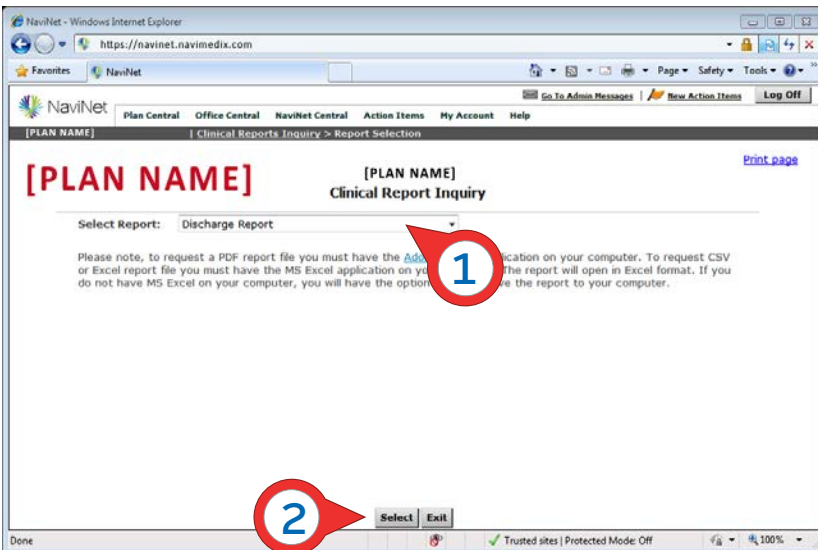
## Section 7: Report Inquiry

### Clinical reports – Discharge Report

1. From the **Plan Central** page select **Report Inquiry**.



1. For a report of your patients that have been discharged from the hospital, select **Discharge Report** from the **Clinical Report Inquiry** drop down menu.



## Section 7: Report Inquiry

The screenshot shows the NaviNet web application interface for searching discharge reports. The browser address bar shows <https://navinet.navimedix.com>. The page title is "[PLAN NAME] Discharge Report v. 1.0.1". The search criteria section includes:

- 1. "Choose a Provider Group" dropdown menu (Group Name - PIN)
- 2. "Choose a Provider" dropdown menu (Provider Name - PIN)
- 3. "Discharge To Date (MM/DD/YYYY)" text input field
- 4. "Search" button

Other fields include "Discharge From Date (MM/DD/YYYY)", "Report Format" (set to PDF), and "Last Update: 11/05/2013 v.1.0.1".

1. Select your **Search Criteria**.
2. Choose a **Provider Group** or **Provider**.
3. Complete the **Discharge From Date** and **Discharge To Date**.
4. Click **Search**.

The screenshot shows the output of the search, titled "Discharge Report". The page includes a "REQUESTING PROVIDER" field and a table with the following columns:

MEMBER ID	FIRST NAME	LAST NAME	MEMBER DOB	FACILITY NAME	ADMITTED	DISCHARGED	DIAGNOSIS

At the bottom of the page, it says "END OF REPORT" and "Page 1 of 1".

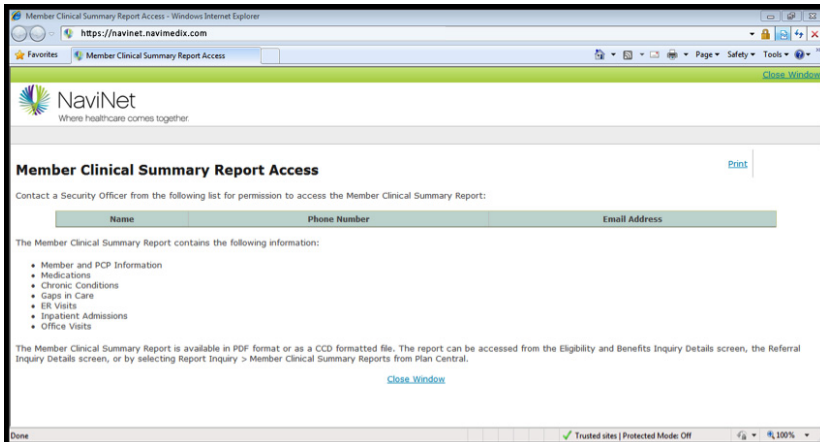
A report of your patients that have been discharged from the hospital will be generated.

## Section 7: Report Inquiry



Tip

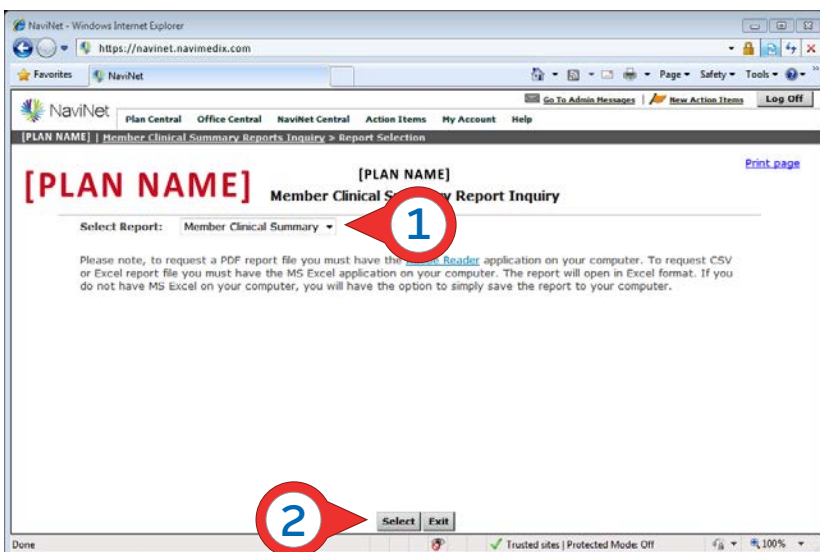
To use Member Clinical Summary Reports, your NaviNet **Security Officer** must grant security access to users.



## Member Clinical Summary

The **Member Clinical Summary** report provides a snapshot of personal health information. The report captures the following claims-based data:

- Patient and provider demographics.
- Recently filled medications.
- Chronic conditions.
- Gaps in care.
- ER visits.
- Inpatient admissions.
- Office visits.



This tool allows you to view, capture and share the most relevant demographic and clinical facts about your patients. The valuable information contained in these reports represents a tremendous opportunity for improving both quality and continuity of care for your patients.

1. Select **Member Clinical Summary** from the **Member Clinical Summary Report Inquiry** pull down menu.
2. Click **Select**.

## Section 7: Report Inquiry

**[PLAN NAME]** Member Clinical Summary v. 2.2.2

**Instructions**  
Please enter your search criteria, and click "Search". \* Indicates Required Fields.  
NOTE: If your browser has an active popup blocker you may need to turn it off to receive this page.

**Patient Clinical Report**

\* Choose a Provider Group: Group Name - PIN

\* Member ID

\* Select Report Type:  View PDF  Save For EHR (CCD)

\* Search Time Frame:  6 months  24 months

Last Update: 12/11/2012 v.2.2.2

Search

1. Choose **Provider Group**.
2. Enter **Member ID**.
3. Enter **Time Frame**.
4. Click **Search**.

**[PLAN NAME]** Member Clinical Summary  
Date of Report:

**Member Information**

Name :  
Address1 :  
Address2 :  
City/ST/Zip :  
Phone :  
Gender :  
DOB :  
Member ID :

**PCP Information**

Provider Name :  
Address1 :  
Address2 :  
City/ST/Zip :  
Phone :

**Medications (within past 06 months)**

Fill Date	Name & Strength	Days Supply	Prescriber Name	Pharmacy Name

The **Member Clinical Summary** provides important clinical information about your member within the **Search Time Frame** selected.

1. Medications prescribed (within the past 6 months).

Section 7: Report Inquiry

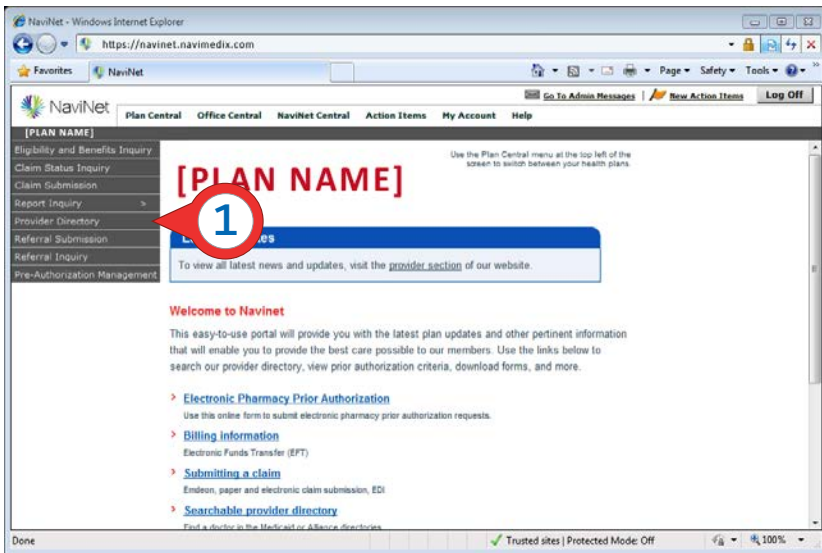
The screenshot shows a web browser window with the URL <https://navinet.navimedix.com>. The interface contains several data entry sections, each with a numbered callout:

- 2** Chronic Conditions: A single-line text input field.
- 3** Gaps in Care: A table with columns: Condition, Service, Status, Last Service, Next Service, and Rule.
- 4** ER Visits (within past 06 months): A table with columns: Date, Facility, and Reason.
- 5** Inpatient Admissions (within past 06 months): A table with columns: From Date, To Date, Facility, and Reason. A note below the table reads: "There are no data records available for this section".
- 6** Office Visits (within past 06 months): A table with columns: Date, Provider Name, Facility, and Reason.
- 7** Imaging: A table with columns: Date, Facility, and Reason.

The browser's status bar at the bottom shows "Done" and "Unknown Zone | Protected Mode: Off".

2. **Chronic Conditions.**
3. **Gaps in Care** (based on diagnosis compared to clinical recommendations).
4. **ER Visits** (Within the past 6 months).
5. **Inpatient Admissions** (Within the past 6 months).
6. **Office Visits** (Within the past 6 months).
7. **Imaging Services.**

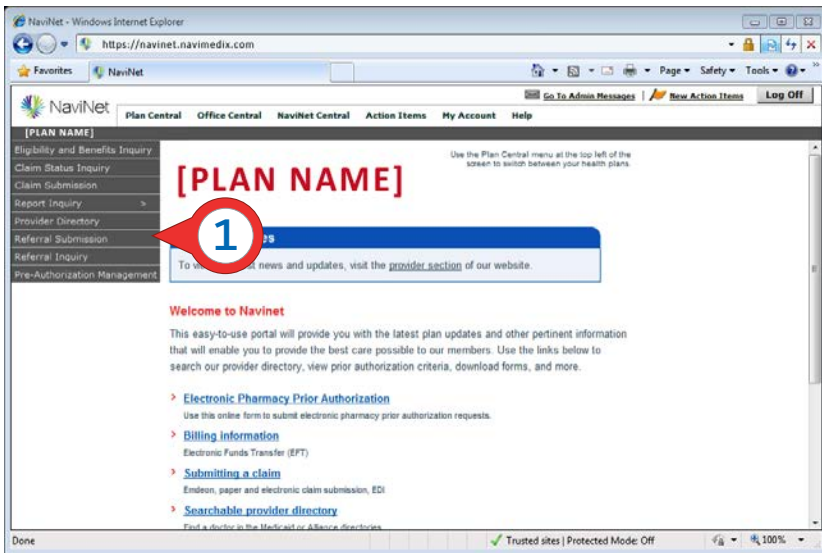
## Section 8: Provider Directory



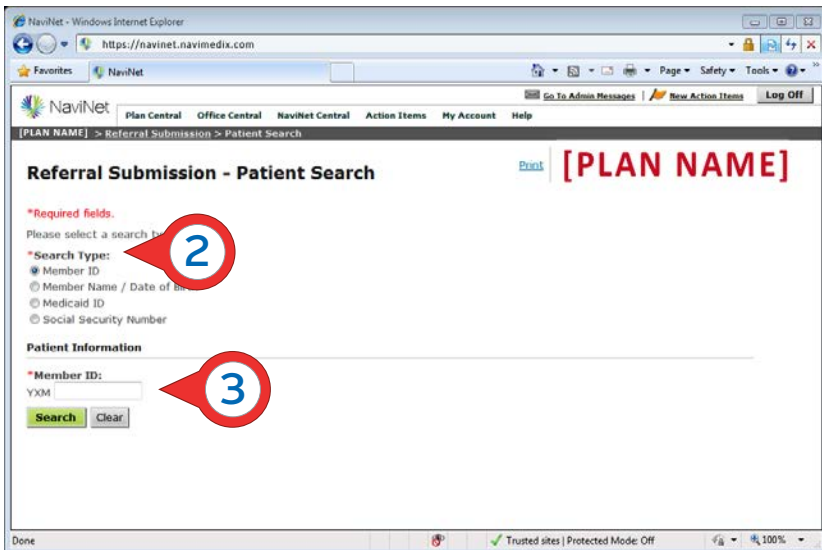
1. From the **Plan Central Page**, select **Provider Directory**. You will be linked to the health plan's website to access the searchable provider directory.



## Section 9: Referral Submissions



1. From the **Plan Central** page, select **Referral Submissions** from the left navigation bar.



2. Select **Search type**.
3. Enter **Patient Information**.

## Section 9: Referral Submissions

4. In the **Provider Information** section, enter **Referred from Provider** information.

5. Enter **Referred to Provider** information.

6. Enter **Diagnosis Information** and add the **Diagnosis Code**.

7. Select **Service type**.

8. Select **Number of visits**.

9. Select a **Lab** from the pull down menu.

10. Clicking **Preview** takes you to the **Referral Submission - Verification** screen.

## Section 9: Referral Submissions

The screenshot shows a web browser window with the URL <https://navinet.navimedix.com>. The page title is "Referral Submission - Verification" and it includes a breadcrumb trail: "[PLAN NAME] > Referral Submission > Patient Search > Detail Entry > Verification". A "Print" link and "[PLAN NAME]" are visible in the top right. Below the title, there is a confirmation message: "Please confirm that all of the information is correct and click the Submit button. If you need to make changes to the data, use the 'Edit' link." The form is divided into three sections: "Patient Information", "Diagnosis Information", and "Service Information".

**Patient Information**

Member Name:	Benefit Begin:
Member ID:	Member Address:
Product:	Date Of Birth:
Eligibility Status:	Gender:
	Member Language:

**Diagnosis Information** [Edit](#)

Type	Diagnosis Code	Description

**Service Information** [Edit](#)

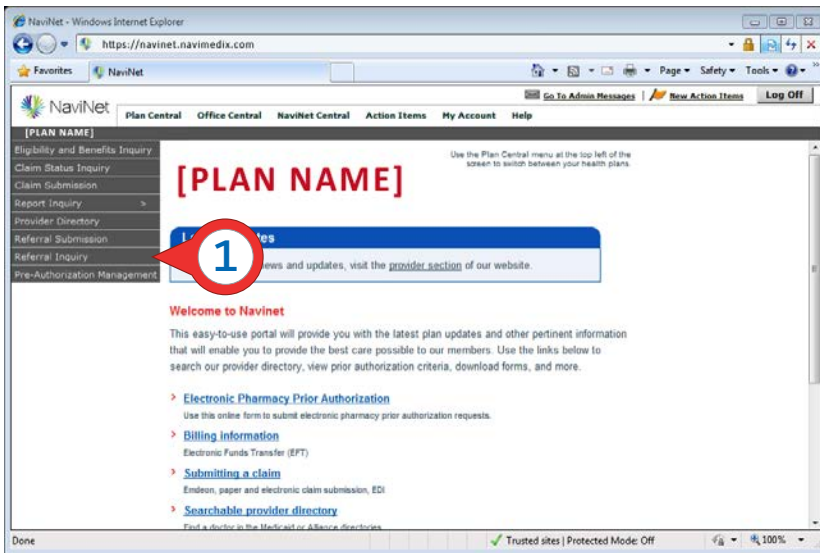
Referred From Provider Group:	Referred To Provider Group:
Referred From Provider:	Referred To Provider:

Review the **Referral Submission Verification** for accuracy.

Clicking **Submit** verifies the form and takes you to the **Referral Submission Response** screen.

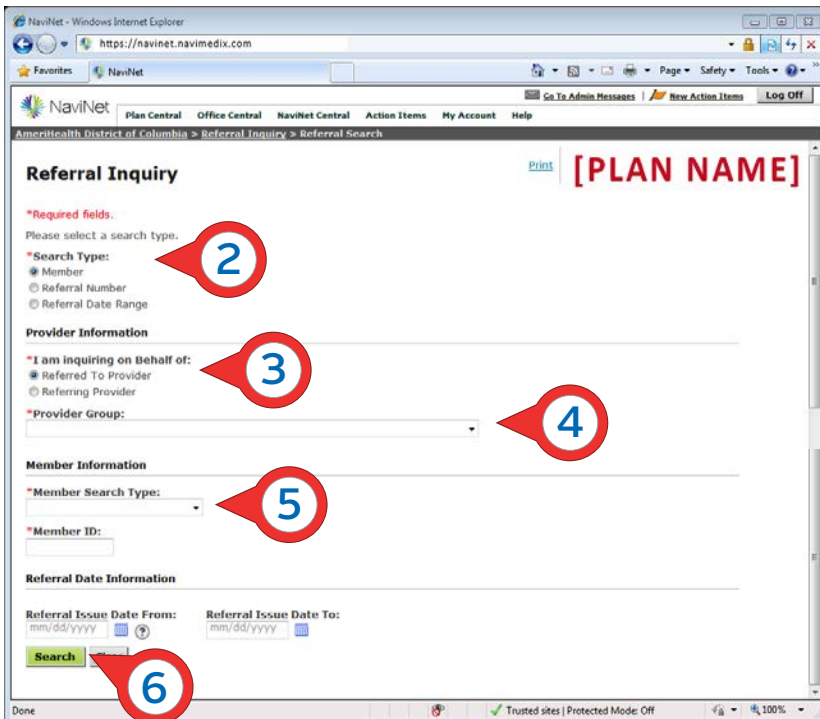


## Section 10: Referral Inquiry



1. From the **Plan Central** page, select **Referral Inquiry** from the left navigation bar.
2. In the **Search Type** section, select: Member, Referral Number, or Referral Date Range.
3. In the **Provider Information** section select if you are inquiring on behalf of **Referred to Provider** or **Referring Provider**.
4. Select a **Provider Group** from the drop down menu.
5. Select **Member Search Type** from the drop down menu. Enter all required information corresponding to the selected search type.

6. Click **Search**.



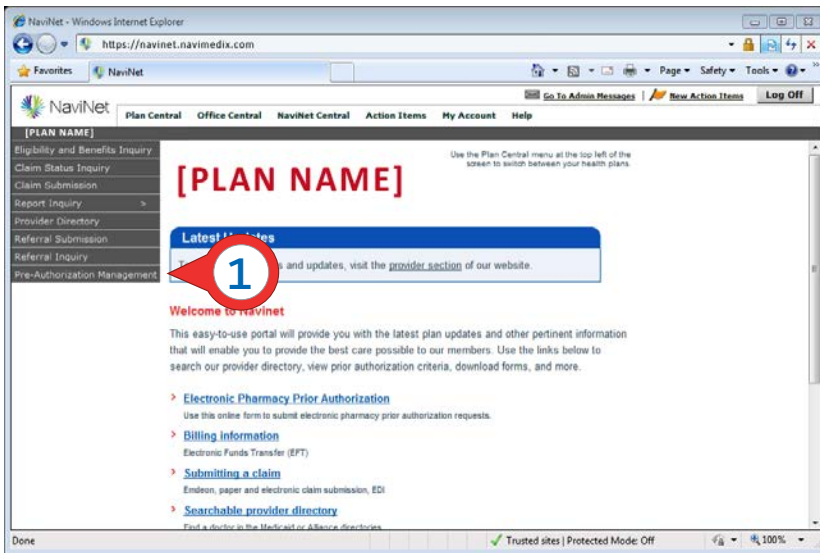
**Note:** If only one record is found, you are taken directly to the **Referral Details** screen.

If more than one record is found, you are taken to the **Search Results** screen, where you can select the appropriate member.

If you have access to clinical records, click **View PDF** to view member's clinical summary.

If you have access to clinical reports, click **Download Data File** to download.

## Section 11: Pre-Authorization Management



1. From the Left Navigation Bar, select **Pre-Authorization Management**.

Selecting **Pre-Authorization Management** will enable you to access JIVA, the Web-based function that allows you to:

- Request inpatient, outpatient, home care and DME services.
- Submit extension-of-service requests.
- Request prior authorization.
- Verify elective admission authorization status.
- Receive admission notifications and view authorization history.
- Submit clinical review for automatic approval of requests for services.

**Note:** If this functionality does not appear on the Plan Central Page, visit the health plan website for access to JIVA.