

Provider Guide: Care Gaps Response Form



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Please note that this guide contains fictitious member and provider data for illustrative purposes.

Care Gaps Response Form

The Care Gaps Response Form functionality allows providers using the NaviNet portal to enter Care Gap resolution data online. This data will be captured and stored along with any supporting documentation. Providers will be able to retrieve and report on specific Care Gap changes. Verified Care Gap resolution updates will be applied in real-time within NaviNet to prevent Care Gaps from continuing to appear as alerts.

Before You Begin

- 1. NaviNet Permissions Contact your NaviNet Security Officer to confirm proper access and to enable Document Exchange.
- 2. Filter by Providers for Optimum Access

You can view and access documents submitted by all providers associated with your office, or you can specify a list of providers whose documents you prefer to see. You can save this list of providers to be used by default anytime you access the Patient or Practice Document dashboards. To learn more about your access options, please log into NaviNet and visit https://support.nanthealth.com/health-plans/navinet-open/user-guide/provider-filter.

Log In to NaviNet

- 1. Open your Internet browser.
- 2. Go to https://navinet.navimedix.com.
- 3. Log-in to NaviNet by entering your **Username** and **Password** and then clicking **Sign In**.

	o NantHealth	laviNet°	
, i i i i i i i i i i i i i i i i i i i	Username		
(Password	٥	
	SIGN IN		
	Forgot username?	Forgot password?	
	Register for a new ac	count	

Submit Care Gap Response Information via Patient Clinical Documents Workflow

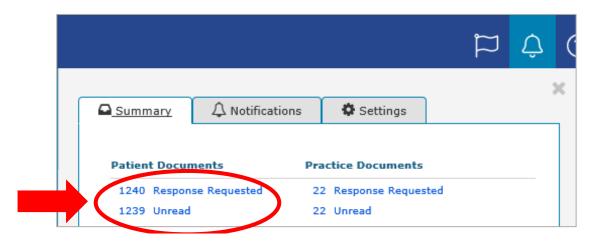
Once you are successfully logged into NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.

NantHealth [®] Nav	VINeť workflows 👻 health plans 👻	2 ¢ (3 @
Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry Claim Submission Report Inquiry Provider Directory Referral Submission Referral Inquiry Pre-Authorization Management	Planned maintenance to the Care Gaps and Intensive Case Managament platforms may occur on Thursday evenings between 6 p.m. and the ET. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.	Resources Billing HEDIS MY 2020/2021 Documentation and Coding Guidelines
Forms & Dashboards Provider Data Information Form	Practice/Patient Documents Update:	
FAQs	You are no longer required to attest to billing entities and/or clinicians in order to access Care Gap, ICM and ADT Alert documents. The attestation step has been removed. In addition, you can now use an enhanced provider filter that allows you to specify a list of providers associated with your office whose documents you prefer to see and save the list to be used by default any time you access the Patient (Care Gaps, ICM, ADT Alerts) or Practice (ICM) Document dashboards. Click on the Providers Filter video below, or click here to access a step-by-step guide, on using the provider filter! Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for : Claims Adjustment Inquiries; Intensive Case Management; Care Gap Response Forms; ADT alerts Providers Filter Claims Investigation ICM Care Gaps	Forms Provider Forms Contact Us
More 🗸	Charmer Finder Charmer Investigation CAR Carle Gaps AD1 Arens Image: Construction of the	

Note that under **Settings**, you can select the frequency you prefer for receiving pop-up notifications.

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Summary		©_Settings		3	×
Patient up	bout Documents dates when running an I updates for Claim Invest				
How would	you like to receive y cy of Pop-ups 5 minutes	-	a A		
	cy of Emails (Claim Inver send email notifications	itigations only)			

In the Summary tab of the Activity window, click on **Response Requested** or **Unread**. This opens the **Care Consideration Detail** screen. This screen contains detailed information on a patient's Care Gaps. The **Care Consideration Detail** screen automatically defaults to the first member on the list.



Review the **Care Consideration Detail** screen and click on **Resolve Care Gaps** to work on the actionable items under **Response Required**.

E S Care Gap Response	e Form							\$ \$
URRENT DOCUMENT	~ ×	Member Name				CARE PROVID	ER LAST SEEN	
ocument Provider Jealth Plan	^	female born on			Provider I NPI:	Name		
ocument Title are Gap Response Form	and a second	Member ID	**Claims processed t	brough End o	of Month Augu	c+ 2017**		
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ate Received Date of Expiry 9/25/2017 11/04/2017		Response Required	d					
eceived on Behalf of ax ID: NPI:	wing 3 o	Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
DCUMENTS	2 Refresh	Diabetes	Diabetes HbA1c Test	Overdu	e 12/01/2014	7	Rejected	At least once every 6 months
% Care Gap Response Form	1	Diabetes	Diabetes Microalbumi Test	n Overdu	e 04/22/2015	0		At least once per year
Patient Consideration	09/25/2017 ERIC/ Date of E	Preventive Health Screens	Breast Cancer Screen	Overdu	e 05/04/2015			Once every 27 months
	PCP:	Other Service Gap	5					Resolve Care Gaps
	TATI/	Condition	Service		Status	Date of Last Service	Last Known Result	Frequency
	Date of F	Preventive Health Screens	Colorectal Cancer Screen		Missing			Once every 1 to 5 years test dependent
	PCP:	Preventive Health Vaccine	Pneumococcal Vaccination 2 Valent Pneumococcal	Part Series -	23 Missing			Once per Lifetime
	ELAIN	Preventive Health Vaccine	Pneumococcal Vaccination 2 Prevnar 13	Part Series -	Missing			Once per Lifetime
	Date of E PCP:	At Risk/Risk Servi	ces					
			Service		Date of Last Se	rvice l	ast Known Res	
		Hypertension	Blood Pressure 140/90	Risk				Ongoing
		Up-to-date						
		Condition	Service		Date of Last Service	Last Knov Result	wn Frequ	ency
		Diabetes	Diabetes Eye Exam	Up-to- date	05/10/2017	0	At leas	st once per year
		Diabetes	Lipid Test CDC - for Diabetes	Up-to- date	11/16/2016	36	At leas	st once per year
		Hypertension	Blood Pressure Medication	Up-to- (date	05/22/2017		Ongoi	ng
		Preventive Health Screens		Up-to- (date	05/10/2017		At leas	st once per year

Navigating the Screen

	full-screen view							
ENT DOCUMENT	2° ×				PRIMARY	CARE PROVIDE	R LAST SEEN	
nent Provider		Member Name			Provider N	lame		Mark View Clo
n Plan		female born on			NPI:			Unread History Vie
ient Title ap Response Form	Expand h plan. t	Member ID	**Claims processed th	rough End o	f Month Augus	t 2017**		
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ed on Behalf of : NPI:	wing 3 o	Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
1ENTS Document List	2 Refresh	Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7 R	ejected	At least once every 6 months
Care Gap Response Form		Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Patient Consideration	09/25/2017 ERIC/ Date of E	Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months
Response Require					Click to Re	solve Care Gap	s	Resolve Care Gaps
		Other Service Gaps			L			
	TATI	Condition	Service			Date of Last Service	Last Known Result	Frequency
	DACK!	Preventive Health (Screens	Colorectal Cancer Screen		Missing			Once every 1 to 5 years test dependent
	PCP:		Pneumococcal Vaccination 2 Valent Pneumococcal	Part Series - 2	23 Missing			Once per Lifetime
	ELAIN		Pneumococcal Vaccination 2 Prevnar 13	Part Series -	Missing			Once per Lifetime
	Date of E PCP:	At Risk/Risk Service	15					
		Condition Se	ervice	Status D	ate of Last Ser	rvice La	ast Known Res	ult Frequency
		Hypertension Bl	ood Pressure 140/90	Risk				Ongoing
		Up-to-date						
		Condition	Service		ate of Last	Last Know Result	n Frequ	ency
		Condition	Service	S	ervice			
		Diabetes	Diabetes Eye Exam		5/10/2017	0	At leas	t once per year
				Up-to- 0 date				it once per year it once per year
		Diabetes	Diabetes Eye Exam Lipid Test CDC - for	Up-to- 0 date Up-to- 1 date	5/10/2017	0		at once per year
		Diabetes Diabetes	Diabetes Eye Exam Lipid Test CDC - for Diabetes Blood Pressure	Up-to- 0 date Up-to- 1 date Up-to- 0 date	5/10/2017 1/16/2016	0	At leas Ongoir	at once per year

Toolbar

- The top left side of the toolbar allows you to toggle to the full screen view.
- The top right side of the toolbar has an option that allows you to mark the current document as unread.

Current Document

- This section on the left side of the screen will allow you to view information such as:
 - Health Plan that sent the document
 Document name
 - Document title
 - Document category
 - Line of business

- Received and expiry dates
- Documentation routing
- Tag information
- You can expand the window to see any hidden information.

Documents

- Located mid-left screen is the documents section. This section allows you to view and enlarge the selected record by clicking on a document row link.
- Unread documents are highlighted with a blue bar and text.
- Documents for which a response is required are marked with a red exclamation point.

You can click on **Patient Clinical Documents** under the **Workflow** tab to see the list of patients with documents available for you to work.

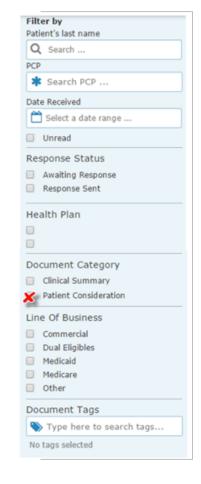
NantHealth NaviN	let workflows 🗸	HEALTH PLANS 🔻	Ĩ) Û ()	0
Workflows	Patient Clinica Practice Docu				
Claim Submission					
Report Inquiry					
Provider Directory					
Referral Submission					
Referral Inquiry					
Pre-Authorization Management					
Forms & Dashboards					
Provider Data Information Form		Practice/Patient Documents Update:			
	You are no longer required to a attestation step has been removed	attest to billing entities and/or clinicians in order to access Care Gap, ICM and Al red.	DT Alert documents. The		
FAQs	In addition, you can now use a	n enhanced provider filter that allows you to specify a list of providers associated	t with your office whose		
• How do I change my password?	documents you prefer to see an Practice (ICM) Document dash	d save the list to be used by default any time you access the Patient (Care Gaps, boards.	ICM, ADT Alerts) or		More 🗸
I cannot remember my password.	Click on the Providers Filter v	deo below , or click \mathbf{here} to access a step-by-step guide, on using the provider fi	lter!	Forms Provider Forms	
passiona.	Below please find Traini	ng Videos that have been created to assist users with some of the n	ew functionality that		
How do I set up additional Health Plans?		we have built, specifically for :		Contact Us	

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Patient Clinical Documents						
	ents ent's health plan. Many of them are questionnaires of eligible for incentives when these documents are co		paded response. Depending on the co	intracts that		
Filter by Providers	Showing 400 of 1239 patients		Sort by: Patient Last Name Payer Last Document Receive	/iew/Print List		
All Providers	Member Name	1 document	Received: From:	^		
Search PCP Date Received Select a date range	Member Name Date of Birth: PCP:	1 document	Received: From:			
Unread Response Status Awaiting Response	Date of Birth: PCP:	1 document	Received: From:			
Response Sent Health Plan AHCaritas District of Columbia AHCaritas VIP Care Plus	Date of Birth: PCP:	$1_{document}$	Received: From:			
ArtCarras VIP Care Pros Arteriteatth Caritas Delavare Arteriteatth Caritas Delavare Arteriteatth Caritas Delavare Arteriteatth Caritas New Ha Arteriteatth Caritas PA Com Arteriteatth Caritas VIP Care	Member Name Date of Birth: PCP:	1 document	Received: From:	Ý		

Filtering and Sorting

You can filter the member list by:

- Patient last name
- PCP
- Date Received
- Response Status
- Document Category : Select Patient Consideration for Care Gaps.
 - Line of Business
 - Document Tags: Type Care Gap to filter the list on the same.



You can also sort the list by Patient's last name, Payer, and Last Document Received.

Sh	owing 14 of 14 patients		Sort by:	Patient Last Name
		Clinical Documents		Patient Last Name Payer Last Document Received
!	Member Name Date of Birth: 10/17/1999 PCP: Provider Name	1		Sep 27, 2017
!	Member Name Date of Birth: 03/27/1998 PCP: Provider Name	1		Sep 24, 2017
!	Member Name Date of Birth: 10/26/1953 PCP: Provider Name	1		Sep 24, 2017
•	Member Name Date of Birth: 01/03/2014 PCP: Provider Name	1		Sep 29, 2017

You can select any patient's name to open the **Care Consideration Detail** screen (below) for that patient.

The **Care Consideration Detail screen** will display all the Care Gaps for the selected patient as of the last month's load. You can see the patient's information, PCP (your) information, and Care Manager's name and number. If no Care Manager is assigned to the patient, you will see a phone number to call to participate in the "Let Us Know" program and receive support with reaching the patient.

Please respond to all the Care Gaps listed in the **Response required** section by clicking **Resolve Care Gaps**. This opens the **Care Gap Response Form** in a new pop-up window.

Any Care Gaps appearing in sections other than **Response required** are informational only.

E S Care Gap Respons	e Form							S
RENT DOCUMENT	2 ×	Member Name			PRIMARY	CARE PROVIDE	ER LAST SEEN	
cument Provider alth Plan	<u>^</u>	female born on			Provider N NPI:	lame		
cument Title		Member ID						
e Gap Response Form	h plan. f	Constanting	**Claims processed the	rough End o	of Month Augu			
ument Category ent Consideration	y be elig	Care Consideration	Detali			Please	contact (XXX) >	XXX-XXXX for assistance.
Received Date of Expiry 5/2017 11/04/2017		Response Required						
eived on Behalf of ID: NPI:	+ wing 3 o	Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
UMENTS	2 Refresh	Diabetes	Diabetes HbA1c Test	Overdue	e 12/01/2014	7 F	Rejected	At least once every 6 months
% Care Gap Response Form	1	Diabetes	Diabetes Microalbumin Test	Overdue	e 04/22/2015	0		At least once per year
Patient Consideration	09/25/2017 ERIC	Preventive Health Screens	Breast Cancer Screen	Overdue	e 05/04/2015			Once every 27 months
	PCP:							Resolve Care Gaps
		Other Service Gaps						
	TATI	Condition 5	ervice			Date of Last Service	Last Known Result	Frequency
	JACK! Date of E	Preventive Health C Screens	olorectal Cancer Screen		Missing			Once every 1 to 5 years test dependent
	PCP:		neumococcal Vaccination 2 P alent Pneumococcal	art Series - 1	23 Missing			Once per Lifetime
			neumococcal Vaccination 2 P revnar 13	art Series -	Missing			Once per Lifetime
	ELAIN Date of E PCP:	At Risk/Risk Service	5					
		-			Date of Last Se	rvice L	ast Known Res	sult Frequency
		Hypertension Blo	ood Pressure 140/90 R	lisk				Ongoing
		Up-to-date						
		Condition	Service		Date of Last Service	Last Knov Result	vn Frequ	iency
		Diabetes	Diabetes Eye Exam	Up-to- C date	05/10/2017	0	At leas	st once per year
		Diabetes	Lipid Test CDC - for Diabetes	Up-to- 1 date	11/16/2016	36	At leas	st once per year
			Blood Pressure	Up-to- 0	05/22/2017		Ongoi	ng
		Hypertension	Medication	date				20
		Hypertension Preventive Health Screens		date	05/10/2017		At leas	st once per year

On the **Care Gap Response Form** (below), you can see Member Details, PCP Assigned, and all the **Response Required** Care Gaps for this member.

	Self-Service					🌔 Apj
Heal	th Plan				Please cor	ntact (XXX) XXX-XXXX for assistance.
Memt	per & PCP Details					
	Member Details				PCP Assigned	
	Name: Member Name			Name	: Provider Name	
	ID :			Address	s:	
	Age/DOB :					
SSN (la	ast 4 digits):					
SSN (le	ist 4 digits): Phone :			Phone	:	
		Over Due/M		Through End of Month Aug		
	Phone :	Over Due/M Status		Through End of Month Aug		Provider Response Status
Alert	Phone : Service(s) - Due Soon/4		Missing - Response	Through End of Month Aug Required	ust 2017 **	Provider Response Status
Alert	Phone : Service(s) - Due Soon/4 Service	Status	Missing - Response Date of Last Service	Through End of Month Aug Required Last Known Result	ust 2017 ** Frequency	Provider Response Status Submitted

Completing the Care Gap Response Form

Select the Care Gap to work by checking the box to the left of the Care Gap. Depending on the Care Gap type, you will be prompted to verify service delivery or request an exclusion.

You will be required to enter the **Date Complete** to confirm the service delivery, and you can add the **Result**, if appropriate. The **Result** field is not mandatory. To verify the service delivery for a specific Care Gap you will be required to attach one of the documents listed.

Note that:

- You may attach a maximum of two documents.
- The size of each document must be 3 megabytes (3 MB) or less.
- Accepted file formats are .jpg, .pdf, and .doc.

	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response State
•	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	
	attach one of the below docume y of laboratory report y of medical record displaying date			250 characters rema	lining	

You will have to attest that all the information on the form is true and accurate prior to submitting by checking the box below **Please Attest Below**.

hereby attest that the above information	on is true and accurate 23/10/2017
Nould you like assistance with this member?(optional)	
● Yes ● No	
Existing Supporting Documents	
Existing Supporting Documents	
List of Supporting Documents uploaded and Submitted in an earlier se	noisse

Requesting an Exclusion

The provider can request an exclusion for Care Gaps such as the Breast Cancer Screen, Cervical Cancer Screen, and Chlamydia Screen in women. If you are reviewing one of these Care Gaps and need to request an exclusion, click on **Request an exclusion**. The form will populate with the documentation needed based on the selected Care Gap, and you will attach the supporting documentation.

	,			
Please review Quality review	er's response before resub	omitting the response		
Service: Preventive He	alth Screens - Pr	ast Cancer Scro	en .	
service. Freventive He	aith Scieens - Bre	sast Gancer Scre		
Please select one *				
Confirm Service Deliver	Request an exclusion			
lease attach one of the below				
Copy of medical record docur	nenting bilateral mastecton	ny including date of proc	edures	
Please attach document(s) to s	support reason of exclusi	ion		
Choose File No file chosen				
Upload Exclusion Document				
Add Note (Optional)				
xisting Provider/Quality Revie				
Date	Entered By	Role	Details	
9/25/2017 4:20:59 PM	sa21591	Quality Reviewer	R note 420 PM	
9/25/2017 10:21:07 AM	bkaur5	Provider	The breast cancer screen was conducted on time	
				2
Please Attest Below*			Date	
	attest that the above inform	ation is true and accurate		
Vould you like assistance with th	is member?(optional)			
◯ Yes ◯ No				
xisting Supporting Doc	uments			
xisting Supporting Doc st of Supporting Documents uploaded		ission	Document Type	
		ission	Document Type EXCLUSION: Copy of medical record documenting bilateral mastectomy including date of procedures	×
st of Supporting Documents uploaded		ission	EXCLUSION: Copy of medical record documenting bilateral mastectomy including date of procedures	×
st of Supporting Documents uploaded		ission	EXCLUSION: Copy of medical record documenting bilateral mastectomy including date of procedures	

Reviewing the Status of a Care Gap

Once you have submitted the **Care Gap Response Form**, a Quality Reviewer from our team will review the information provided and return a status of Approved or Rejected based upon the attached documentation. Once the Care Gap Response has been approved, the record or alert will no longer appear in your queue. Any approved record will move to the "up-to-date" section in the **Care Consideration Screen** for that member, while rejected responses will show Rejected in the **Response** column.

The Care Gap status can be reviewed in the **Response** column of the **Care Consideration Detail** screen. This field will display one of the following:

- Saved/not submitted: You have saved your response but did not submit it yet.
- Submitted: You have completed all necessary steps and submitted the information.
- Response Required: You have not yet responded to the Care Gap.
- Rejected: Your response has been rejected by the Quality Reviewer.

						\$> D
Member Name emale born on 09/02/1 lember ID	955 (62 yrs old)		PRIMARY (Provider N NPI:	CARE PROVIDE ame	R LAST SEEN	
	Claims processed thro	ugh End of	Month Augus	t 2017		
Care Consideration [Detail			Please	contact (XXX) >	XX-XXXX for assistance.
esponse Required	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
esponse Required Condition Diabetes	Service Diabetes HbA1c Test	-			Response	Frequency At least once every 6 months
Condition		Overdue	Service	Result	\smile	At least once every 6

If your Care Gap Response is rejected:

- You will see a new alert in the **Activity** tab in NaviNet.
- On the **Care Consideration Detail** screen for that patient, you will see the status in the **Response** column as **Rejected**.
- Once in the **Care Gap Response Form**, select the rejected Care Gap and read the Quality Reviewer's notes before resubmitting your response.
- The notes grid in the form will include all previous comments related to the Care Gap from both you and the Quality Reviewer.
- You can click **Resolve Care Gaps** to work that Care Gap again.

The Care Gap will not be removed from your list until approved by the Quality Reviewer.

AmeriHealth Caritas North Carolina

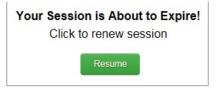
Important Notes

- Once the Care Gap Response Form has been completed you can choose to **Submit** or **Save for now**. Responses saved for now will remain active for 30 days only.
- Avoid clicking on the **Appian** logo on the **Care Gap Response Form** as this will cause the screen to auto-refresh.
- When the Care Gap Response Form remains inactive for more than 60 minutes, a pop-up warning will appear to

III Provider Self	f-Service	Avoid clicking the logo. Appia
Health P	lan	Please contact (1,000) XXX-XXXX for assistance.
Member 8	& PCP Details	
i i	Member Details	PCP Assigned
N	lame: Member Name	Name: Provider Name
	ID :	Address :
Age/I	DOB: 62 09/02/1955	
SSN (last 4 d	ligits):	
Pł	hone :	Phone :

notify you that your session is about to expire. To remain active, select **Resume** within 5 minutes of the notification to continue to work the Care Gaps.

• The form will time-out within 5 minutes if you do not click **Resume**. The log in screen below will appear once you have



timed out. You will need to close this window and instead log into NaviNet.

Access Care Gap Information via Eligibility and Benefits Inquiry

Alert-related information on a member will be available to the PCP via the **Eligibility and Benefits Inquiry**

After selecting your health plan, enter the member's ID or search by a combination of name and date of birth.

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Workflows for this Plan Eligibility and Benefits Inquiry Claim Status angury Claim Submission Report Inquiry Provider Directory Referral Submission Referral Submission Referral Inquiry Pre-Authorization Management Forms & Dashboards	Planed maintenance to the Care Gaps and Intensive Case Management platforms may occur on Thursday evenings between 6 p.m. and 10 p.m. ET. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your atlence.	- E		(2020/202 tation and		
Provider Data Information Form	Practice/Patient Documents Update: You are no longer required to attest to billing entities and/or clinicians in order to access Care Gap, ICM and ADT Alert documents. The attestation step has been removed.					
FAQs How do I change my password?	In addition, you can now use an enhanced provider filter that allows you to specify a list of providers associated with your office whose documents you prefer to see and save the list to be used by default any time you access the Patient (Care Gaps, ICM, ADT Alerts) or Practice (ICM) Document dashboards.	I	Forms			
 I cannot remember my password. How do I set up additional Health Plans? 	Click on the Providers Filter video below, or click here to access a step-by-step guide, on using the provider filter! Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for : Claims Adjustment Inquiries; Intensive Case Management; Care Gap Response Forms; ADT alerts		Provider F Contact			
What are the roles and responsibilities of a Security Officer?	Providers Filter Claims Investigation ICM Care Gaps ADT Alerts Providers Filter Claims Investigation ICM Care Gaps ADT Alerts Martingeneration Image: Construction of the second sec					
How do I enable or disable permissions for users in my office? More v						

The resulting **Patient Details** screen will have a section with the Care Gap Alert noted as a **Critical Quality**

Eligibility and Benefit	s: Patient Search							
Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.								
You may enter the member ID #, contra	You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.							
Search by Member ID								
Member ID								
	OR							
Search by Name								
Last Name	First Name							
Date of Birth mm/dd/yyyy								

Incentive for that member. A read only version of the Care Gap worksheet will appear once the pop-up alert is selected. The write and fax functionality will not be available on this worksheet.

Click on **Clinical Documents** to address any Care Gaps for that member. This link will open **the Care Consideration Detail** screen for that member. This link may take some time to appear due to the amount of data located under **the Care Consideration Detail**.

NantHealth NaviNet w	DRKFLOWS 👻 HEALTH P	PLANS 🔻		() ¢ ¤
Sack to Patient Search Eligibility & Benefit	5			
	s read-only Care G	Sap Worksheet.	Patient Alert Details A Care Gap foi A PCP History for	Page viewed: 04/02/2021
AmeriHealth Caritas Louisiana 🚺 No additional	payer information on file			
Active from 03/01/2012 to 12/31/2199 1 Cinical Document(s)	C Type: Medica		can work	Member ID: 90585925 Service Date: 04/02/2021 Member Language: English Identity Card Number
Benefits Q Search Health Benefit Plan Coverage Brand Heat Plan Coverage	Health Benefit Benefit Status:	Plan Coverage Active Coverage		★ Set as default benefit view
Brand Name Prescription Drug Chiropractic Dental Care Emergency Services Generic Prescription Drug	Prior Year History:	Eligibility Begin Date: 03/01/2012		

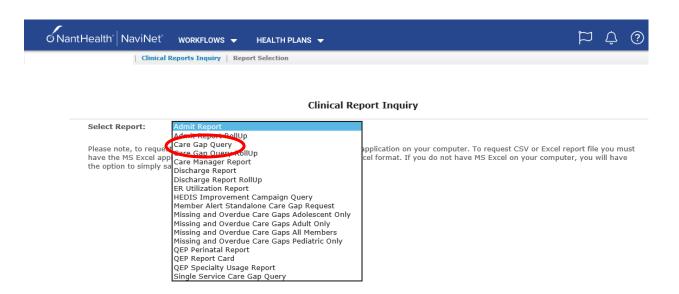
Access Care Gap Information via Care Gap Query Reports

Log in to NaviNet and choose the desired health plan.

NantHealth [®] NaviNet [®]	WORKFLOWS 👻	HEALTH PLANS 🔻					μÔ	?	9	
		Q ②: Can't see the pl	an you want?	Use search to find yo	ur plan					×
My Plans										
AmeriHealth Caritas Delaw		Health Caritas PA unity HealthChoices	F	irst Choice VIP Ca	re Plus	PerformCare	e			
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	Tlick on the Providers Filte	r video below or click here	to access a ster	-by-step guide on u	sing the provider	filter	Form	15		
password.		Providers Filter video below , or click here to access a step-by-step guide, on using the provider filter!						ler Forms		
How do I set up additional Health Plans?	we have built, specifically for :						act Us			
		ns Adjustment Inquiries; Intensive Case Management; Care Gap Response Forms; ADT alerts								
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	View Important P	rovider Updates.								

Select **Report Inquiry** from the left hand pane, and choose **Clinical Reports** from the dropdown menu.

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	Workflows for this Plan	Planned mainlenance to the Care Gaps and Intensive Case Management platforms may occur on Thursday evenings between 6 p.m. and 10 p.m. ET. You	
	Eligibility and Benefits Inquiry	may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your	
	Claim Status Inquiry	patience.	
	Chim Submission		
(Report Inquiry	Administrative Reports	
	Provider Directory		
	Referral Submission	Financial Reports	
	Referral Inquiry	Member Clinical Summary Reports	
	Pre-Authorization Management	Edulorana	
	Forms & Dashboards		
	Provider Data Information Form	Practice/Patient Documents Update:	



Select **Care Gap Query** from the dropdown menu and make appropriate selections on the following screen to receive the detailed Care Gap report. The **Care Gap Query Report** will display all of that member's Care Gaps.

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Clinical Reports Inquiry Report Selection Report Se	earch						
	e Gap Qu	ery v. 1.0.4				!	Print page
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	rt.						
Provider/Member Information							
* Choose a Provider Group Group Name - PIN			\checkmark				
Choose a Provider Provider Name - PIN V							
Report Criteria							
Conditions All							
Status Missing, Non-Compliant, Overdue and At Risk Age Missing Non-Compliant Overdue At Risk Due Soon Series Incomplete Up-to-date Alert Risk Select Sort Options * Member Last Name Y		 ● All ○ < 12 yrs ○ 12 - 21 yrs ○ > 21 yrs ○ > 21 yrs 	Select Report Type	PDF Excel or CSV	(Down	loadabl	e)
Last Update: 05/14/2020 v.1.0.4	earch Exi	tClear					

Important Notes

The **Care Gap Query Report** displays the complete data set for Care Gaps by default. The following reports are subsets of the **Care Gap Query Report**. All of these reports are read-only.

• HEDIS Improvement Query

• Member Alert Standalone Care Gap Request

Single Care Gap Query: Each of these reports displays the following columns:

- Provider ID
- Member ID
- Date of Birth
- Member Information

- Service, Status
- Rule of Frequency
- Last Service Date
- Care Gap Update Status

Access Care Gap Information via the Member Clinical Summary Report

Log-in to NaviNet and select a health plan. Select **Eligibility and Benefits Inquiry** option.

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Wor <u>kflows for this</u> Plan	Planned maintenance to the Care Gaps and Intensive Case Management platforms may occur on Thursday evenings between 6 p.m. and 10 p.m. ET. You	-
Eligibility and Benefits Inquiry	may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your	
Claim Status Inquiry	patience.	
Claim Submission		-
Report Inquiry		
Provider Directory		
Referral Submission		
Referral Inquiry		
Pre-Authorization Management		
Forms & Dashboards		
Provider Data Information Form	Practice/Patient Documents Update:	

Enter the Member ID. On the **Patient Search** screen, click on **View Member Clinical Summary**.

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Search Eligibility & Benefits: #	AmeriHealth Caritas Louisiana	1				
					Page v	riewed: 04/02/2021
Eligibility and Benefits for		View Patient Details	Patient Alert Details		×	
			▲ Care Gap for ▲ PCP History for			
AmeriHealth Caritas Louisiana 🚯 No additional pa	ayer information on file					View/Print
Active from 03/01/2012 to 12/31/2199				Member ID: 90585925	Service Da	ate: 04/02/2021
	INSUR/ Produc	ANCE DETAILS t:	PRIMARY CARE PROVIDER	Member Language: Englis Identity Card Humber: View Member Clinical Sun		station Required
	Type: Medicaid	1				
	H ealth Benefit I Benefit Status:	Plan Coverage Active Coverage		*	Set as defaul	t benefit view
Brand Name Prescription Drug	-					
	Prior Year History:	Eligibility Begin Date: 03/01/2012				
Dental Care		Englowicy Degini Date: 03/01/2012				
Emergency Services						
Generic Prescription Drug						

The **Member Clinical Summary** will show Care Gap statuses as compliant and non-compliant.

Gaps in Care					
Condition	Service	Status	Last Service	Next Service	Rule
Hypertension	Blood Pressure 140/90	Compliant			Ongoing
Hypertension	Blood Pressure Medication	Compliant	3/18/2017		Ongoing
Preventive Health Screens	Colorectal Cancer Screen	Non-compliant			Once every 1 to 5 years test dependent

Please Note: PerformRXSM care gaps will show additional statuses of Up-to-date, Series Incomplete, or Missing.



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