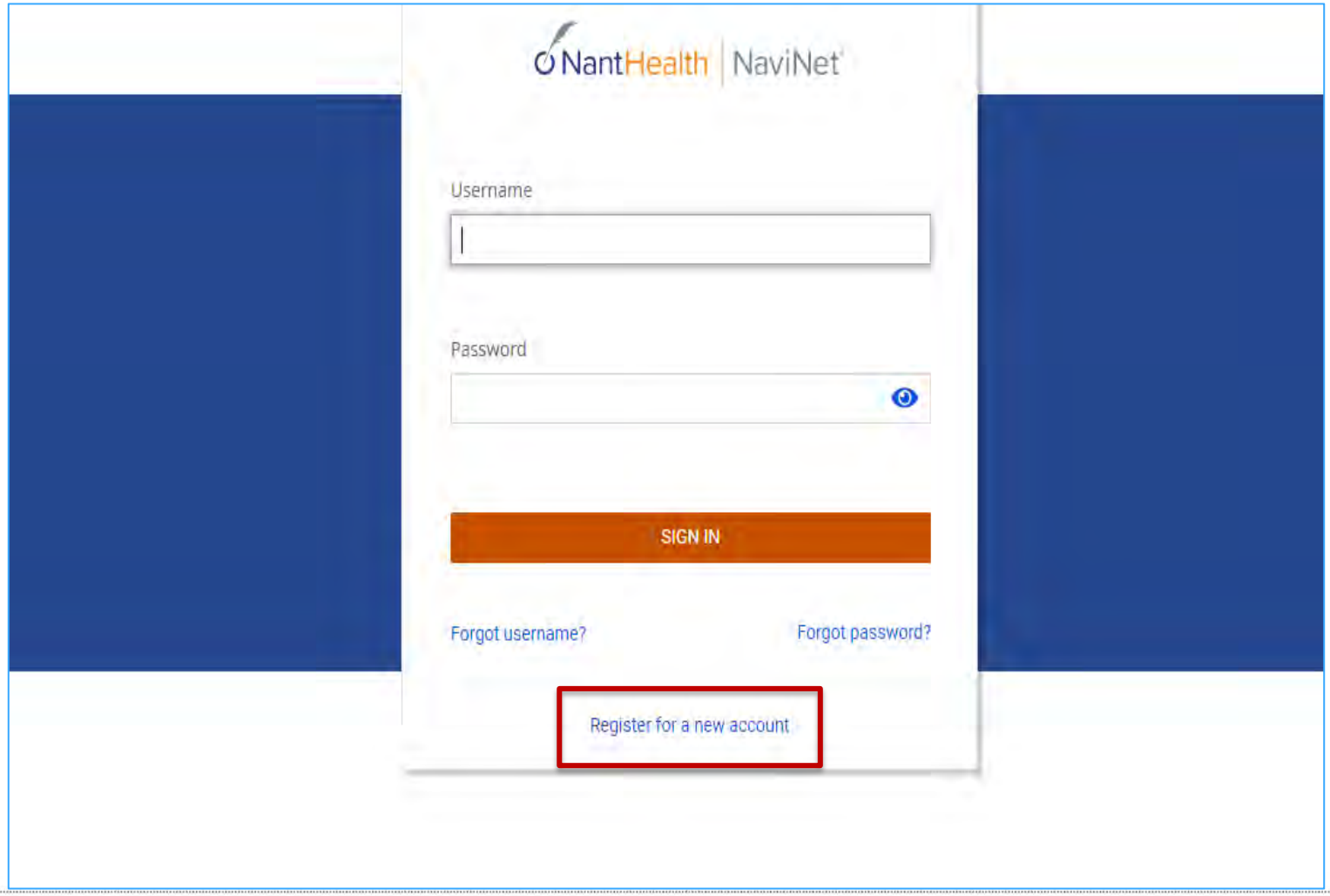
NaviNet Medical Authorization Workflow

AmeriHealth Caritas
North Carolina

NaviNet Log-in

AmeriHealth Caritas North Carolina

Access NaviNet using the following address: **https://navinet.navimedix.com.**



Supported Browsers

Use any supported browser to submit an authorization to AmeriHealth Caritas of North Carolina.

NaviNet supports the following operating systems and browsers:

Windows® 8.1, 10, and 11

- Microsoft Edge™ (latest version)
- Mozilla Firefox® (latest version)
- Google Chrome™ (latest version)

Macintosh®

- Safari® 16 on macOS® 13 (Ventura)
- Safari 15 on macOS 12 (Monterey)
- Mozilla Firefox (latest version)
- Google Chrome (latest version)

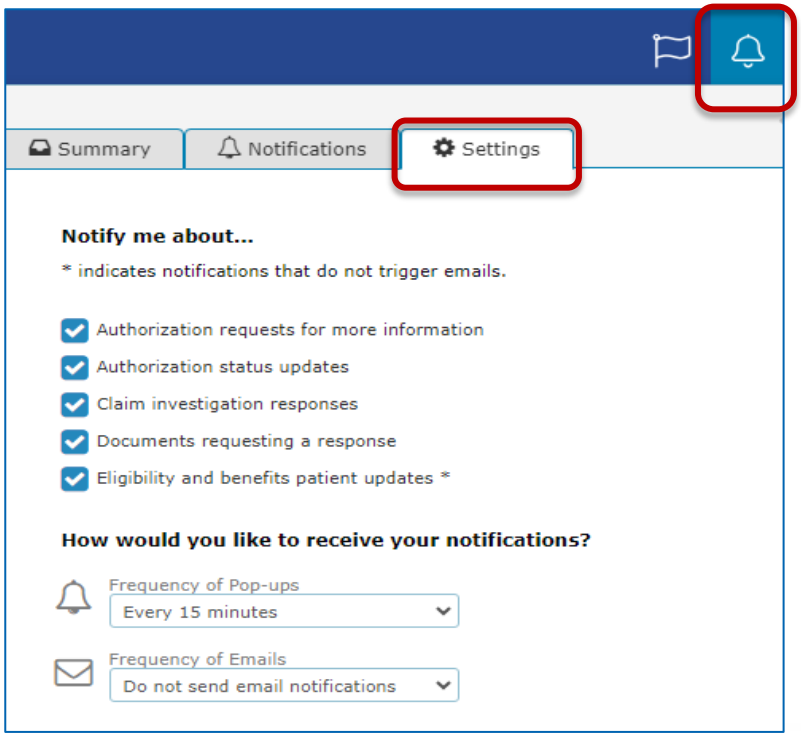
Linux®

- Mozilla Firefox (latest version)

NOTE: Internet Explorer is not a supported browser.

Notifications

- 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. Click on **Settings** and check the desired notifications to receive and the frequency.



Plan Central Page

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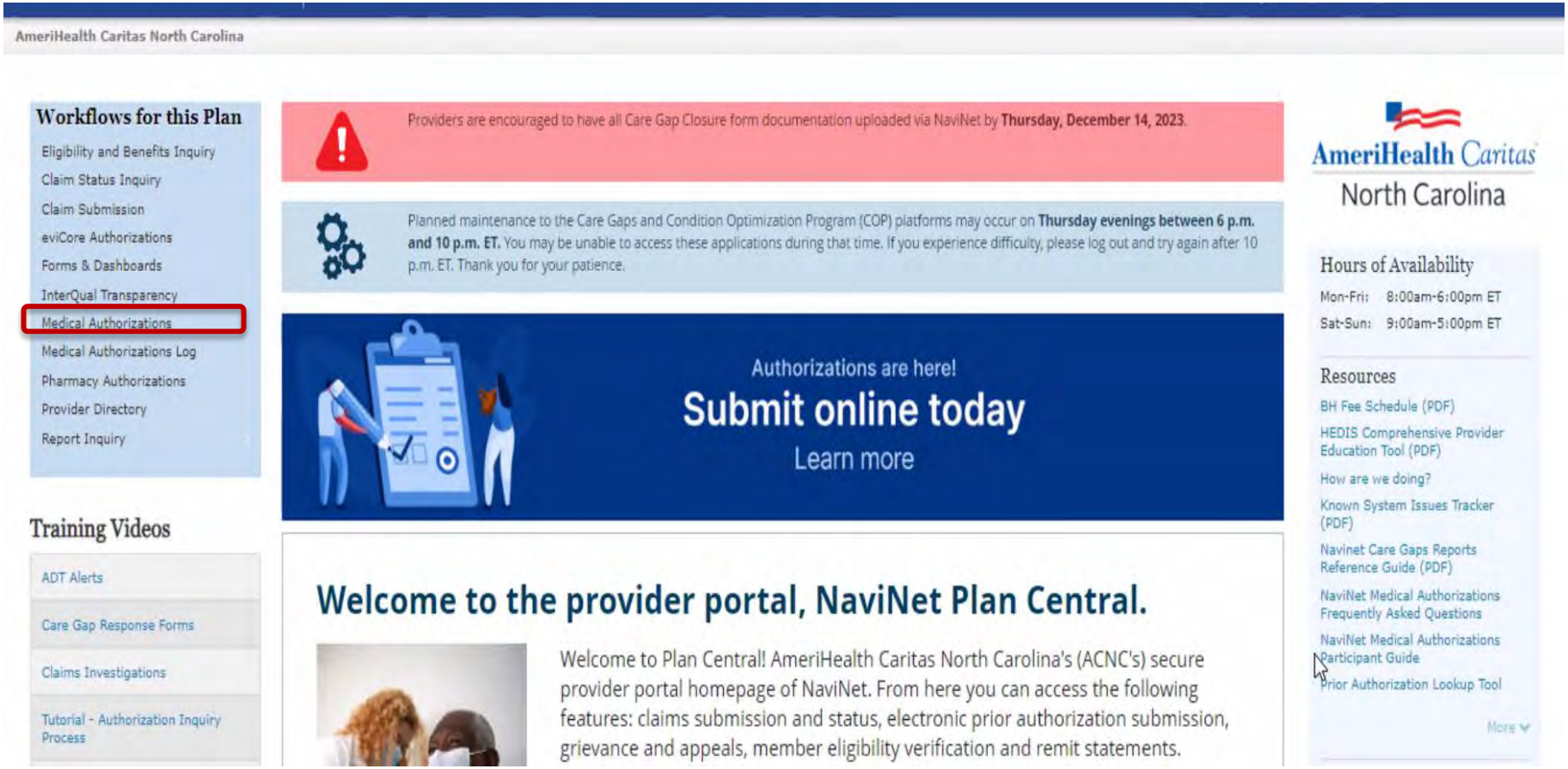
Users can view Authorization workflow videos
by clicking on the links on the Plan Central page.

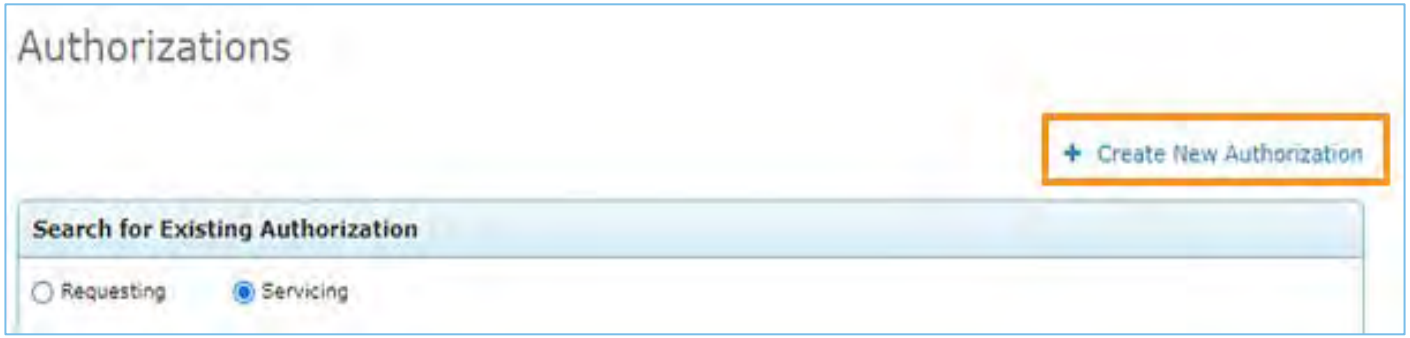


Creating A New Authorization Request

On the **Health Plans** menu, under **My Plans**, click **AmeriHealth Caritas of North Carolina**.

Under **Workflows for This Plan**, click **Medical Authorizations**.

On the Authorizations screen, click **Create New Authorization** in the upper right corner.



Patient Search

You may want to search to see if a request has been submitted for the member prior to starting a new request:

- Enter patient search criteria: Member ID or Name.
  - If searching by name, the member's first name, last name, and date of birth (DOB) are required.
- Click **Search.**

Note: If you enter an incorrect/invalid member ID you will receive the following message:

Patient Search Screen

AmeriHealth Caritas North Carolina

Create New Authorization: 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 #, 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

Effective Date

03/08/2022

Search

Pre-Screening Questions

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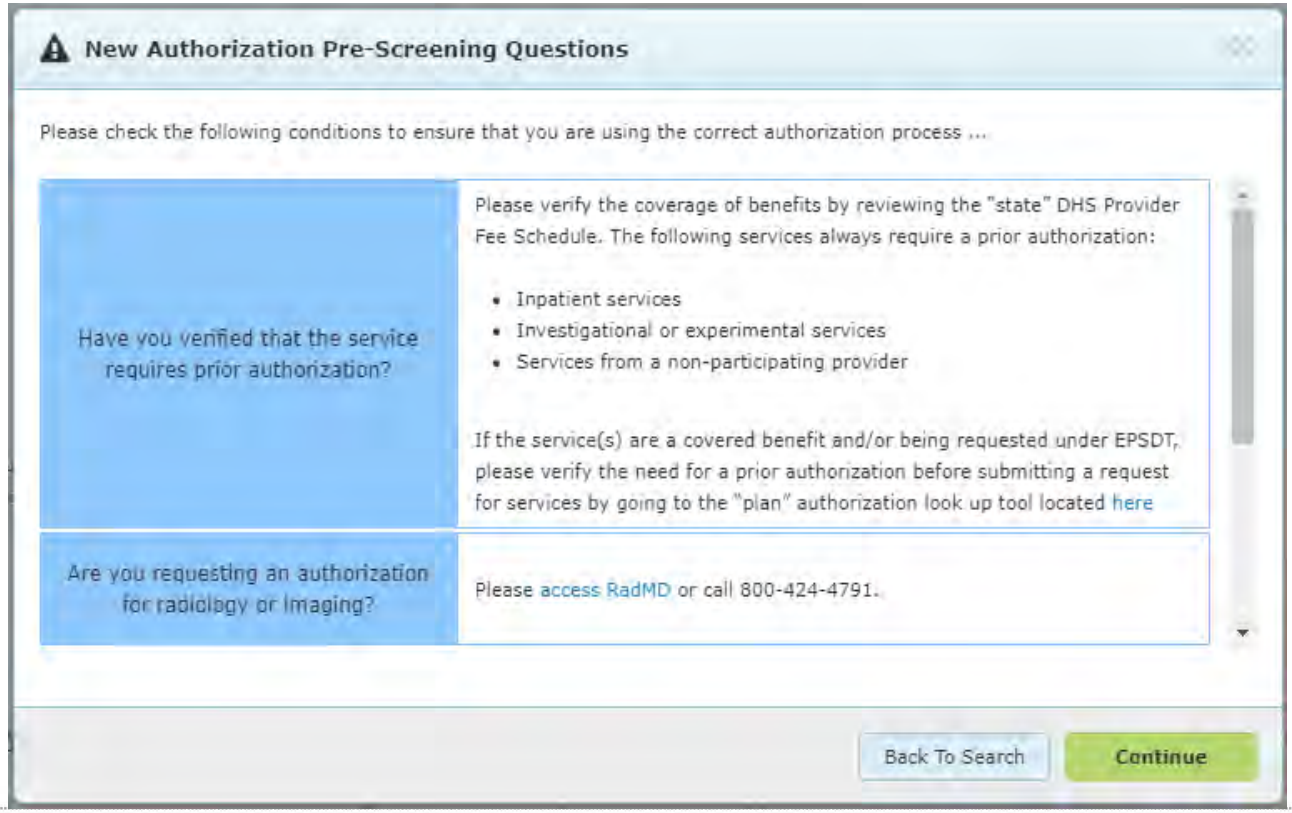
Review the pre-screening questions to:

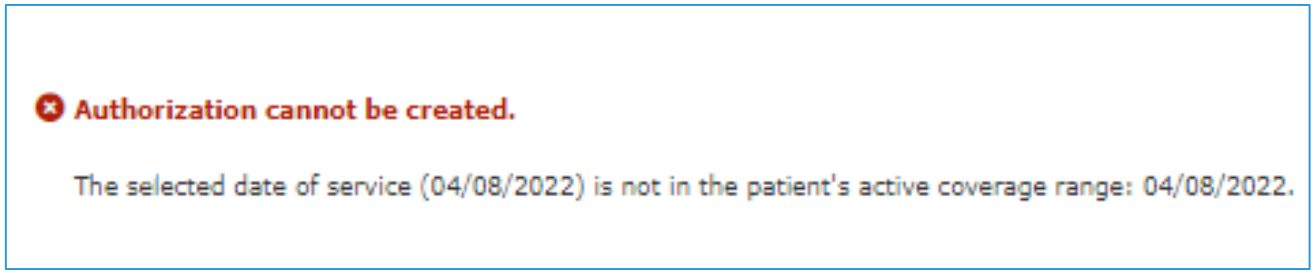
- Verify prior authorization requirements, you may access the CPT Lookup tool by clicking on the "**here**" link.
- Make sure you are using the correct process.

If you are certain of the requirement and process, you may bypass these questions by clicking **Continue**.



Inactive/Ineligible Member

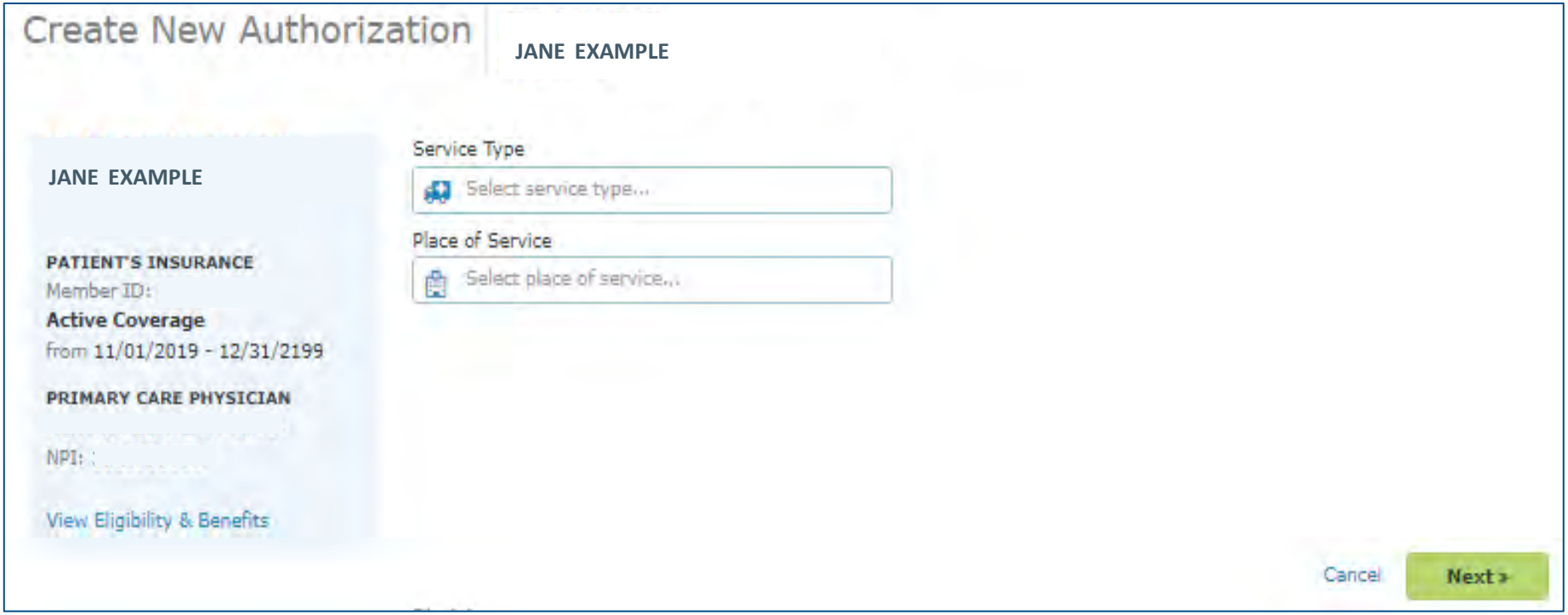
Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions. You will receive the following message:



Active/Eligible Member

If the member is active, the Create New Authorization **Service Type** screen will be displayed.

- Choose the Service Type and Place of Service from the dropdown.

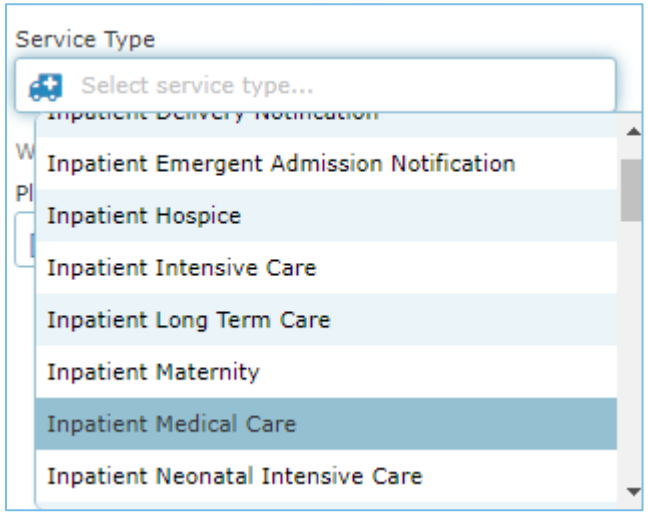


Note: View Eligibility & Benefits is available under the member's demographic and Primary Care Provider (PCP) information for your convenience.

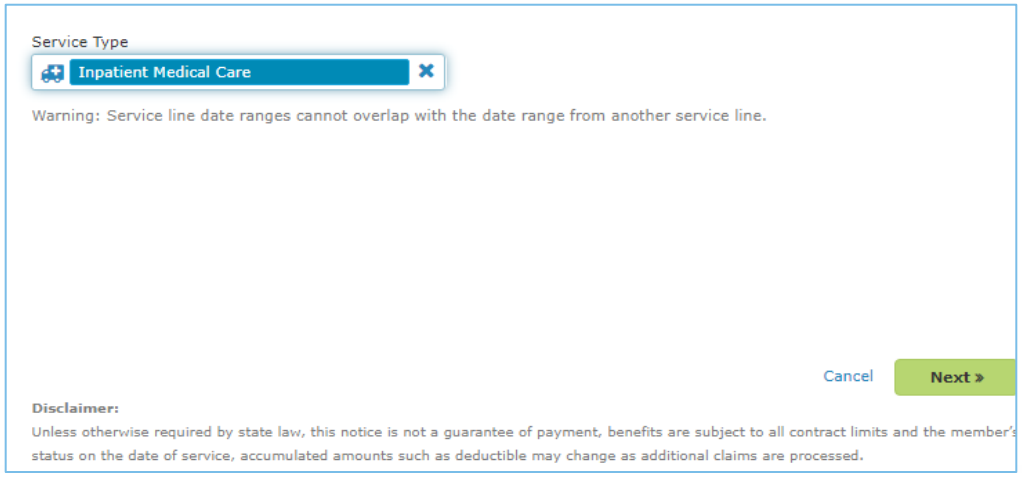
Creating An Inpatient Authorization Request

AmeriHealth Caritas North Carolina

Choose **Service Type** from the dropdown:

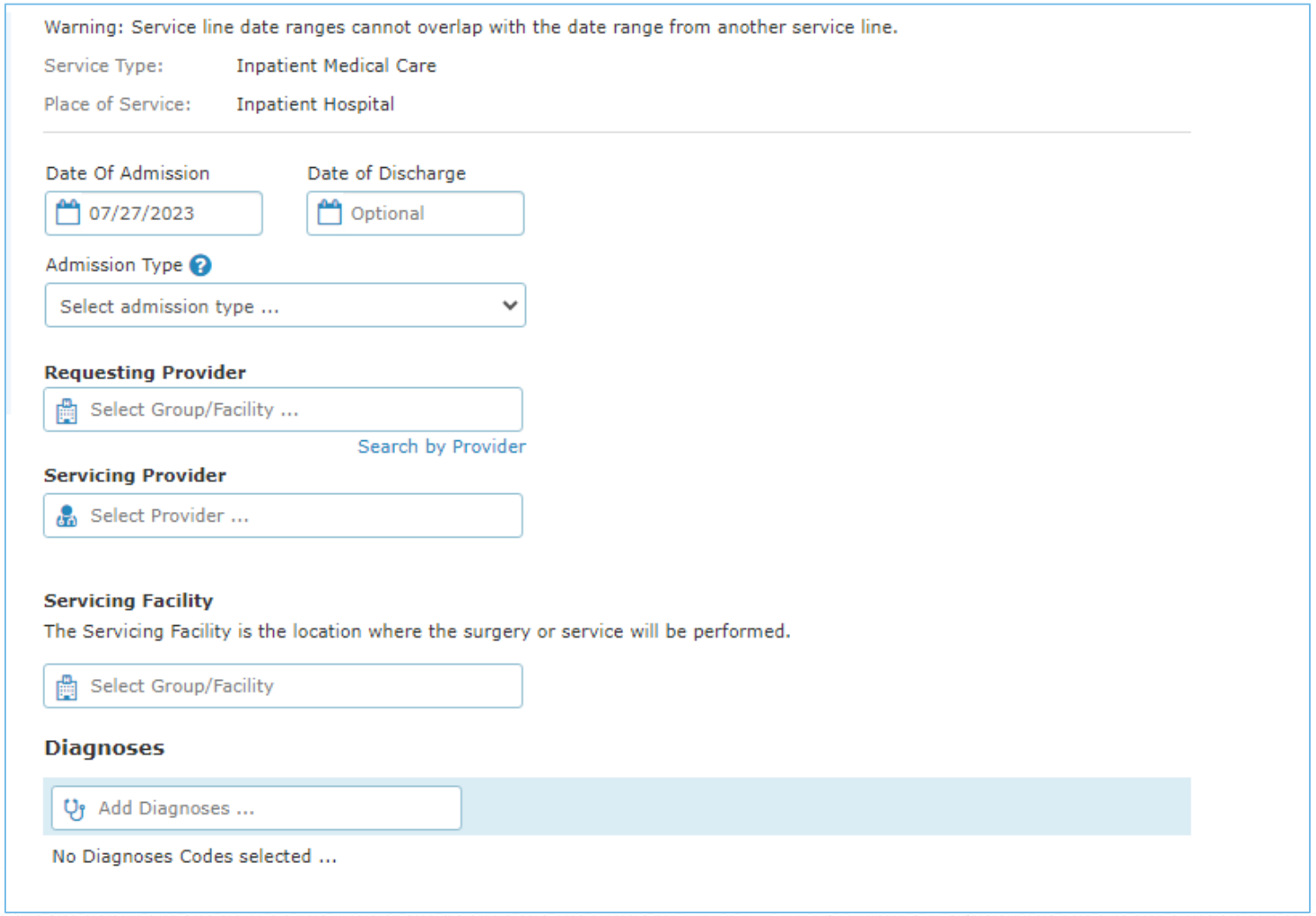


Once service type is populated, click on **Next**.



Creating An Inpatient Authorization Request (cont.)

The Create New Authorization screen will display:

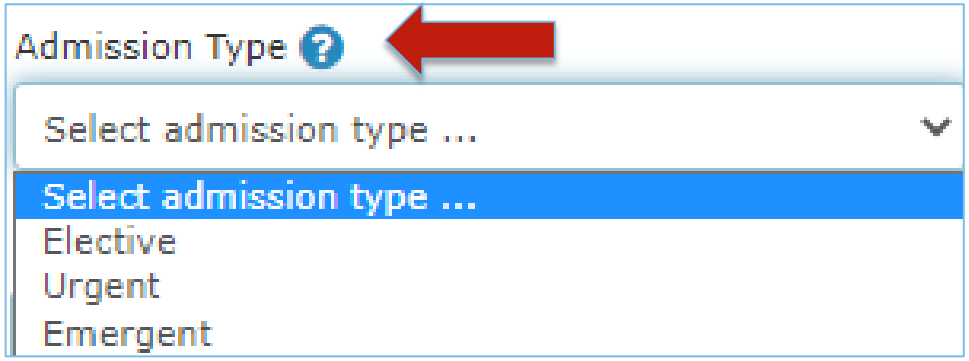


Inpatient Authorization Request – Date of Admission/Discharge

- Date of admission is a mandatory field.
- Date of discharge is optional because it may not be known at the time the request is initiated.
    - The member's discharge date can be added later by amending the inpatient authorization request.

Inpatient Authorization - Admission Type

Select the appropriate admission type from the drop-down list: **Elective, Urgent, or Emergent.**



The question mark beside admission type provides a description of the types of admissions.

- **Elective:** Potential admission for illness/injury member not currently admitted.
- **Urgent:** Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, member not currently admitted.
- **Emergent:** Concurrent review, member is currently admitted.

Inpatient Authorization - Provider/Facility Selection

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- **Requesting provider**: the provider requesting the service.
- **Servicing provider**: the provider completing the service (also known as the **Attending**).
- **Servicing facility**: location where the service will be performed.

Note: Requesting and Servicing providers can be the same.

- If the service is being rendered by a practitioner in your group, you can enter the group information in both fields.
- If you wish to include a **referring** provider, enter their information in the **Notes** section.

Inpatient Authorization – Services/Procedures

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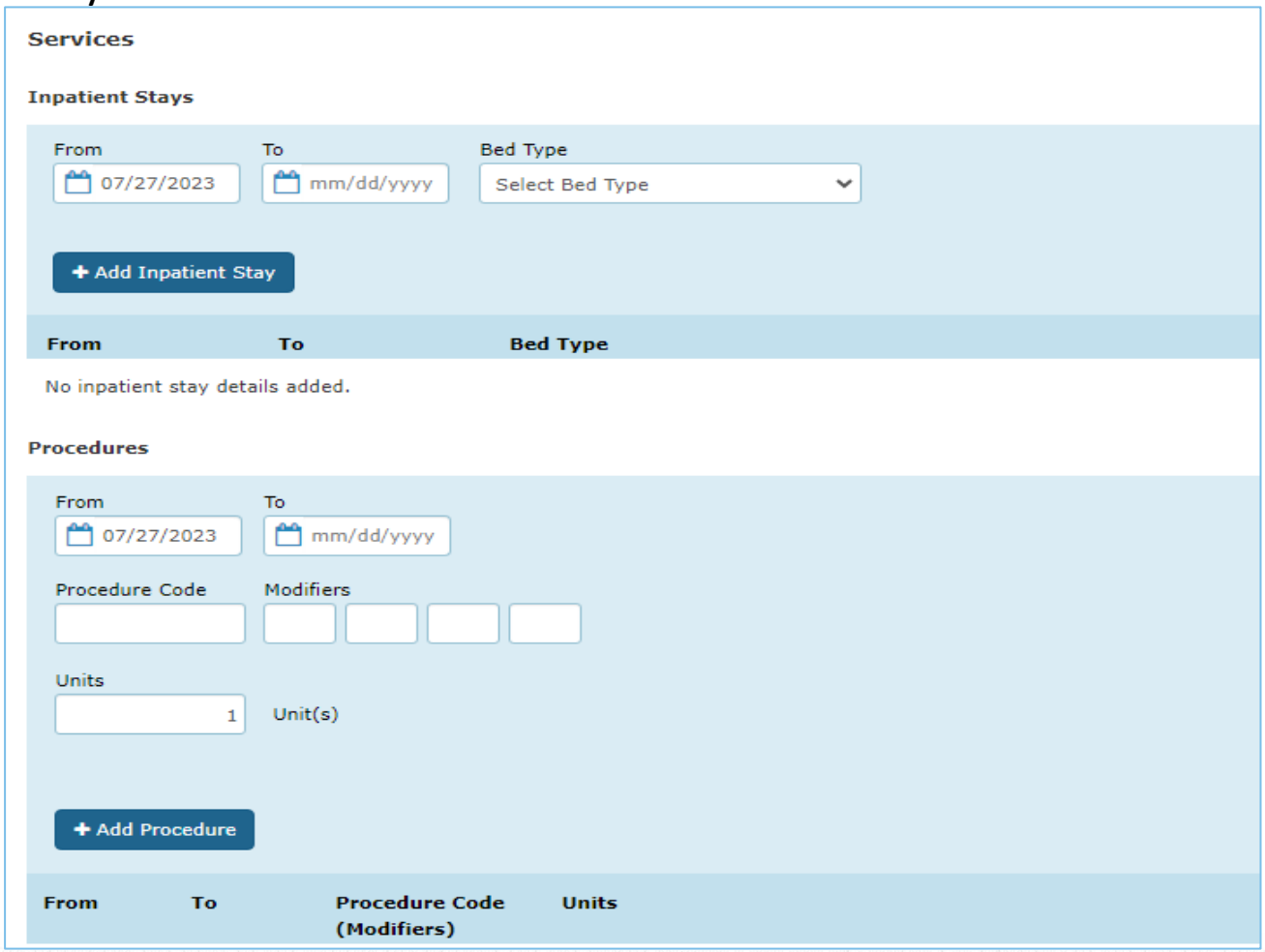
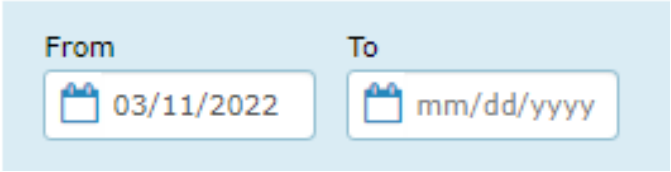
After adding the DX code, complete the ***Services*** and ***Procedures*** (optional) sections. To save a service or procedure in the request, you must + Add Inpatient Stay + Add Procedure after each entry.

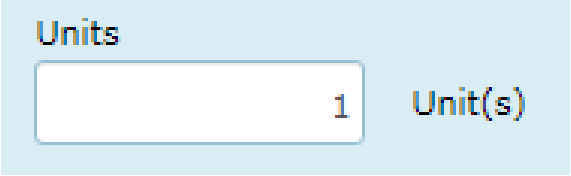


Inpatient Authorization – Dates/Units/Bed Type

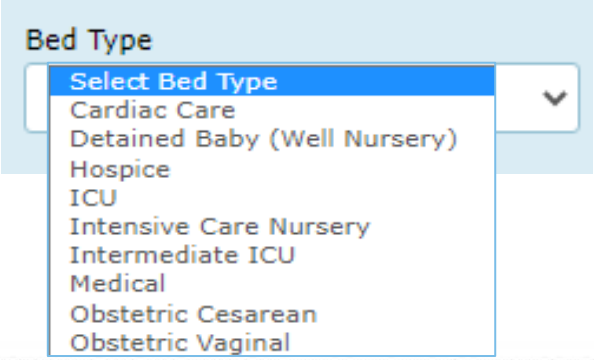
From: (start date)/ To: (end date): Mandatory fields. We understand in some cases the discharge date is unknown, but you must enter at least one day past the From date. You can update later if needed.



Units: Equivalent to days.

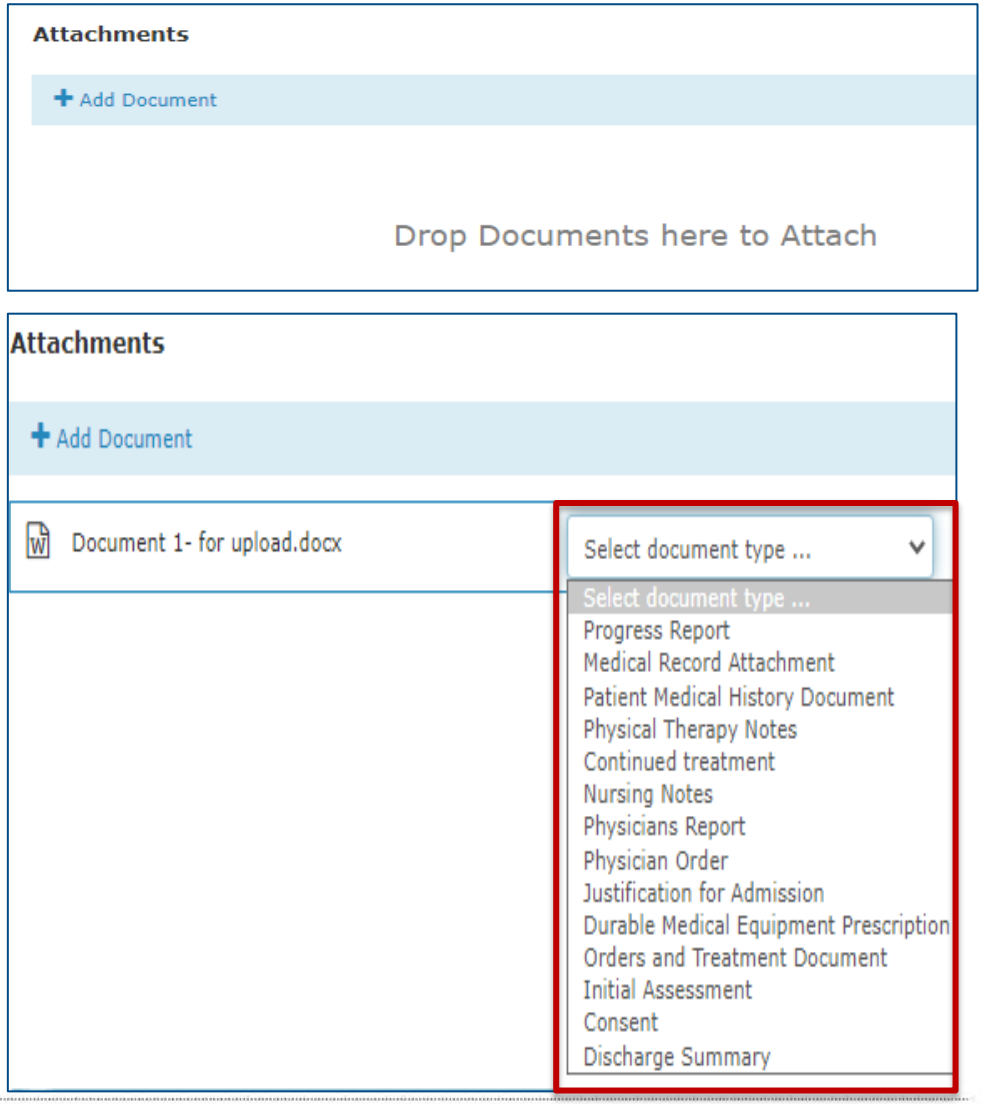


Bed type: Select the appropriate type from the drop-down list. Mandatory field.



Authorization Request - Attachments

- Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif).
- May attach up to 10 documents.
- Identify the document type using the drop-down list.

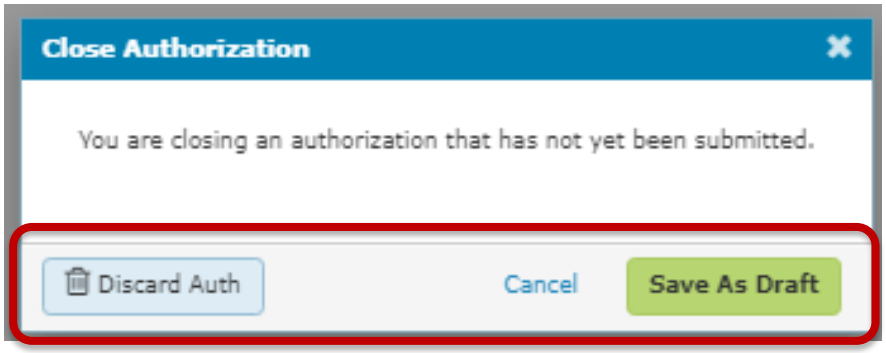


Authorization Request (cont.)

Note: While creating an authorization, if you don't have all the information or need to step away, you can close or save the request.

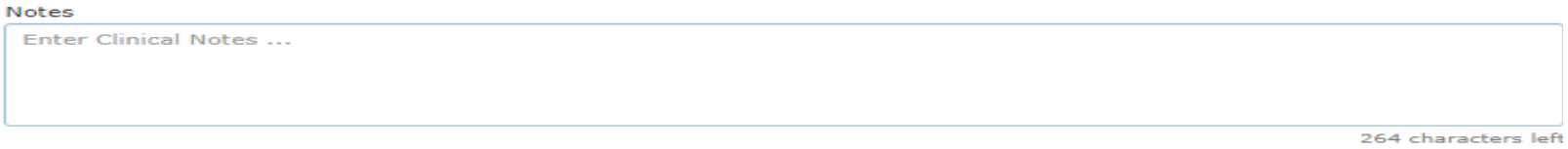
Select Close/Save which allows you to:

- **Discard Auth** - delete the request.
- **Save as Draft** - come back and complete the request later.
- **Cancel** - continue with request.

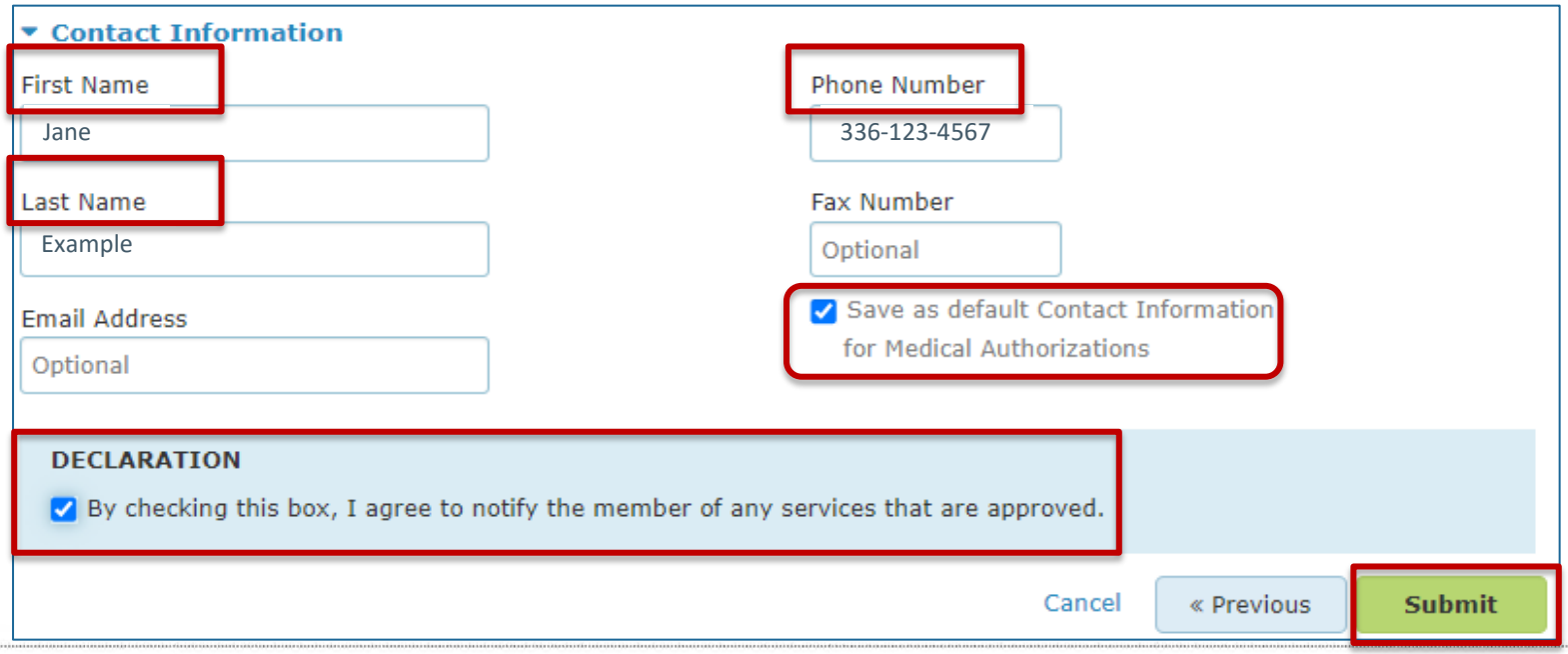


Submitting the Authorization Request

Add pertinent notes. There is a 264 character limit.

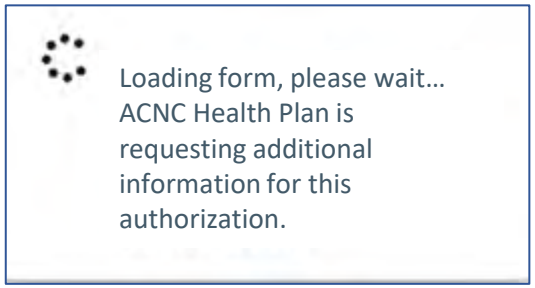


- Enter your contact information. First name, last name, and phone number are required fields. Fax number and email address are optional.
- Check the **Save as Default** box so contact information won't need to be entered each time.
- The **Declaration** box **must** be checked in order to submit the request. Click **Submit.**



Interqual Criteria/Clinical Guidelines Check

- After **submitting** your request, InterQual criteria/clinical guidelines check may or may not launch.
- Criteria is launched based on diagnosis code and/or service code.
- The message below will populate indicating the InterQual page is loading:



If InterQual criteria is not launched, you may receive an automatic approval.

Interqual Criteria/Clinical Guidelines Check (cont.)

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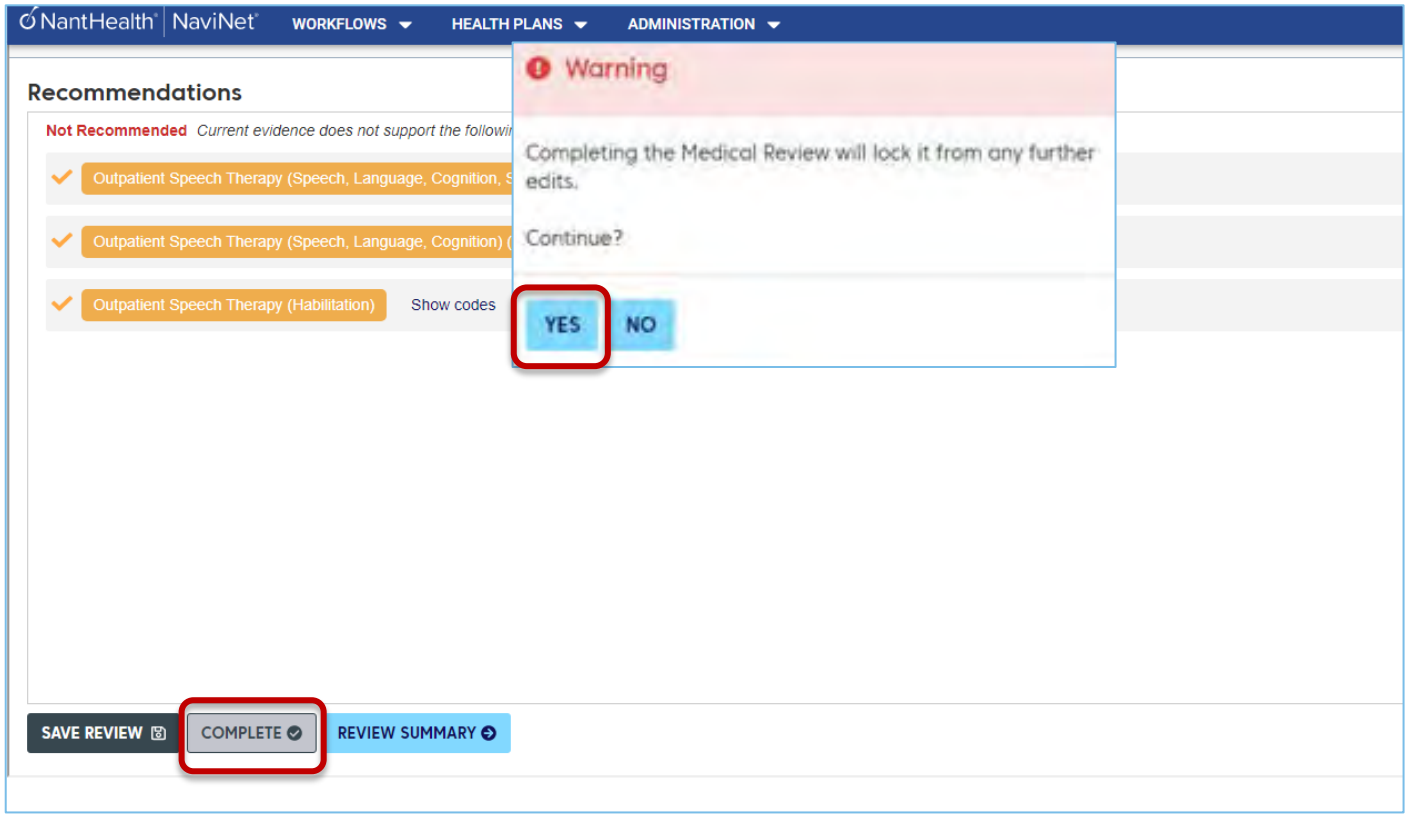
- The system may direct you to a guideline selection page. Select the most current guideline then click on MEDICAL REVIEW
- Answer the questions as they relate to your patient.
- After all questions have been answered the ***No Remaining Questions*** message will display: Click ***View Recommendations*** to continue.
- At the end of the review the you will receive a ***Criteria Met*** or ***Criteria Not Met*** message.
- Regardless of message received (Criteria Met or Not Met), you must **continue** and submit the request to the Plan.

Interqual Criteria/Clinical Guidelines Check (cont.)

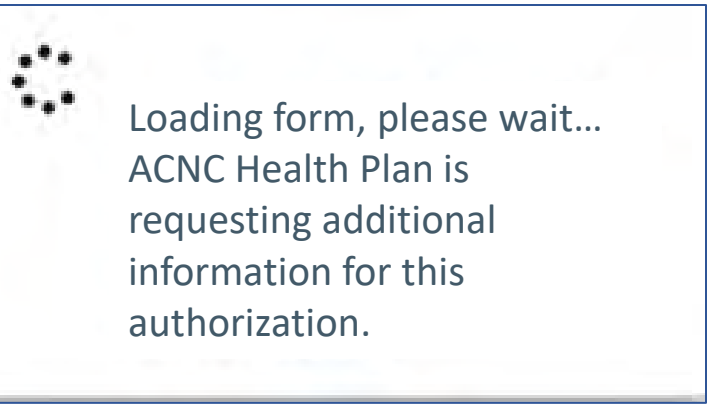
When the review is complete, the following message will display:



Click **Complete**, then select **YES** to continue.

After InterQual Criteria Check

The following notice will display, indicating you're being sent back to NaviNet from InterQual:



Authorization Details Screen

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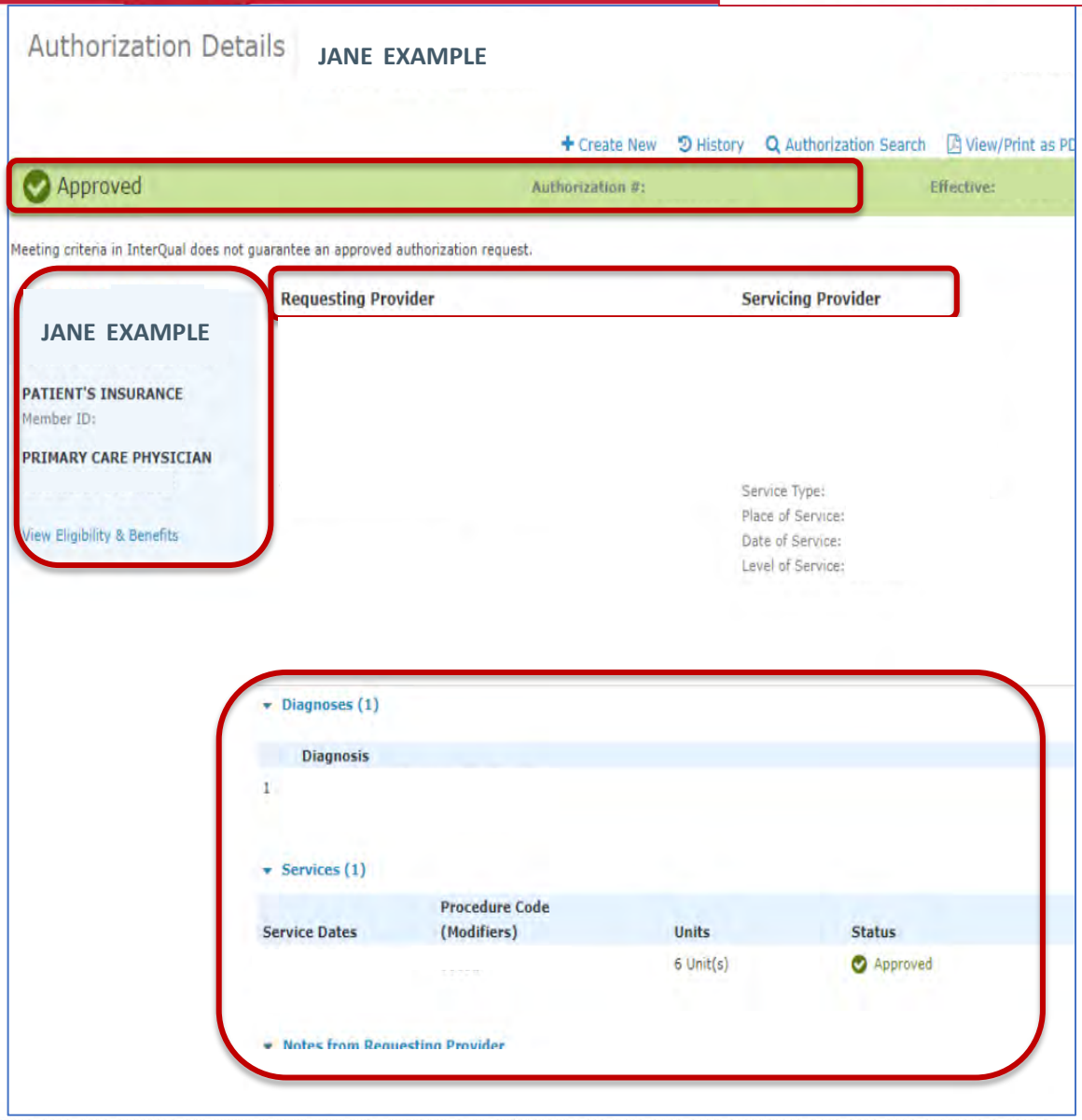
Once back in NaviNet, the authorization details screen is displayed showing:

- **Approved** or **Pended** status.
- **Authorization number**.
- **Patient and provider information**.
- **Authorization details**.



Updated NaviNet Medical Authorizations Guide

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The NaviNet Medical Authorizations Participant Guide has been updated to include the newly activated feature of bypassing the InterQual Review process when completing prior authorization submissions (see page 23).

Providers can access the latest version of the NaviNet Participant Guide by visiting the NaviNet Plan Central page or our website:
https://www.amerihealthcaritasnc.com/assets/pdf/provider/naviNet-medical-authorizations-training-guide.pdf

Amending or Extending An Authorization

Amending a request is the process of **extending existing services or requesting another service on an existing authorization.**

- Only for requests that have been **approved or partially approved**.
- Maximum number of services that can be added to an authorization is 15.

Amending/Extending An Authorization

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You can add or edit the following:

Outpatient requests:

- Date of service
- Diagnosis
- Service lines
- Additional documents
- Notes (limited to 264 characters)
- Contact information

Inpatient requests:

- Date of discharge
- Diagnosis
- Service lines
- Additional documents
- Notes (limited to 264 characters)
- Contact information

Extending An Authorization – Search For Request

Locate the existing request by selecting the appropriate link under Workflows for this Plan:

- **Medical Authorizations Log:** for requests created in NaviNet.
- **Medical Authorizations:** for requests that were not initiated in NaviNet, (e.g., phoned, faxed).
    - You will only see authorizations/requests for members that are under your care.
    - To search for an existing authorization, select **Medical Authorizations** under Workflows for this Plan.

Searching For An Existing Authorization (cont.)

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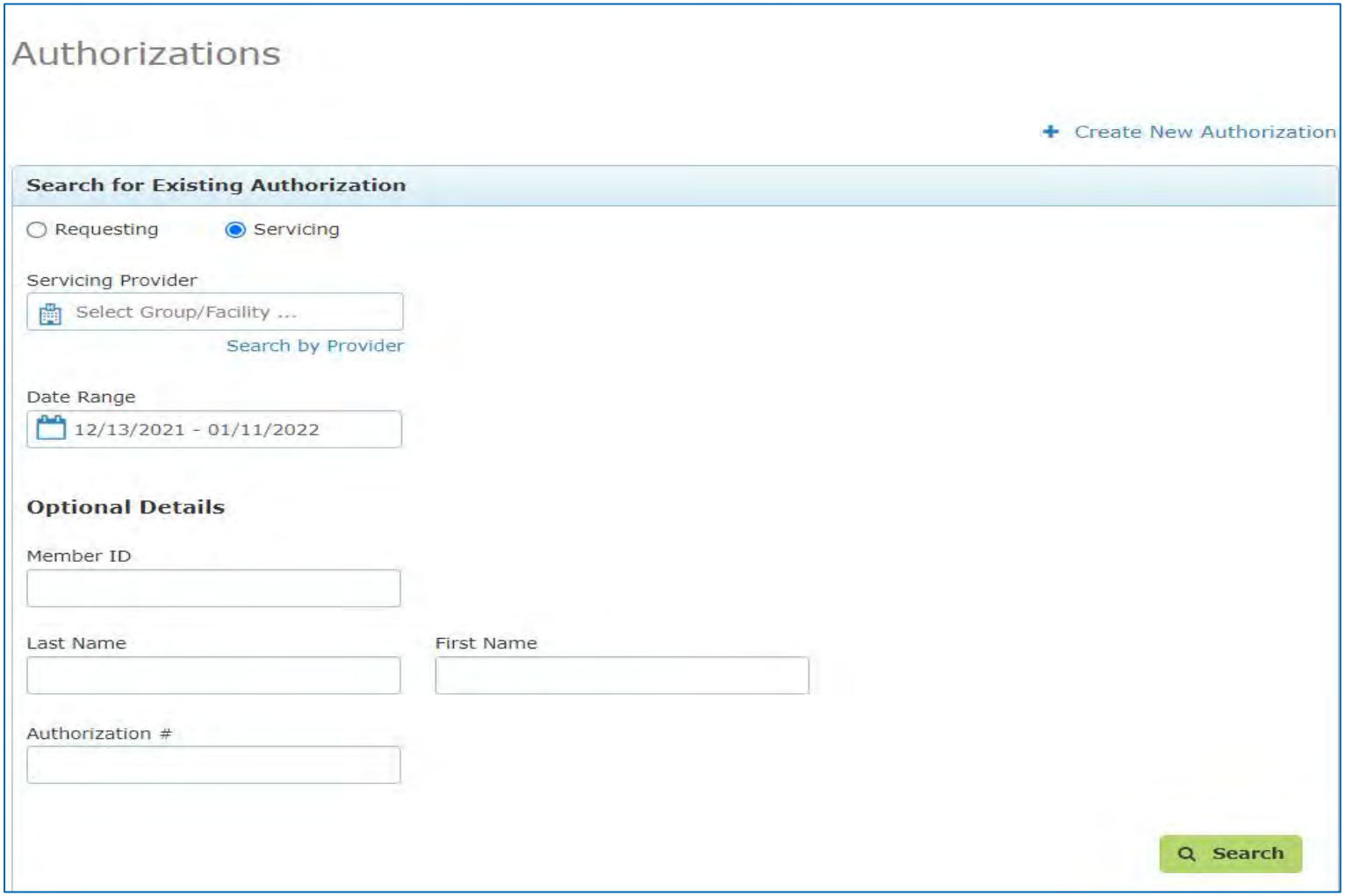
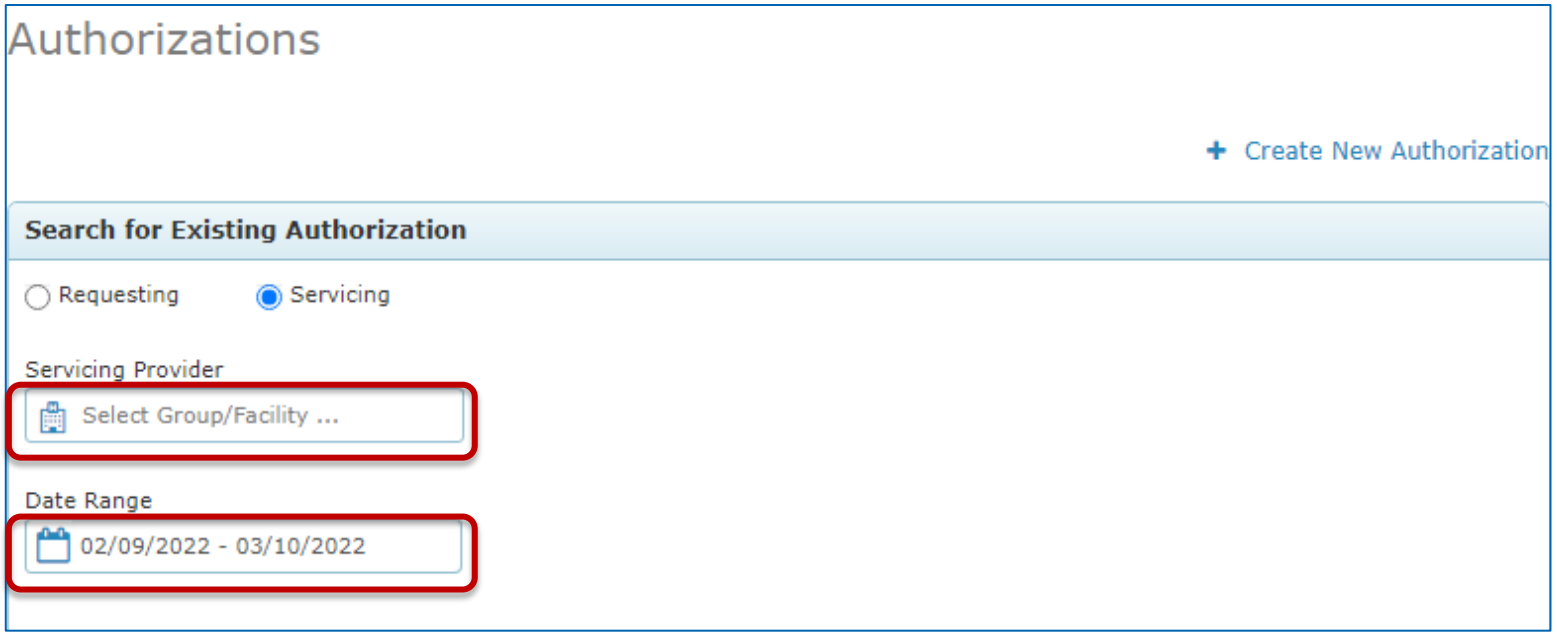
This screen will display:



Searching For An Existing Authorization (cont.)

Select **Servicing** or **Requesting Provider** and adjust the date range then click **Search**.

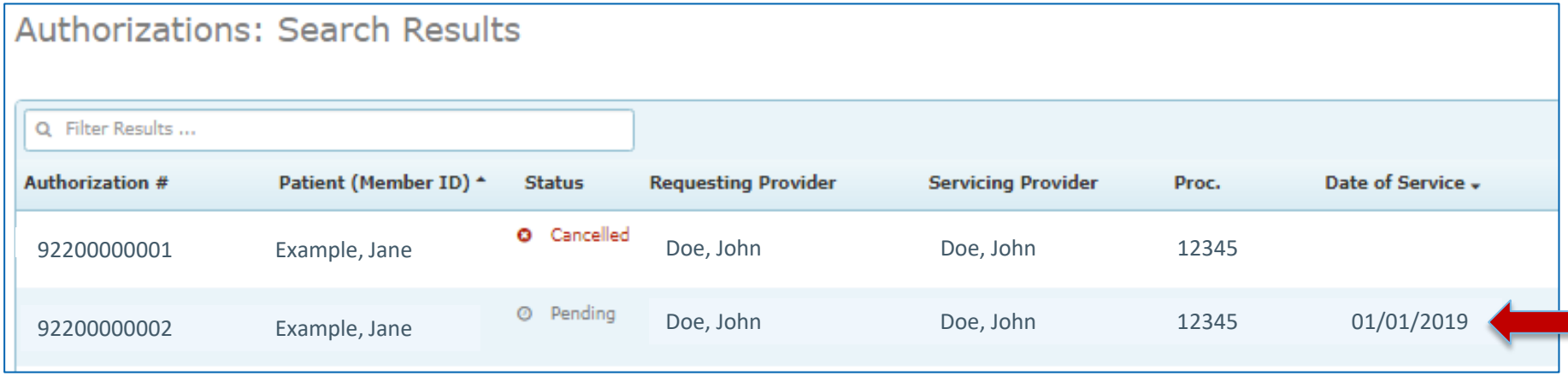
- This will pull up requests submitted for your facility within the specified date range.
- You do not have to enter member information.



Searching For An Existing Authorization (cont.)

AmeriHealth Caritas North Carolina

Click on the authorization that you wish to view.



Searching For An Existing Authorization (cont.)

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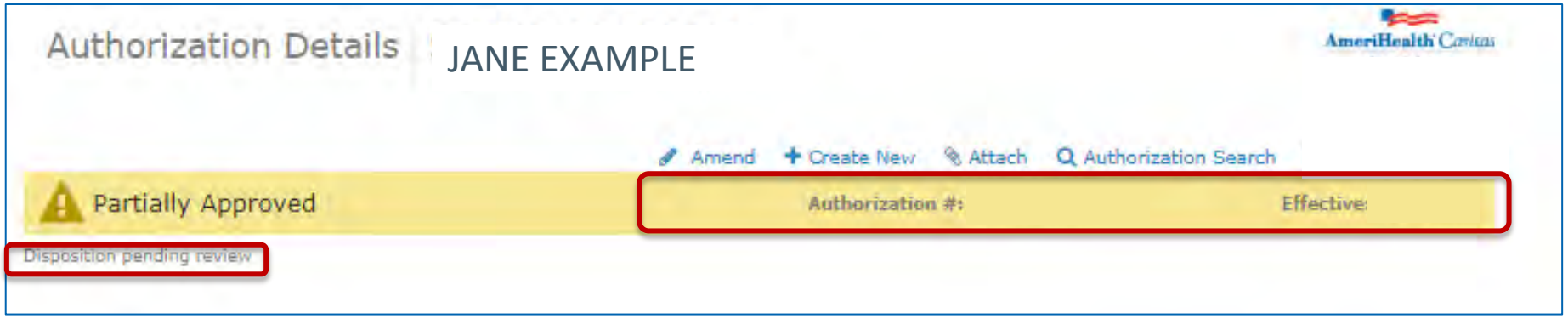
You will be directed to the authorization details of the authorization that was selected. Here you can see the status of the request (e.g., Disposition pending review).



Additional actions may be accessed from the authorization details screen:

- Amend (only available for approved or partially approved requests).
- Create New.
- Attach.
- Authorization Search.
- View/Print as PDF.

Extending An Authorization – Search For Request (cont.)

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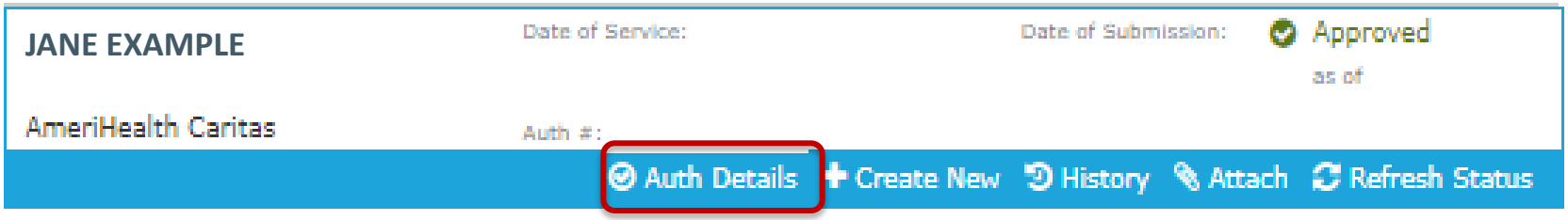
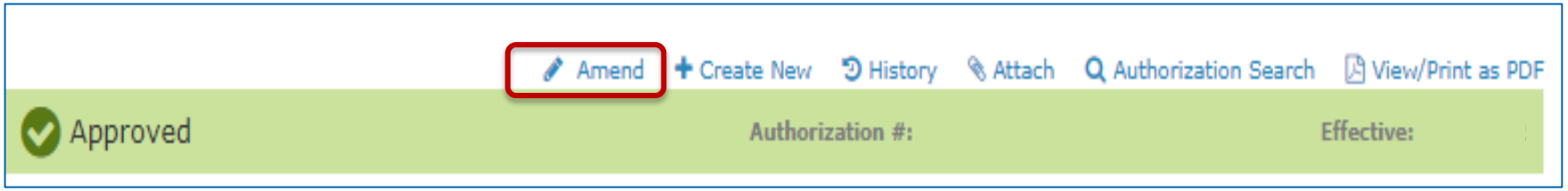
Select **Auth Details** on the request that needs to be amended.



Select **Amend.**



The following items can be amended: date of service, diagnosis, add new service line, add document, notes and contact information.

Medical Authorizations Log

Requests that have been submitted via NaviNet will appear in the Medical Authorizations Log.

Medical Authorizations Log (cont.)

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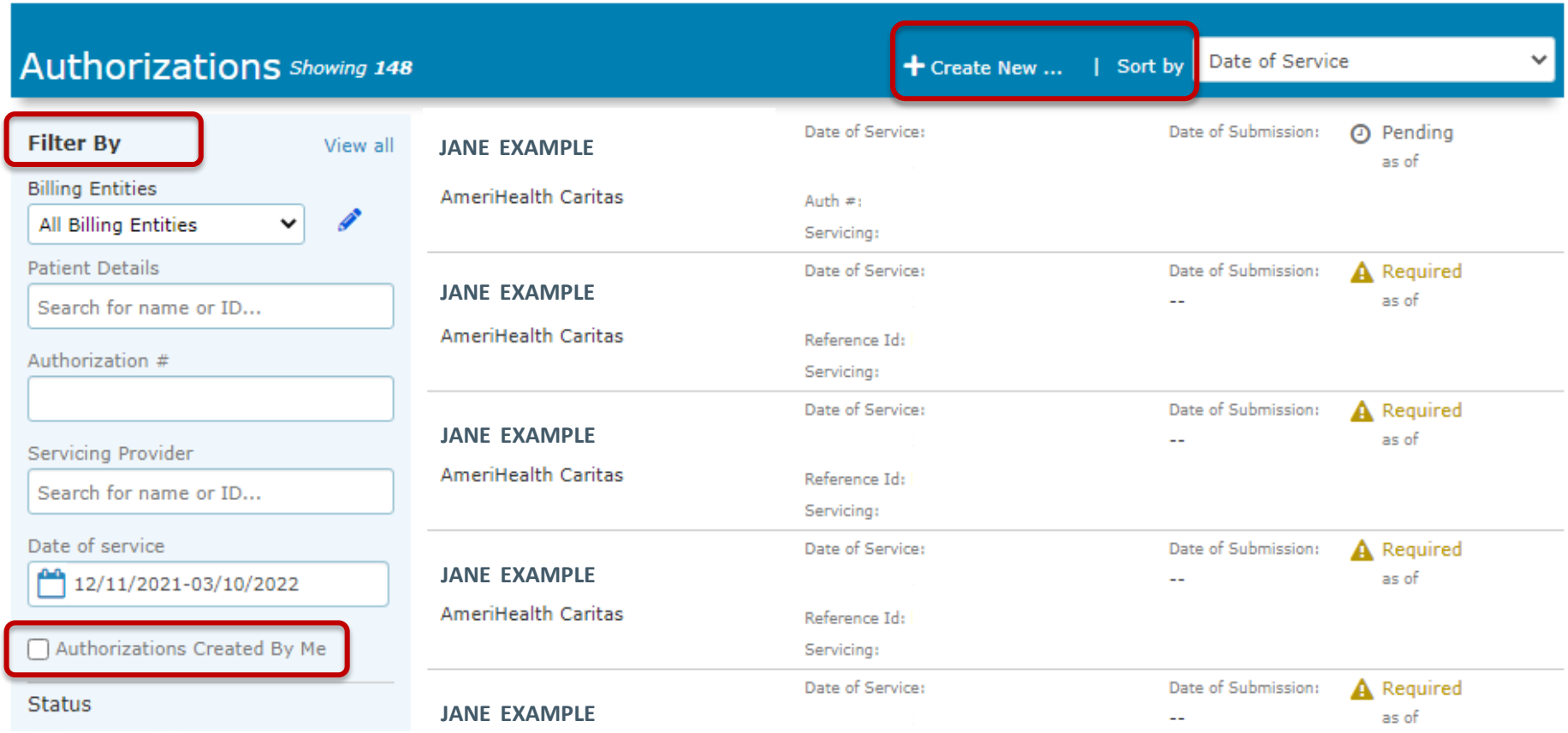
You can **Create New, Sort By** and **Filter By** to narrow down your search.

- To view only the authorizations you entered, check the box in front of **Authorizations Created By Me.**
- To view all authorizations for your facility, leave this box unchecked.



Medical Authorizations Log (cont.)

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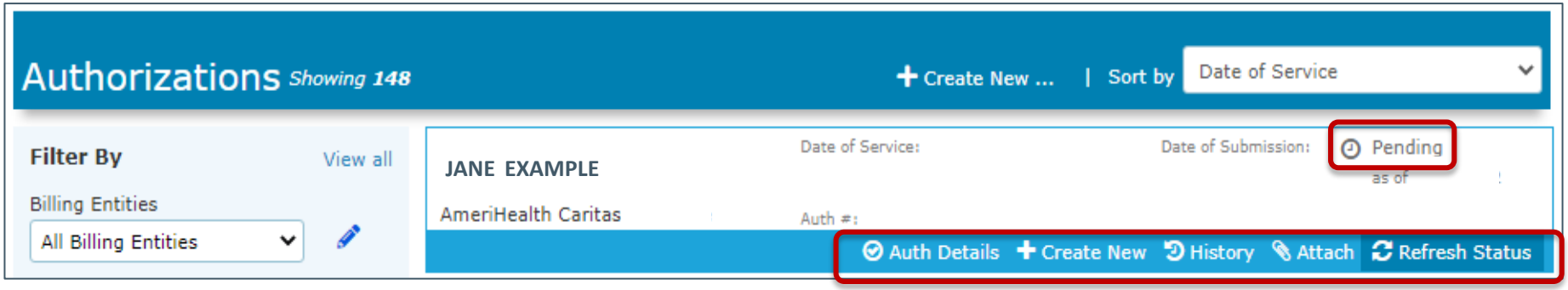
Once you select the desired authorization you can view the following if the request is in pending status: **Auth Details, Create New, History, Attach, and Refresh Status**.



Auth Details: Details related to the authorization.

Create New: Create New Authorization for the member you are viewing or start a new request for a different member.

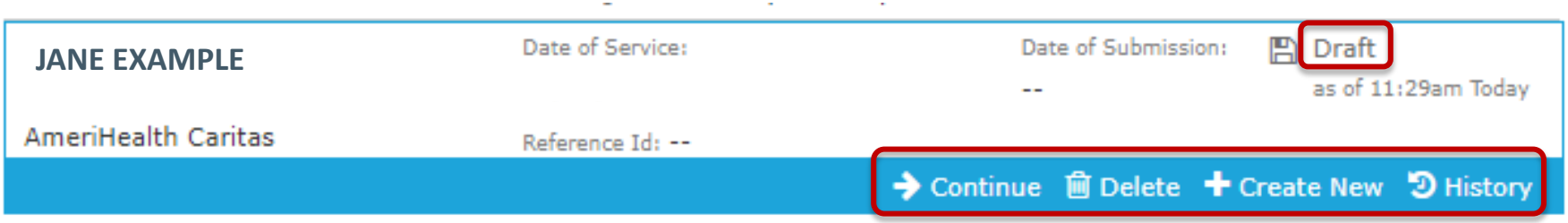
History: Provides detailed history of the request.

Attach: Ability to attach documents.

Refresh Status: Allows the user to refresh the status for any updates.

Medical Authorizations Log (cont.)

If the request is in draft status different fields are available:
Continue, Delete, Create New, and **History.**



Continue: Allows the user to continue working on a saved request.

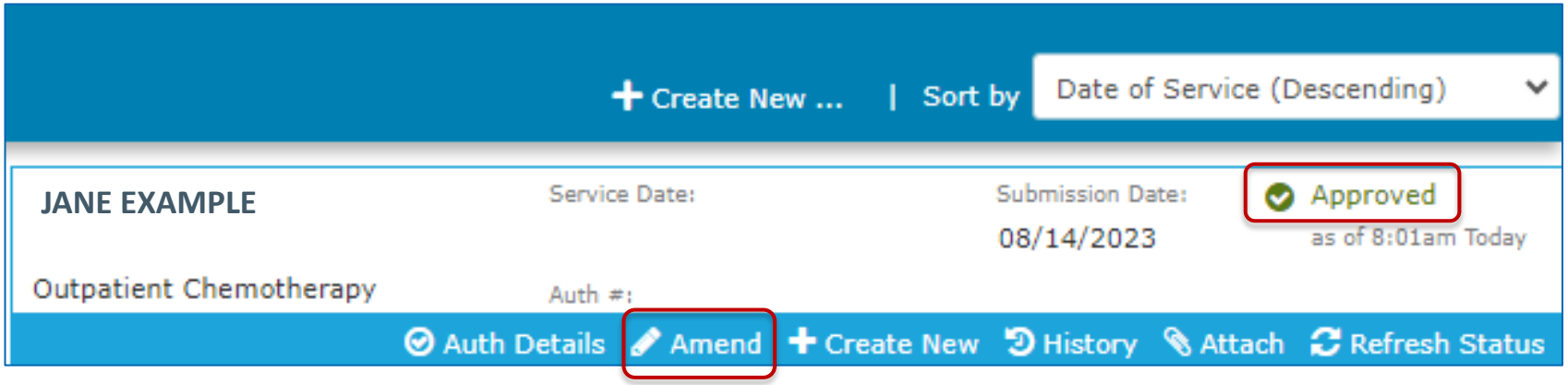
Delete: Allows the user to delete the request.

Create New: Allows the user to create a new authorization for the member.

History: Provides detailed history of the request.

Medical Authorizations Log (cont.)

Note: You can only amend an authorization that has been approved or partially approved.



- Click on the **Amend** link to display the amend form in which you can enter additional DX, services and supporting documentation.
- After adding the applicable information, check the **Declaration box** and **Submit.**

Request For More Information

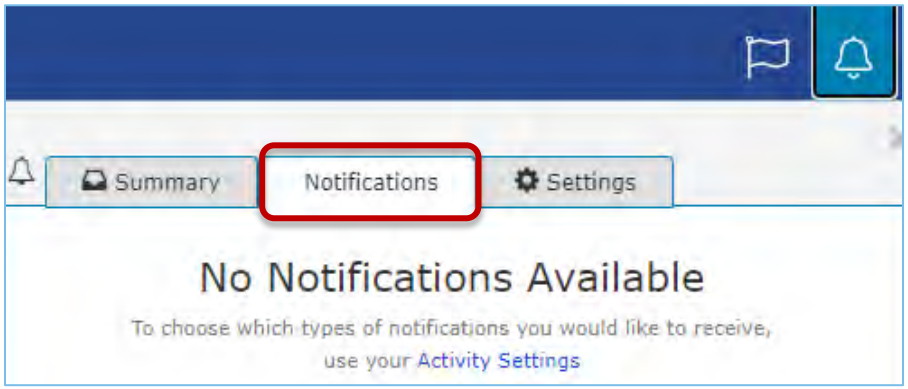
Request for More Information (RFMI) is a feature that allows the health plan to request specific additional information from the provider if needed.

- RFMI functionality is only for authorization requests that are pended or approved and were created in the NaviNet.
- You can add notes and/or upload documents via the ‘more information required’ screen.

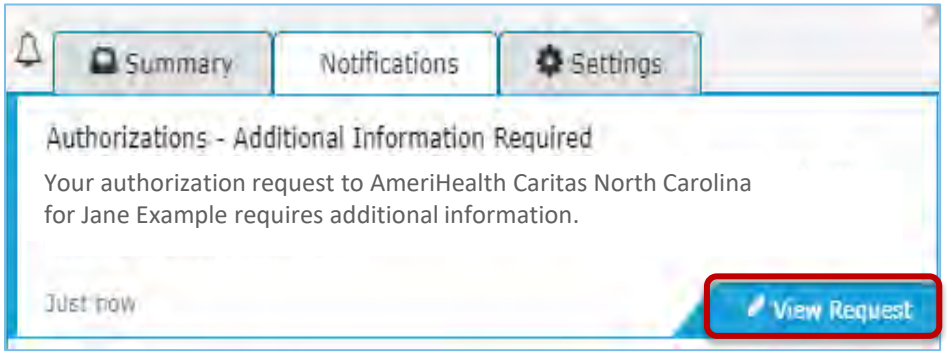
Request For More Information (cont.)

To view notification of a RFMI:

- Click on the bell icon on the Plan Central page.
- Click on **Notifications**
  - If no notifications exists, you will see



  - If notifications are available, you will see
  - Click on **View Request** to activate the More Information Required section.



Request For More Information (cont.)

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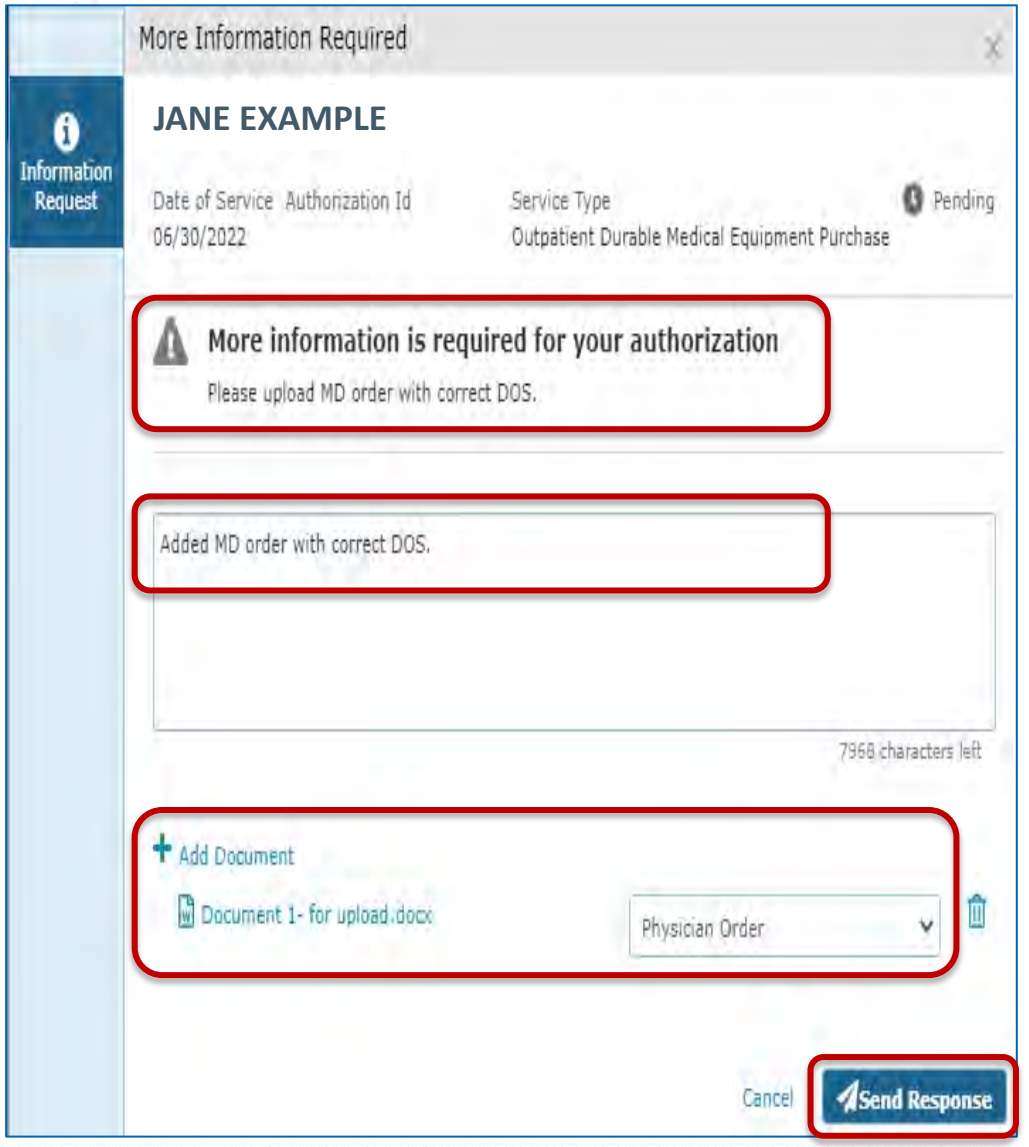
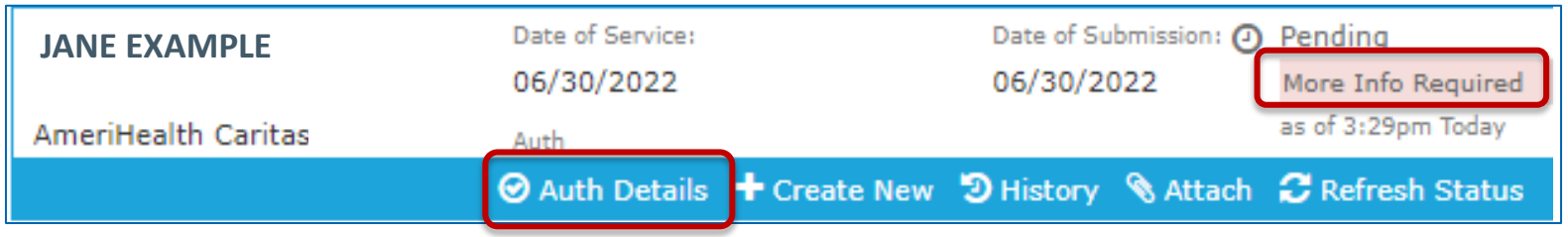
- The information being requested by the Plan displays under **More information is required for your authorization.**
- You may add notes (up to 8000 characters) and upload documents.
- If a document is uploaded, the document type will need to be specified from the drop-down list. (supported document types: pdf, docx, xml, csv, png, gif).
- To send your response back to the health plan click **Send Response**.



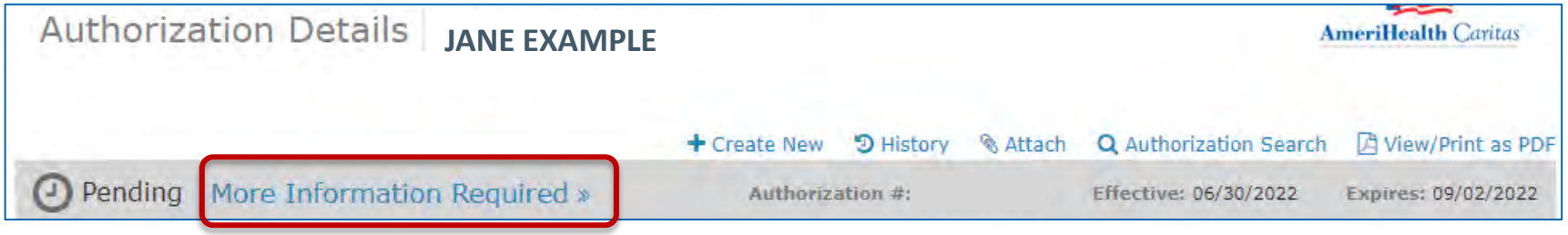
Request For More Information (cont.)

There are 2 additional options for viewing RFMI from the health plan.

- 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 response section.



- From Auth Inquiry:
  - If **More Information Required** is listed, click on it to activate the response section.



Questions

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THANK YOU for the valuable services you provide our members!