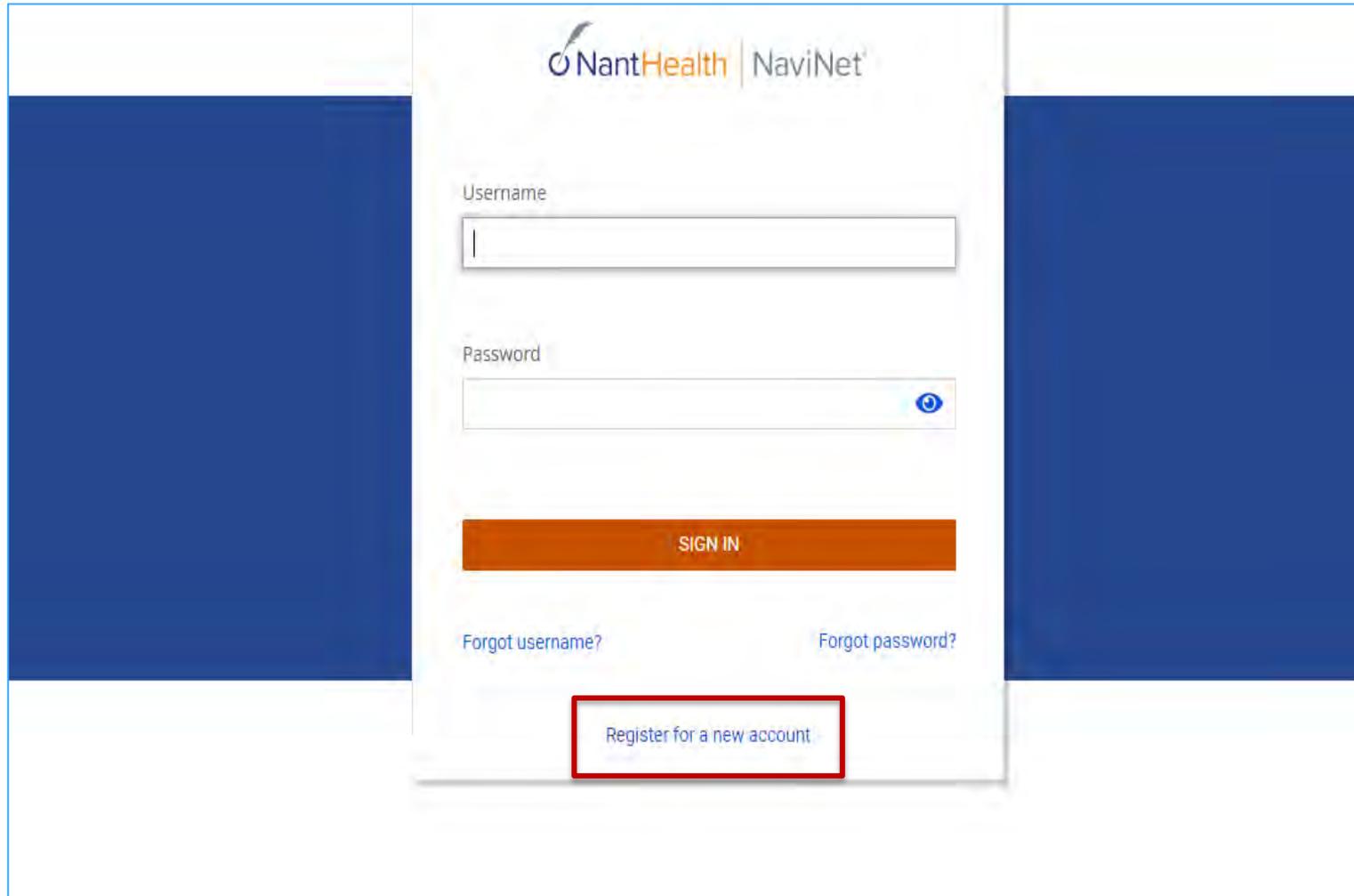


NaviNet Medical Authorization Workflow



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



The screenshot shows the NantHealth NaviNet login interface. At the top, the NantHealth logo and 'NaviNet' text are displayed. Below this, there are two input fields: 'Username' and 'Password'. The 'Password' field includes a toggle icon for visibility. A prominent orange 'SIGN IN' button is centered below the fields. At the bottom of the form, there are two links: 'Forgot username?' and 'Forgot password?'. A red rectangular box highlights the text 'Register for a new account' at the very bottom of the page.

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®

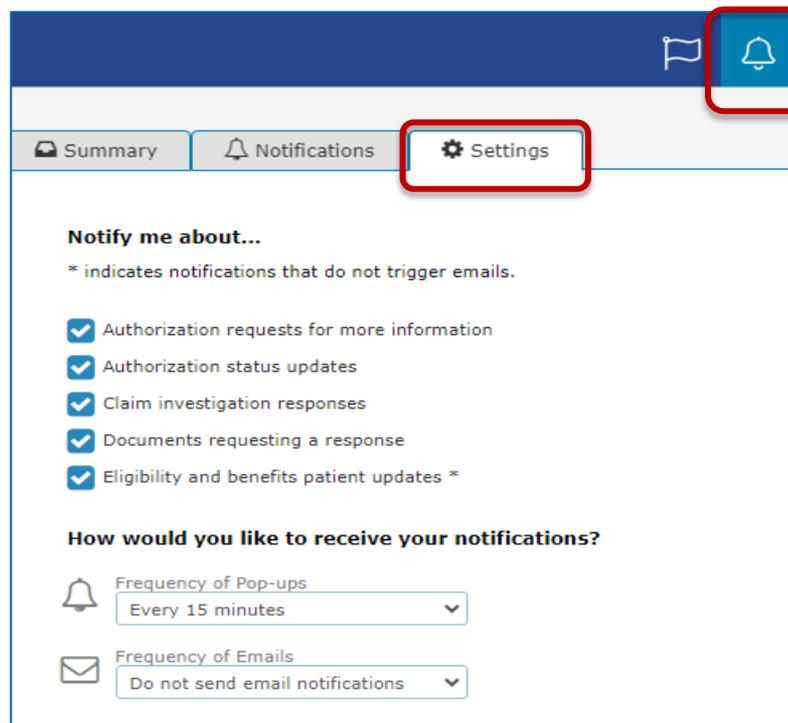
- Safari® 16 on macOS® 13 (Ventura)
- Safari 15 on macOS 12 (Monterey)
- Mozilla Firefox (latest version)
- Google Chrome (latest version)

Linux®

- Mozilla Firefox (latest version)

NOTE: Internet Explorer is not a supported browser.

- Notifications 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.



Notify me about...
* indicates notifications that do not trigger emails.

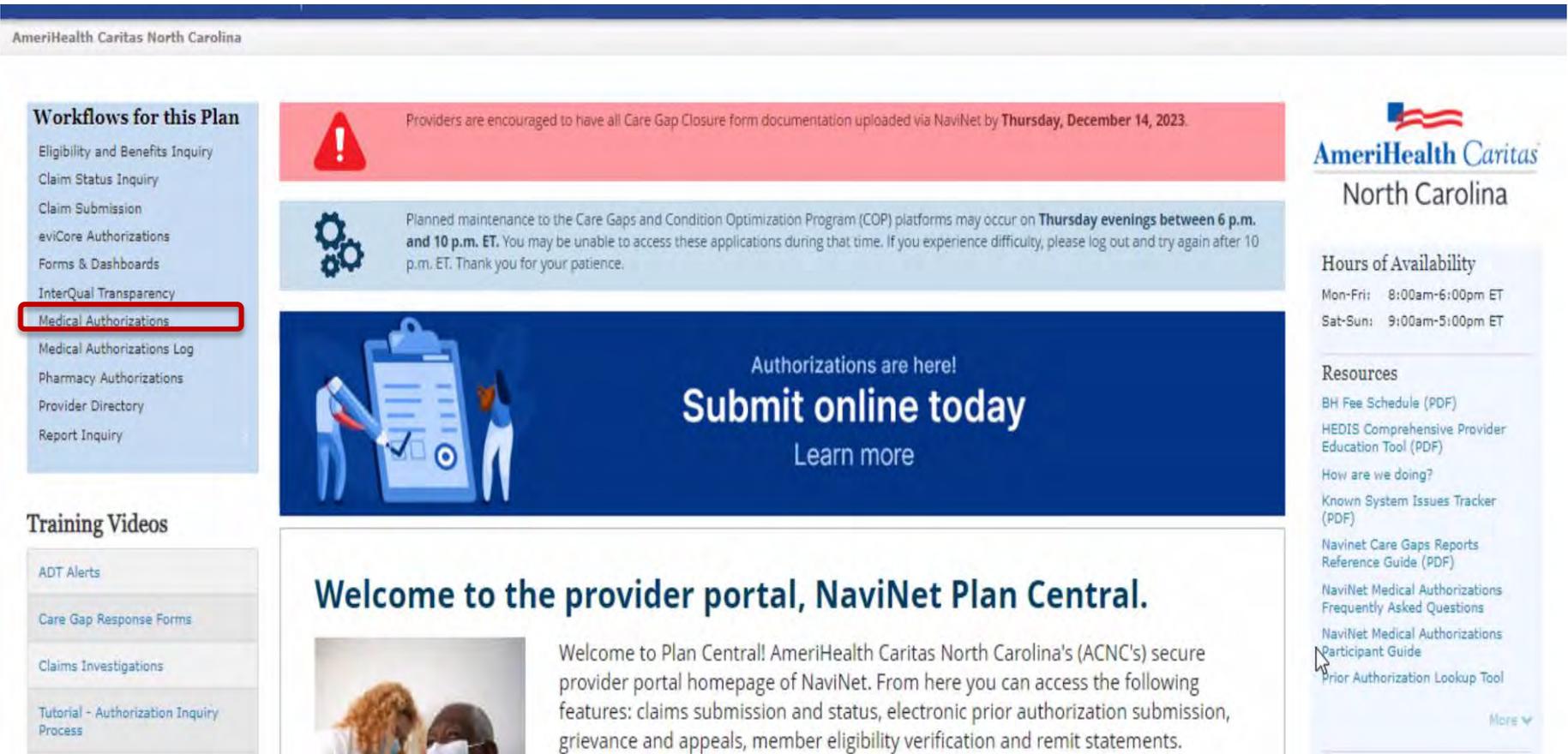
- Authorization requests for more information
- Authorization status updates
- Claim investigation responses
- Documents requesting a response
- Eligibility and benefits patient updates *

How would you like to receive your notifications?

 Frequency of Pop-ups
Every 15 minutes

 Frequency of Emails
Do not send email notifications

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



The screenshot shows the Plan Central page with a navigation menu on the left, a central banner for medical authorizations, and a right-hand sidebar with resources. The 'Medical Authorizations' link in the navigation menu is highlighted with a red box. The central banner features a blue background with a white text box that says 'Submit online today' and 'Learn more'. The right-hand sidebar includes a 'Resources' section with a list of links, including 'NaviNet Medical Authorizations Participant Guide' which is highlighted with a mouse cursor.

AmeriHealth Caritas North Carolina

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- eviCore Authorizations
- Forms & Dashboards
- InterQual Transparency
- Medical Authorizations**
- Medical Authorizations Log
- Pharmacy Authorizations
- Provider Directory
- Report Inquiry

Providers are encouraged to have all Care Gap Closure form documentation uploaded via NaviNet by **Thursday, December 14, 2023**.

Planned maintenance to the Care Gaps and Condition Optimization Program (COP) 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 patience.

Authorizations are here!
Submit online today
Learn more

Training Videos

- ADT Alerts
- Care Gap Response Forms
- Claims Investigations
- Tutorial - Authorization Inquiry Process

Welcome to the provider portal, NaviNet Plan Central.

Welcome to Plan Central! AmeriHealth Caritas North Carolina's (ACNC's) secure provider portal homepage of NaviNet. From here you can access the following features: claims submission and status, electronic prior authorization submission, grievance and appeals, member eligibility verification and remit statements.

Hours of Availability

Mon-Fri: 8:00am-6:00pm ET
Sat-Sun: 9:00am-5:00pm ET

Resources

- BH Fee Schedule (PDF)
- HEDIS Comprehensive Provider Education Tool (PDF)
- How are we doing?
- Known System Issues Tracker (PDF)
- NaviNet Care Gaps Reports Reference Guide (PDF)
- NaviNet Medical Authorizations Frequently Asked Questions
- NaviNet Medical Authorizations Participant Guide
- Prior Authorization Lookup Tool

More ▾

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.



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:



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

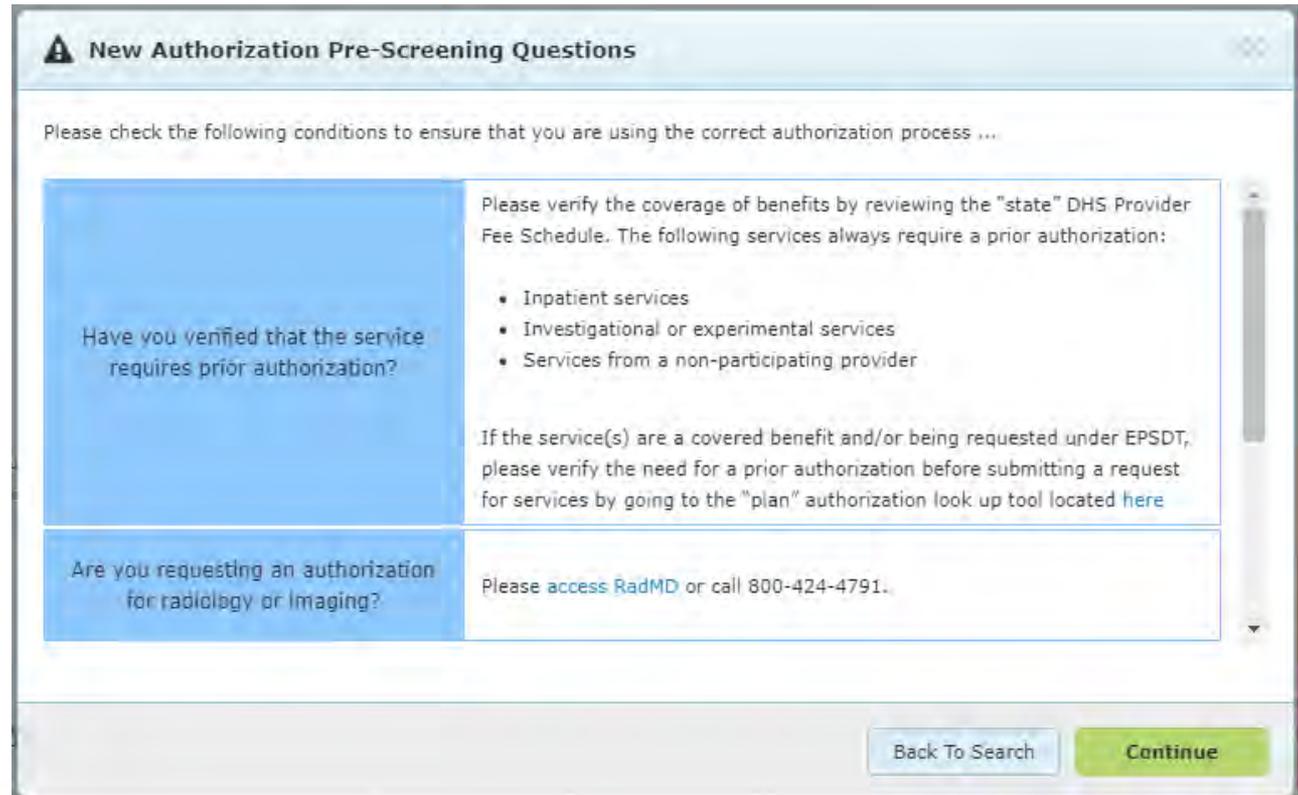


Search

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**.



New Authorization Pre-Screening Questions

Please check the following conditions to ensure that you are using the correct authorization process ...

| | |
|--|---|
| Have you verified that the service requires prior authorization? | Please verify the coverage of benefits by reviewing the "state" DHS Provider Fee Schedule. The following services always require a prior authorization: <ul style="list-style-type: none">• Inpatient services• Investigational or experimental services• Services from a non-participating provider If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the "plan" authorization look up tool located here |
| Are you requesting an authorization for radiology or imaging? | Please access RadMD or call 800-424-4791. |

[Back To Search](#) [Continue](#)

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:

✘ Authorization cannot be created.

The selected date of service (04/08/2022) is not in the patient's active coverage range: 04/08/2022.

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.



Create New Authorization JANE EXAMPLE

JANE EXAMPLE

PATIENT'S INSURANCE
Member ID:
Active Coverage
from 11/01/2019 - 12/31/2199

PRIMARY CARE PHYSICIAN
NPI: :

[View Eligibility & Benefits](#)

Service Type
Select service type...

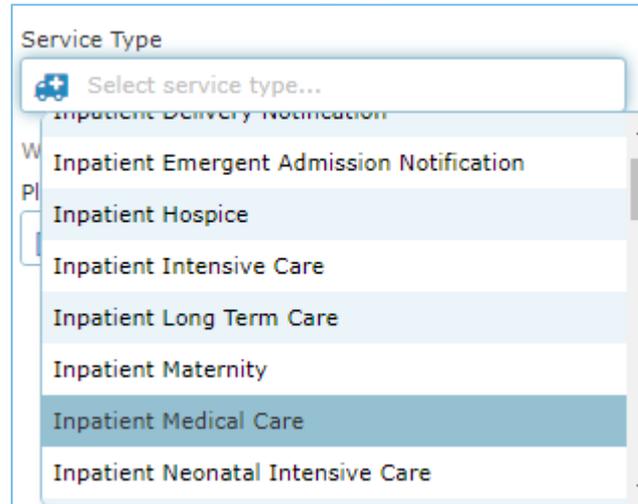
Place of Service
Select place of service...

Cancel **Next >**

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

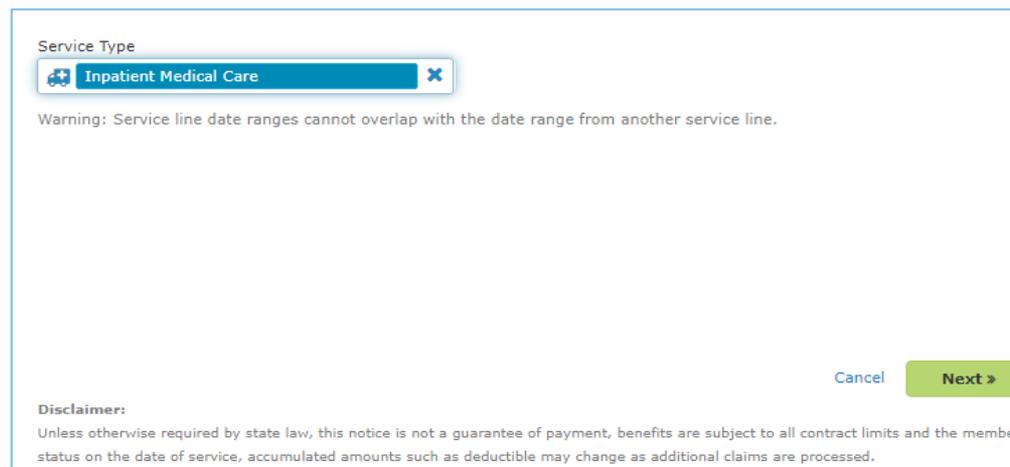
Creating An Inpatient Authorization Request

Choose **Service Type** from the dropdown:



The screenshot shows a dropdown menu titled "Service Type". The menu is open, displaying a list of options. The first option is "Select service type..." with a plus icon. Below it are several options: "Inpatient Delivery Notification", "Inpatient Emergent Admission Notification", "Inpatient Hospice", "Inpatient Intensive Care", "Inpatient Long Term Care", "Inpatient Maternity", "Inpatient Medical Care" (which is highlighted in blue), and "Inpatient Neonatal Intensive Care".

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



The screenshot shows the "Service Type" field populated with "Inpatient Medical Care". Below the field is a warning message: "Warning: Service line date ranges cannot overlap with the date range from another service line." At the bottom right, there are two buttons: "Cancel" and "Next >". At the bottom left, there is a "Disclaimer:" section with the following text: "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."

Creating An Inpatient Authorization Request (cont.)

The Create New Authorization screen will display:

Warning: Service line date ranges cannot overlap with the date range from another service line.

Service Type: Inpatient Medical Care
Place of Service: Inpatient Hospital

Date Of Admission: Date of Discharge:

Admission Type ?

Requesting Provider
 [Search by Provider](#)

Servicing Provider

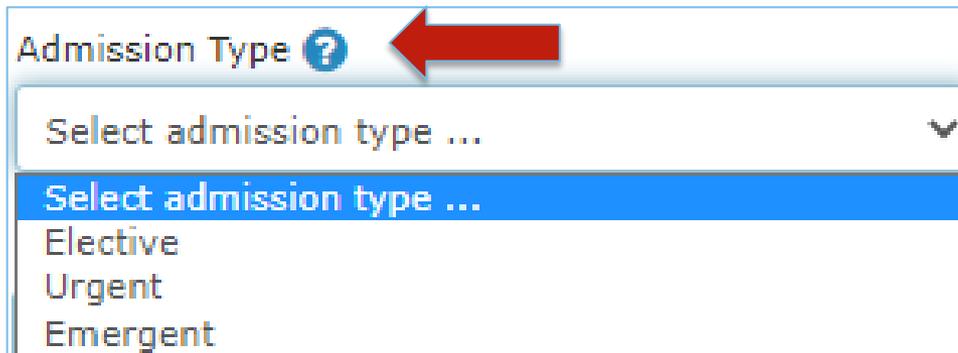
Servicing Facility
The Servicing Facility is the location where the surgery or service will be performed.

Diagnoses

No Diagnoses Codes selected ...

- 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.

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



Admission Type ?

Select admission type ...

Select admission type ...

Elective

Urgent

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.

- **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

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

Services

Inpatient Stays

| | | |
|---|---|--|
| From | To | Bed Type |
| <input type="text" value="07/27/2023"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text" value="Select Bed Type"/> |



| From | To | Bed Type |
|----------------------------------|----|----------|
| No inpatient stay details added. | | |

Procedures

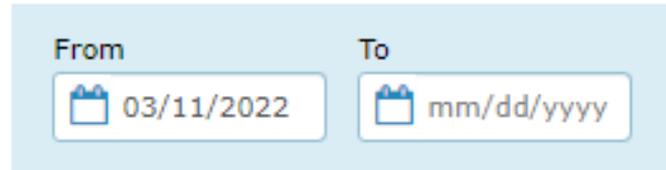
| | |
|---|---|
| From | To |
| <input type="text" value="07/27/2023"/> | <input type="text" value="mm/dd/yyyy"/> |
| Procedure Code | Modifiers |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Units | |
| <input type="text" value="1"/> | Unit(s) |



| From | To | Procedure Code (Modifiers) | Units |
|------|----|----------------------------|-------|
|------|----|----------------------------|-------|

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.

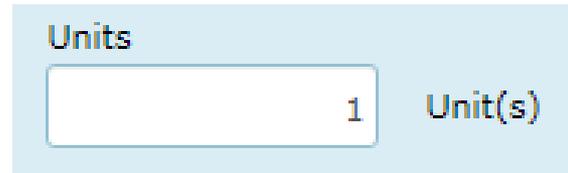


From To

03/11/2022 mm/dd/yyyy

The image shows two date selection fields. The 'From' field contains the date 03/11/2022. The 'To' field contains the placeholder text mm/dd/yyyy. Both fields have a calendar icon to the left of the text.

Units: Equivalent to days.

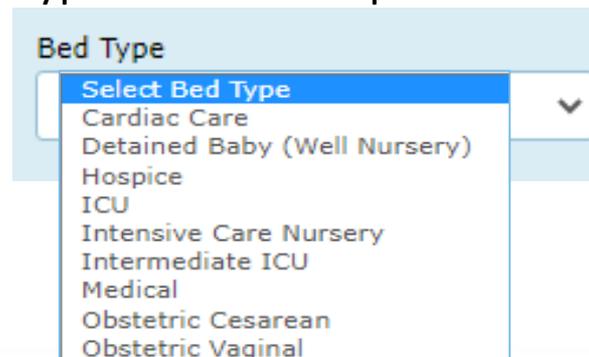


Units

1 Unit(s)

The image shows a text input field labeled 'Units' with the number '1' entered. To the right of the field is the label 'Unit(s)'.

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



Bed Type

- Select Bed Type
- Cardiac Care
- Detained Baby (Well Nursery)
- Hospice
- ICU
- Intensive Care Nursery
- Intermediate ICU
- Medical
- Obstetric Cesarean
- Obstetric Vaginal

The image shows a drop-down menu titled 'Bed Type'. The menu is open, showing a list of options. The first option, 'Select Bed Type', is highlighted in blue. The other options are: Cardiac Care, Detained Baby (Well Nursery), Hospice, ICU, Intensive Care Nursery, Intermediate ICU, Medical, Obstetric Cesarean, and Obstetric Vaginal. A downward arrow icon is visible on the right side of the menu.

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.

Attachments

+ Add Document

Drop Documents here to Attach

Attachments

+ Add Document

 Document 1- for upload.docx

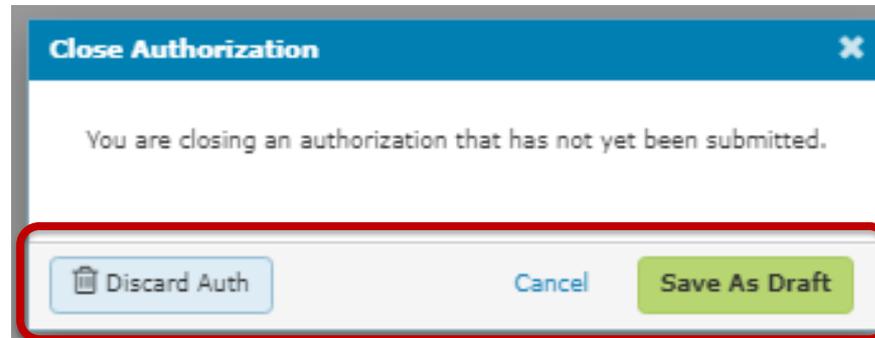
Select document type ...

- Select document type ...
- Progress Report
- Medical Record Attachment
- Patient Medical History Document
- Physical Therapy Notes
- Continued treatment
- Nursing Notes
- Physicians Report
- Physician Order
- Justification for Admission
- Durable Medical Equipment Prescription Orders and Treatment Document
- Initial Assessment
- Consent
- Discharge Summary

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  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.**

Notes

Enter Clinical Notes ...

264 characters left

- 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**.

▼ Contact Information

First Name

Last Name

Email Address

Phone Number

Fax Number

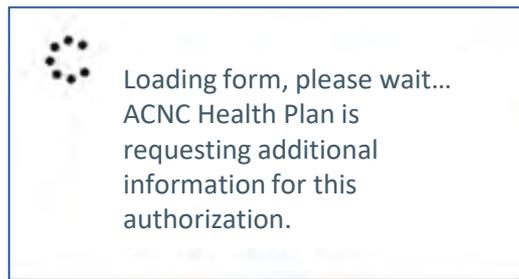
Save as default Contact Information for Medical Authorizations

DECLARATION

By checking this box, I agree to notify the member of any services that are approved.

Cancel « Previous **Submit**

- 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.

- 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.

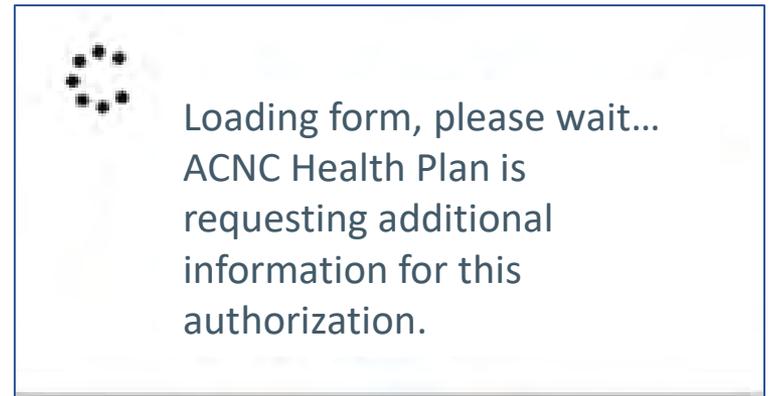
Interqual Criteria/Clinical Guidelines Check (cont.)

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

The screenshot displays the NantHealth NaviNet interface. At the top, there is a navigation bar with 'NantHealth NaviNet' and menu items for 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The main content area is titled 'Recommendations' and shows a list of items under the heading 'Not Recommended'. The items are: 'Outpatient Speech Therapy (Speech, Language, Cognition, S...', 'Outpatient Speech Therapy (Speech, Language, Cognition) (...', and 'Outpatient Speech Therapy (Habilitation) Show codes'. A 'Warning' dialog box is overlaid on the screen, containing the text: 'Warning', 'Completing the Medical Review will lock it from any further edits.', and 'Continue?'. Below the text are two buttons: 'YES' and 'NO'. The 'YES' button is highlighted with a red box. At the bottom of the interface, there is a row of buttons: 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is also highlighted with a red box.

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

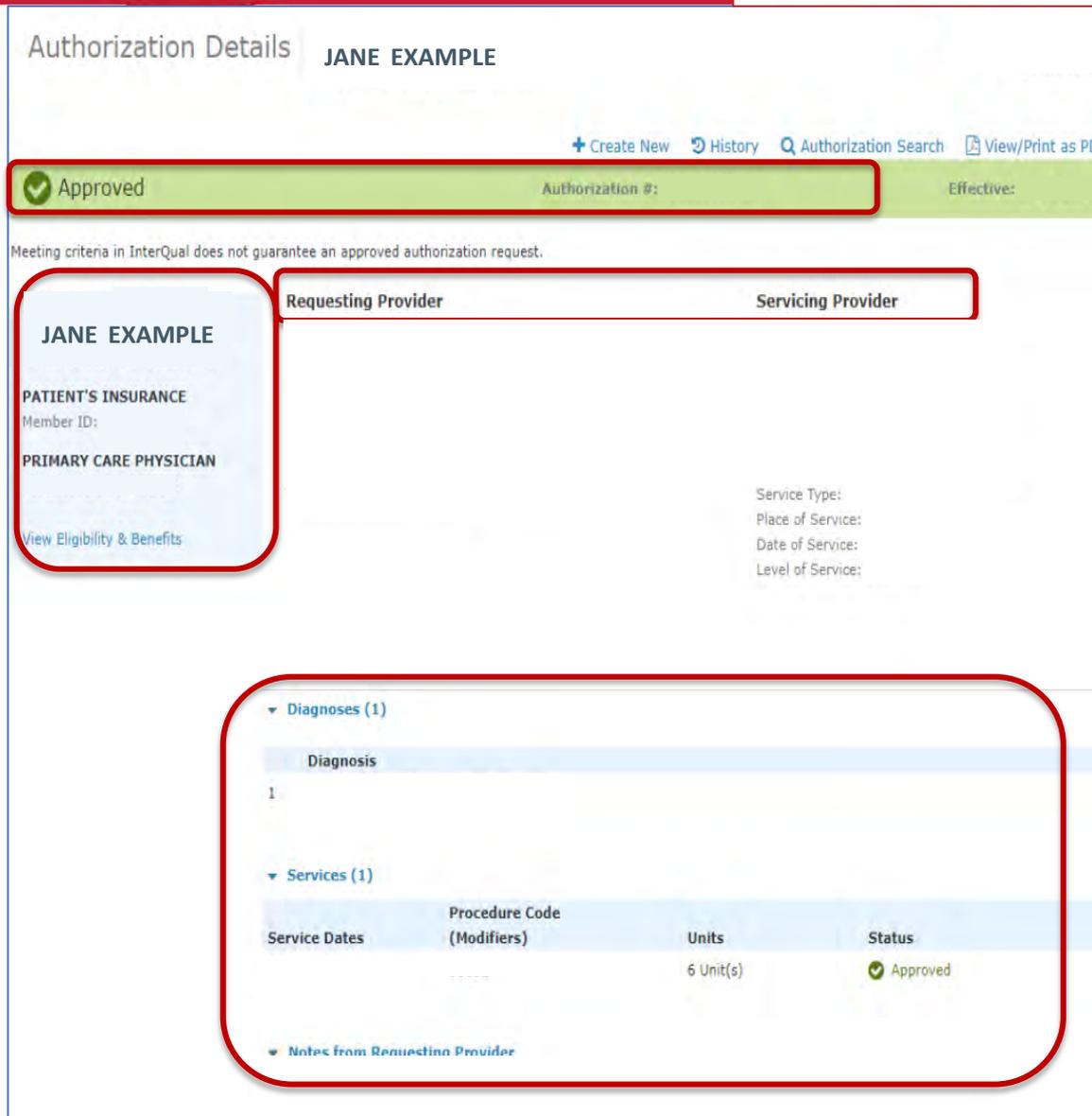
The following notice will display, indicating you're being sent back to NaviNet from InterQual:



Authorization Details Screen

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

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



Authorization Details | JANE EXAMPLE

+ Create New | History | Authorization Search | View/Print as PDF

Approved | Authorization #: | Effective:

Meeting criteria in InterQual does not guarantee an approved authorization request.

JANE EXAMPLE

PATIENT'S INSURANCE
Member ID:
PRIMARY CARE PHYSICIAN
[View Eligibility & Benefits](#)

Requesting Provider | Servicing Provider

Service Type:
Place of Service:
Date of Service:
Level of Service:

▼ Diagnoses (1)

| Diagnosis |
|-----------|
| 1 |

▼ Services (1)

| Service Dates | Procedure Code (Modifiers) | Units | Status |
|---------------|----------------------------|-----------|----------|
| | | 6 Unit(s) | Approved |

▼ Notes from Requesting Provider

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.amerihhealthcaritasnc.com/assets/pdf/provider/naviNet-medical-authorizations-training-guide.pdf>

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 or Extending An Authorization



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

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.

Workflows for this Plan

Medical Authorizations

Medical Authorizations Log

Searching For An Existing Authorization (cont.)

This screen will display:

Authorizations

[+ Create New Authorization](#)

Search for Existing Authorization

Requesting Servicing

Servicing Provider

[Search by Provider](#)

Date Range

Optional Details

Member ID

Last Name First Name

Authorization #

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.

Authorizations

[+ Create New Authorization](#)

Search for Existing Authorization

Requesting Servicing

Servicing Provider

Date Range

Searching For An Existing Authorization (cont.)

Click on the authorization that you wish to view.

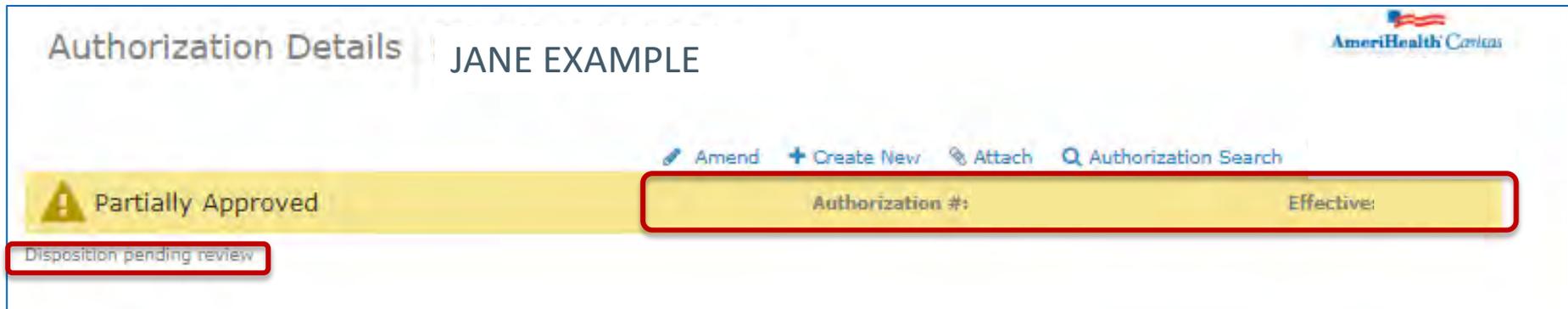
Authorizations: Search Results

Q Filter Results ...

| Authorization # | Patient (Member ID) ^ | Status | Requesting Provider | Servicing Provider | Proc. | Date of Service v |
|-----------------|-----------------------|-------------|---------------------|--------------------|-------|-------------------|
| 92200000001 | Example, Jane | ⊘ Cancelled | Doe, John | Doe, John | 12345 | |
| 92200000002 | Example, Jane | ⊙ Pending | Doe, John | Doe, John | 12345 | 01/01/2019 |

Searching For An Existing Authorization (cont.)

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).



Authorization Details | JANE EXAMPLE

Amend + Create New Attach Authorization Search

Partially Approved

Authorization #: Effective:

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.

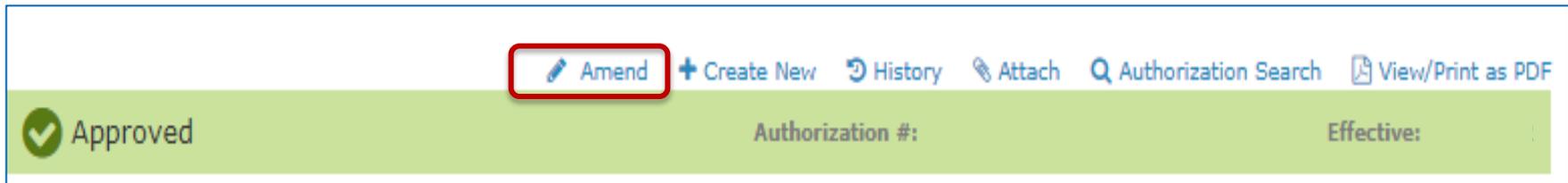
Extending An Authorization – Search For Request (cont.)

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



The screenshot shows a card for 'JANE EXAMPLE' with the following details: 'Date of Service:', 'Date of Submission:', and a status of 'Approved as of'. The card is from 'AmeriHealth Caritas'. Below the card is a blue action bar with buttons: 'Auth Details' (highlighted with a red box), 'Create New', 'History', 'Attach', and 'Refresh Status'.

Select **Amend**.



The screenshot shows a card with a status of 'Approved'. The action bar contains buttons: 'Amend' (highlighted with a red box), 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF'. Below the action bar, the card displays 'Authorization #' and 'Effective:'.

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

Medical Authorizations Log

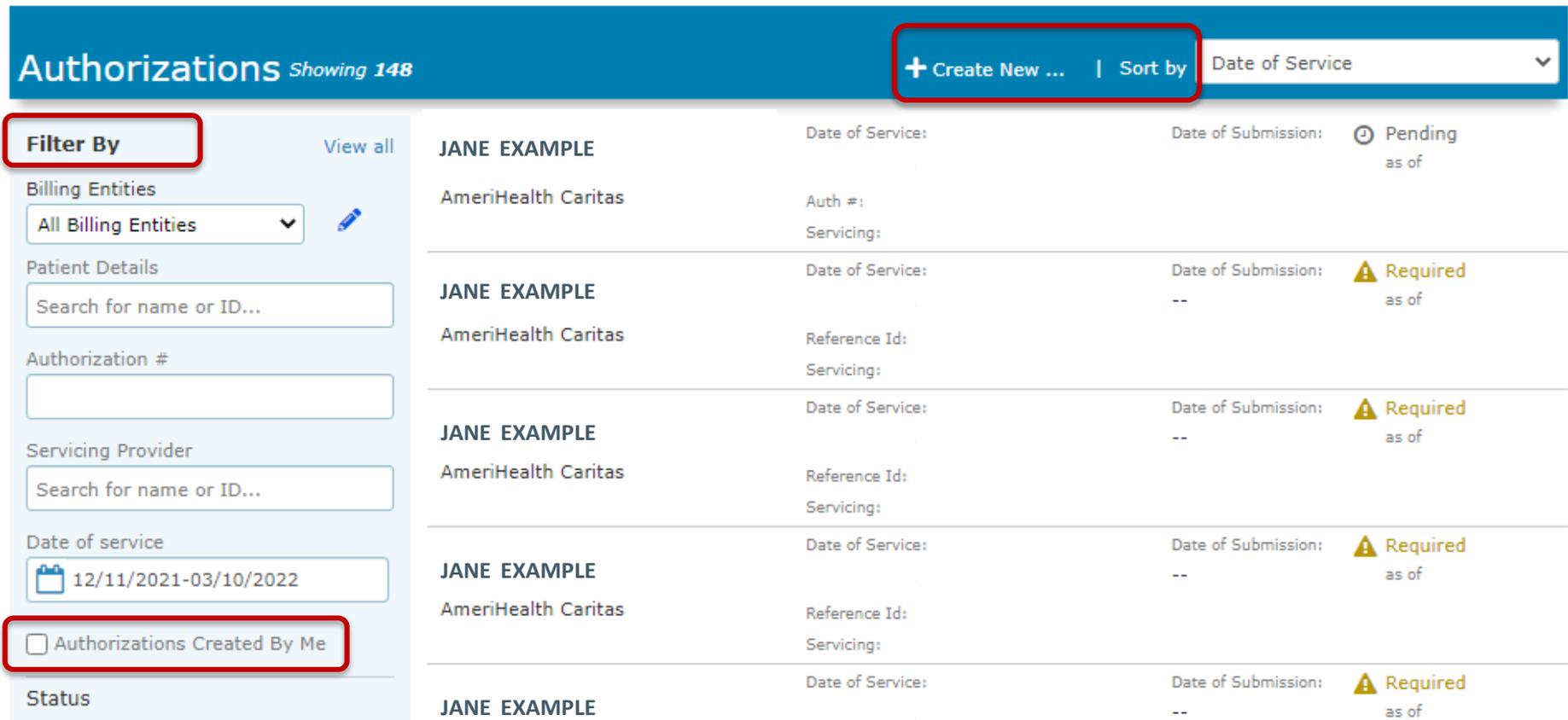
**Requests that have been submitted via NaviNet will
appear in the Medical Authorizations Log.**



Medical Authorizations Log (cont.)

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.

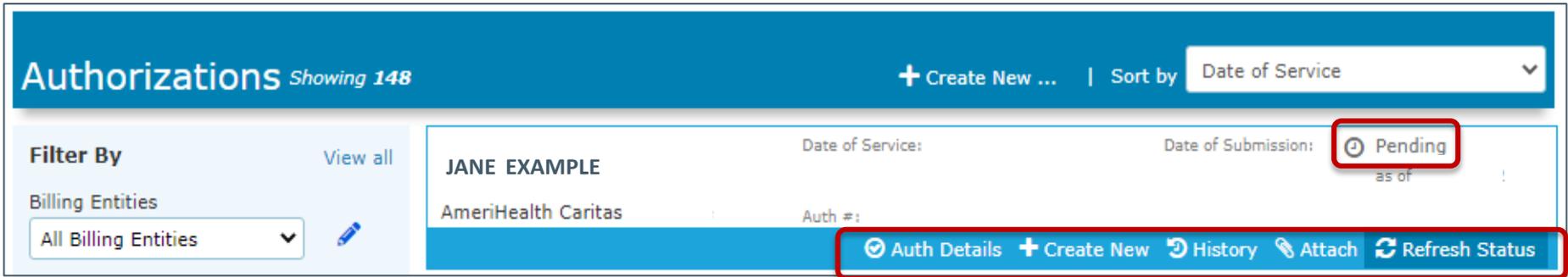


The screenshot shows the 'Authorizations' interface with a blue header bar. The header contains the text 'Authorizations Showing 148', a '+ Create New ...' button, and a 'Sort by' dropdown menu set to 'Date of Service'. On the left side, there is a 'Filter By' section with several filters: 'Billing Entities' (set to 'All Billing Entities'), 'Patient Details' (with a search box), 'Authorization #' (with an empty input field), 'Servicing Provider' (with a search box), and 'Date of service' (set to '12/11/2021-03/10/2022'). At the bottom of the filter section, there is a checkbox labeled 'Authorizations Created By Me' which is currently unchecked. The main table displays a list of authorizations for 'JANE EXAMPLE' at 'AmeriHealth Caritas'. Each row shows the 'Date of Service', 'Date of Submission', and 'Status'. The status for all entries is 'Pending as of' or 'Required as of' with a warning icon.

| Filter By | View all | Name | Date of Service | Date of Submission | Status |
|---|----------|--------------|-----------------|--------------------|----------------|
| Billing Entities: All Billing Entities | | JANE EXAMPLE | | | Pending as of |
| Patient Details: Search for name or ID... | | JANE EXAMPLE | | -- | Required as of |
| Authorization #: | | JANE EXAMPLE | | -- | Required as of |
| Servicing Provider: Search for name or ID... | | JANE EXAMPLE | | -- | Required as of |
| Date of service: 12/11/2021-03/10/2022 | | JANE EXAMPLE | | -- | Required as of |
| <input type="checkbox"/> Authorizations Created By Me | | JANE EXAMPLE | | -- | Required as of |
| Status | | JANE EXAMPLE | | -- | Required as of |

Medical Authorizations Log (cont.)

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.**



The screenshot displays the 'Authorizations' interface. At the top, it shows 'Showing 148' and a '+ Create New ...' button. A 'Sort by' dropdown is set to 'Date of Service'. On the left, there is a 'Filter By' section with 'Billing Entities' set to 'All Billing Entities'. The main table lists an authorization for 'JANE EXAMPLE' with 'Date of Service' and 'Date of Submission' fields. The status is 'Pending', which is circled in red. Below the table, a row of action buttons is also circled in red: '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.

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

| | | | |
|---------------------|------------------|---------------------|--|
| JANE EXAMPLE | Date of Service: | Date of Submission: |  Draft |
| AmeriHealth Caritas | Reference Id: -- | -- | as of 11:29am Today |
| | | |  Continue  Delete  Create New  History |

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

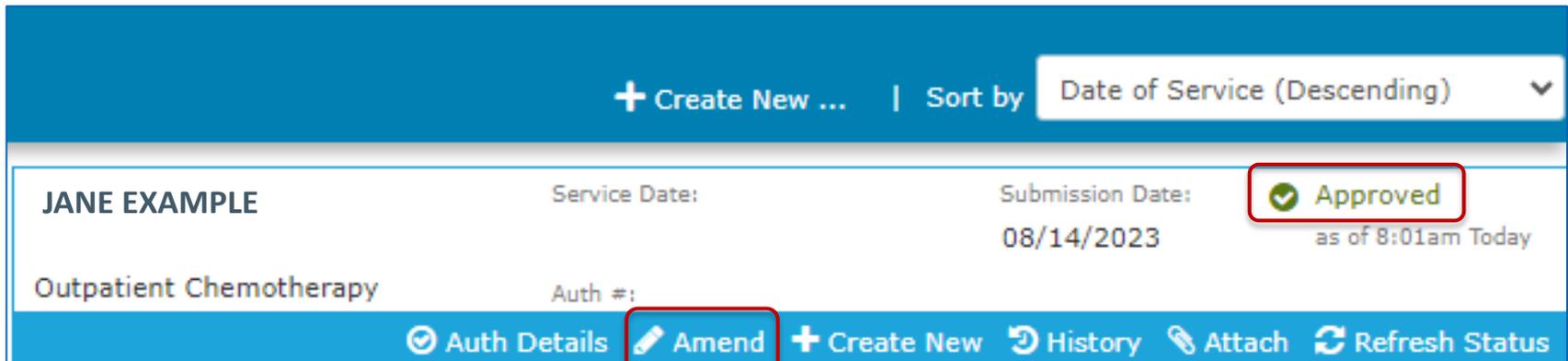
Delete: Allows the user to delete the request.

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.



The screenshot displays a web interface for medical authorizations. At the top, there is a blue header bar with a '+ Create New ...' button and a 'Sort by' dropdown menu set to 'Date of Service (Descending)'. Below the header is a table with one row for 'JANE EXAMPLE'. The table columns include 'Service Date:', 'Submission Date:', and a status indicator. The status is 'Approved' with a green checkmark icon and the text 'as of 8:01am Today'. Below the table is a blue action bar with buttons for 'Auth Details', 'Amend', 'Create New', 'History', 'Attach', and 'Refresh Status'. The 'Amend' button is highlighted with a red box.

| Service Date: | Submission Date: | Status |
|---------------|------------------|--------------------------------|
| | 08/14/2023 | Approved as of 8:01am Today |

Outpatient Chemotherapy Auth #:

Auth Details Amend Create New History Attach Refresh Status

- 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 (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.

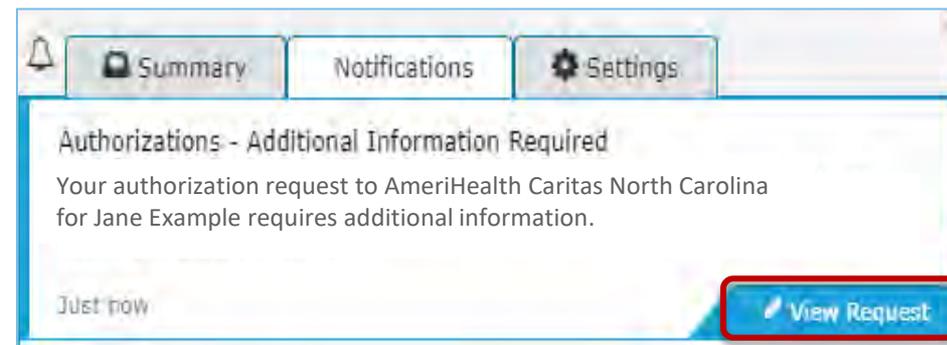
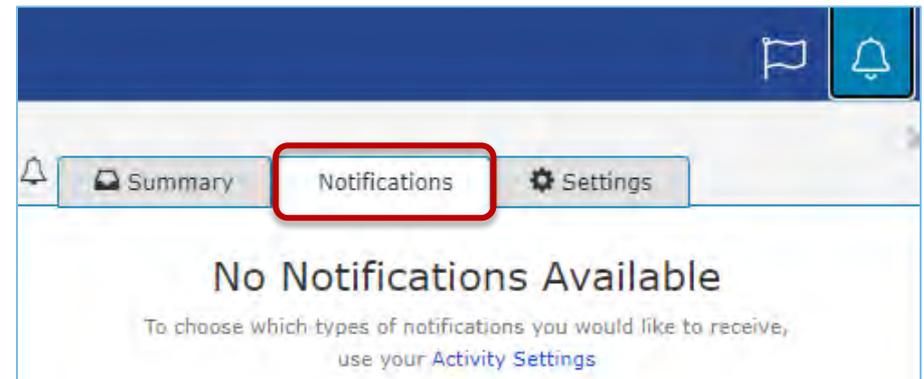
Request For More Information



Request For More Information (cont.)

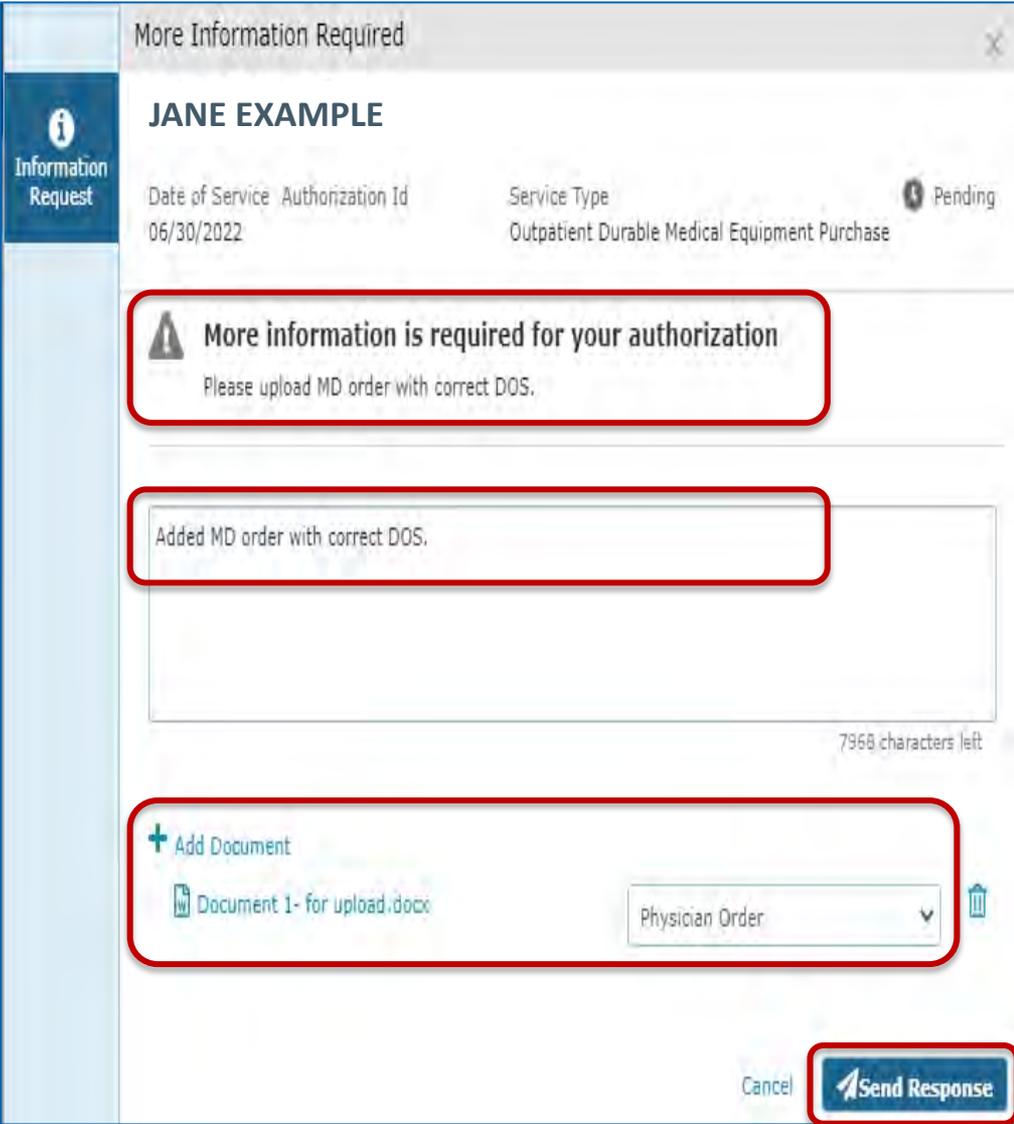
To view notification of a RFMI:

- 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.)

- 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.**



More Information Required

JANE EXAMPLE

Date of Service: 06/30/2022 Authorization Id: Service Type: Outpatient Durable Medical Equipment Purchase Pending

More information is required for your authorization
Please upload MD order with correct DOS.

Added MD order with correct DOS.

7968 characters left

+ Add Document
Document 1- for upload.docx Physician Order

Cancel **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.

A screenshot of the Medical Auth Log interface. At the top, it shows 'JANE EXAMPLE' with 'Date of Service: 06/30/2022' and 'Date of Submission: 06/30/2022'. The status is 'Pending' with a clock icon. A red box highlights the text 'More Info Required as of 3:29pm Today'. Below this, there is a blue action bar with several buttons: 'Auth Details' (with a clock icon), 'Create New', 'History', 'Attach', and 'Refresh Status'. The 'Auth Details' button is highlighted with a red box.

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

A screenshot of the Authorization Details interface for 'JANE EXAMPLE'. The top left shows 'Authorization Details' and 'JANE EXAMPLE'. The top right has the AmeriHealth Caritas logo. Below this is a navigation bar with buttons: '+ Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF'. At the bottom, there is a status bar with 'Pending' (with a clock icon) and 'More Information Required »' (with a right-pointing arrow), which is highlighted with a red box. To the right of this are fields for 'Authorization #:', 'Effective: 06/30/2022', and 'Expires: 09/02/2022'.

Questions



THANK YOU for the valuable services you provide our members!

