



Leading America in Health Care
Solutions for the Underserved
and Chronically Ill.

NaviNet Medical Authorizations Participant Guide

Corporate Clinical Systems Training Department

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Updated Date: 2/1/2023

Updated By: Kassandra Borges, &
Jessica Williams

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Review Cycle: Annually

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1 LOGGING IN TO NAVINET

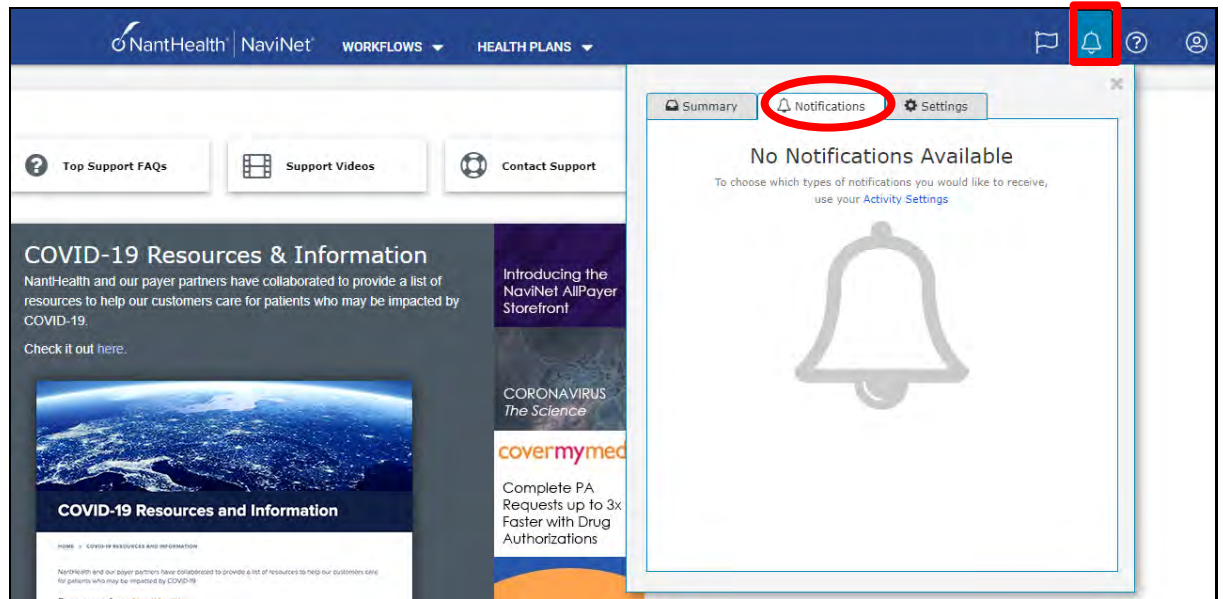
Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 350 1149 1031" data-label="Image"></div>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result: <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont'd)



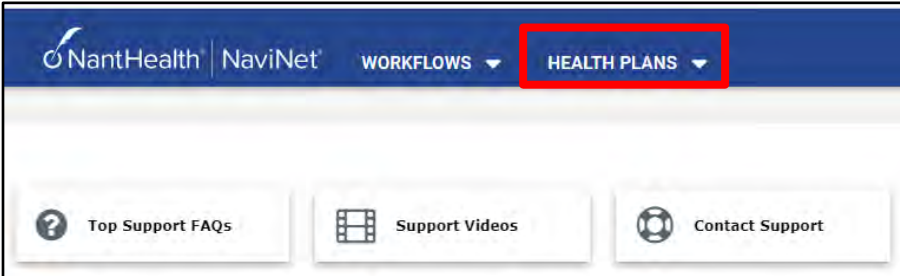

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot displays the NantHealth NaviNet user interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there is a bell icon for notifications, which is highlighted with a red box. Below the navigation bar, there are three main sections: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a large banner for 'COVID-19 Resources & Information' with a blue background and a globe image. To the right of this banner, there is a vertical sidebar with 'Introducing the NaviNet AllPayer Storefront' and 'CORONAVIRUS The Science' by covermymed. A modal window is open in the foreground, titled 'No Notifications Available'. The modal has tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and circled in red. The modal content states 'No Notifications Available' and provides a link to 'Activity Settings' to manage notification preferences. A large bell icon is centered in the modal.

Logging in to NaviNet (cont'd)

The NaviNet Home Page is not health plan-specific. To locate a health plan, follow the steps below:

Step	Action																												
1.	<p>Click on HEALTH PLANS in the top menu.</p> 																												
2.	<p>Select the appropriate health plan from the displayed list. Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details.</p>  <table border="1" data-bbox="207 737 1565 1121"> <thead> <tr> <th colspan="4">My Plans</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>AmeriHealth Caritas Next</td> <td>Blue Cross Complete of Michigan</td> <td>Medicare</td> </tr> <tr> <td>AmeriHealth Caritas District of Columbia (ACDC)</td> <td>AmeriHealth Caritas Ohio</td> <td>First Choice Next</td> <td>New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Florida</td> <td>AmeriHealth Caritas PA Community HealthChoices</td> <td>First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td>PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Louisiana</td> <td>AmeriHealth Caritas VIP Care</td> <td>Keystone First</td> <td>Select Health of South Carolina</td> </tr> <tr> <td>AmeriHealth Caritas New Hampshire</td> <td>AmeriHealth Caritas VIP Care Plus</td> <td>Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td>AmeriHealth Caritas North Carolina</td> <td>AmeriHealth PA Medical Assistance Plan</td> <td>Keystone First VIP Choice</td> <td></td> </tr> </tbody> </table>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.

Workflows for this Plan

- Medical Authorizations
- Medical Authorizations Log
- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Report Inquiry
- Claim Submission
- Provider Directory

FAQs

- How do I change my password?
- I cannot remember my password.
- How do I set up additional Health Plans?
- What are the roles and responsibilities of a Security Officer?
- How do I enable or disable permissions for users in my office?

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

Welcome AmeriHealth Caritas Delaware providers to the **NaviNet Plan Central Page**, your connection between our secure, easy-to-use provider portal and the AmeriHealth tools will enable you to provide the best care possible for our members.

Check out **Latest News and Updates** regularly for new functionalities to make your office more efficient.

Some functionality already available to you includes member eligibility verification, claims submission and status, electronic prior authorization submission, and member panel providers).

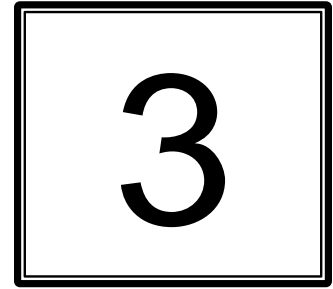
Use Quick Links:

- Provider manual.
- Billing information.
- Provider Quick Reference Guide.

Training Videos

- Claims Investigation
- Intensive Case Management
- Care Gaps
- ADT Alerts

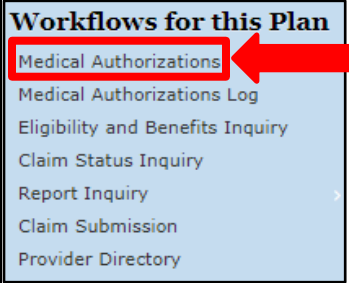
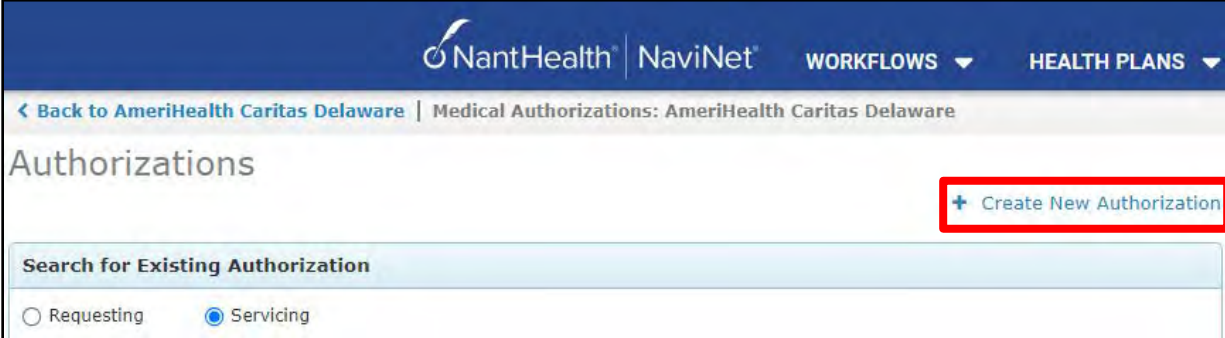
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available to include initiating medical authorizations, inquiries, etc.
FAQs	Frequently Asked Questions	<ul style="list-style-type: none"> Includes answers to questions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



3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

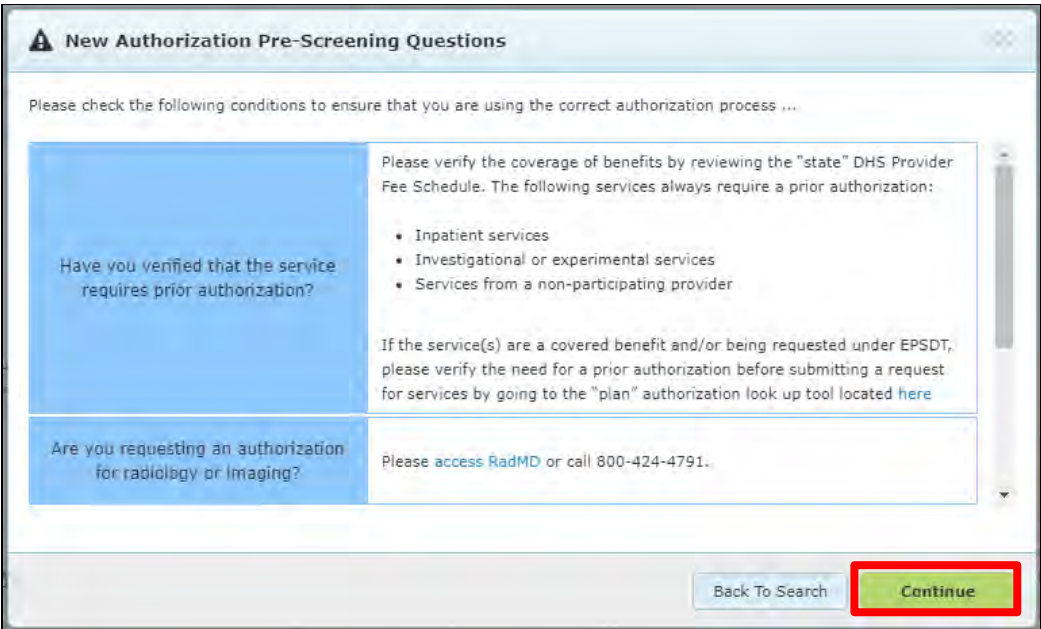
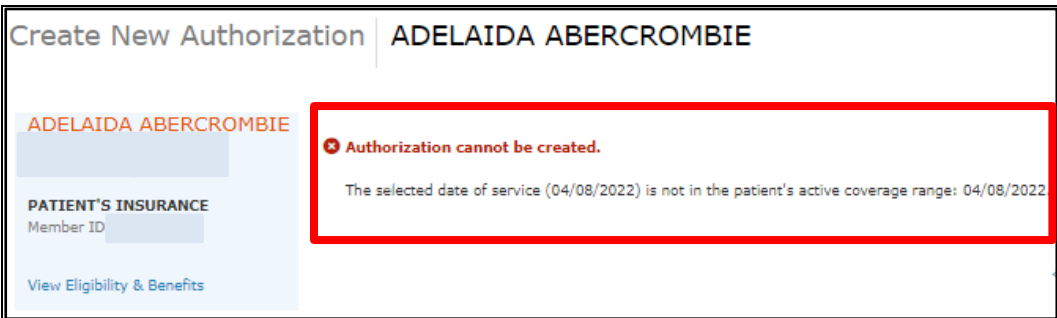
To create a new authorization:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>Workflows for this Plan</p> <ul style="list-style-type: none">Medical AuthorizationsMedical Authorizations LogEligibility and Benefits InquiryClaim Status InquiryReport InquiryClaim SubmissionProvider Directory
2.	<p>Click Create New Authorization</p>  <p>NantHealth NaviNet WORKFLOWS HEALTH PLANS</p> <p>Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p>+ Create New Authorization</p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>

Creating a New Authorization (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="240 394 349 504"> </div> <div data-bbox="407 384 1552 516"> <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, the user selects the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="217 527 1125 1283"> </div> <div data-bbox="228 1346 1252 1381"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1547"> </div>


Creating a New Authorization (cont'd)

Step	Action
4.	<p>Address the pre-screening questions pop up box and select Continue.</p> <p>Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>
If...	Then...
The member has active coverage	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p>
The member is ineligible	<p>The provider will receive the authorization cannot be created message.</p> 

Creating a New Authorization (cont'd)

Step	Action
------	--------

5. Enter service type and place of service, then select **Next**



View Eligibility & Benefits is available to view under the member's demographic information.

Create New Authorization

FRANKIE MOCHRIE
Male born on 11/20/1981 (40 yrs old)

FRANKIE MOCHRIE

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

PRIMARY CARE PHYSICIAN
NPI: [REDACTED]

View Eligibility & Benefits

Service Type

Select service type...

Place of Service

Select place of service...

Eligibility & Benefits
can be viewed here.

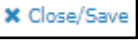
Cancel

Next >

Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.

If...	Then...
Creating an outpatient episode	Continue to the next step (step 6)
Creating an inpatient episode	Continue to step 7

Note: At any time while creating an authorization if you wish to close or save the request select

 which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.

Close Authorization
✕

You are closing an authorization that has not yet been submitted.

✕ Discard Auth

Cancel

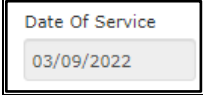
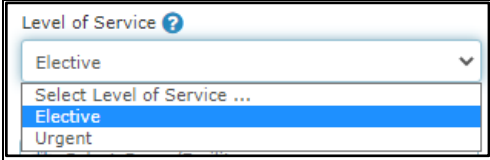
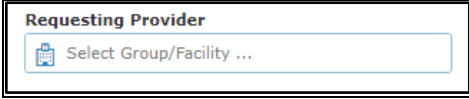

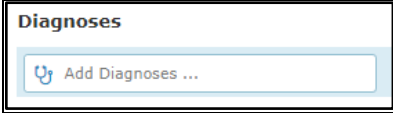
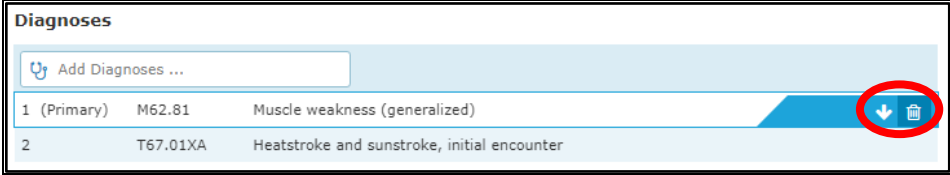
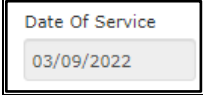
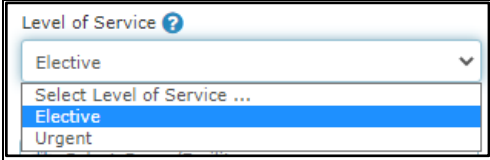
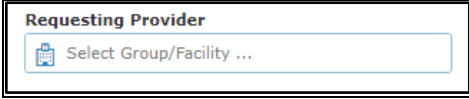

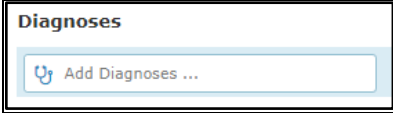
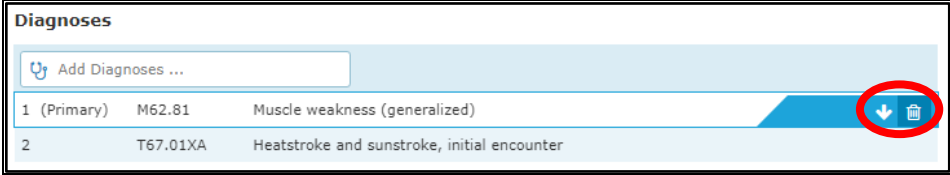
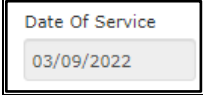
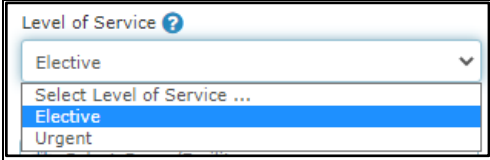
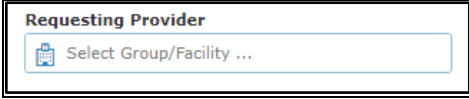

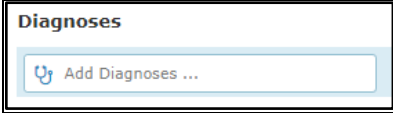
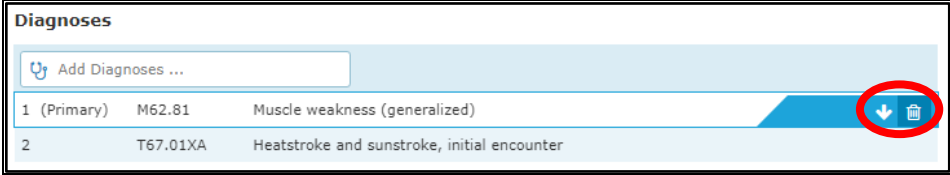
Save As Draft

Discard Auth – deletes the request

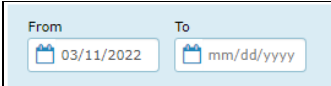

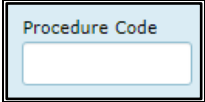

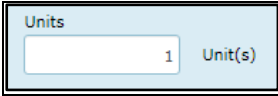
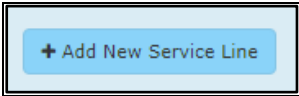
Cancel – allows the user to continue

Save As Draft – allows the user to come back and complete the request later



Creating a New Authorization - Outpatient Request

Step	Action																												
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1"> <tr> <td data-bbox="207 285 461 443">Date of Service</td> <td data-bbox="466 285 1552 443"> This defaults to the current date and is not available to be changed. <div data-bbox="477 338 678 436">  </div> </td> </tr> <tr> <td data-bbox="207 449 461 856">Level of Service</td> <td data-bbox="466 449 1552 856"> Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="477 499 964 659">  </div> <table border="1"> <thead> <tr> <th data-bbox="477 665 646 701">If</th> <th data-bbox="651 665 1552 701">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 707 646 764">Elective</td> <td data-bbox="651 707 1552 764">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="477 770 646 850">Urgent</td> <td data-bbox="651 770 1552 850">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="207 863 461 1056">Requesting Provider</td> <td data-bbox="466 863 1552 1056"> Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service. <div data-bbox="477 951 943 1050">  </div> </td> </tr> <tr> <td data-bbox="207 1062 461 1255">Servicing Provider</td> <td data-bbox="466 1062 1552 1255"> Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. <div data-bbox="477 1150 943 1249">  </div> </td> </tr> <tr> <td data-bbox="207 1262 461 1858">Diagnoses</td> <td data-bbox="466 1262 1552 1858"> This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="477 1346 870 1457">  </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="477 1633 1422 1808">  <table border="1"> <thead> <tr> <th colspan="3">Diagnoses</th> </tr> </thead> <tbody> <tr> <td colspan="3">Add Diagnoses ...</td> </tr> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div> </td> </tr> </table>	Date of Service	This defaults to the current date and is not available to be changed. <div data-bbox="477 338 678 436">  </div>	Level of Service	Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="477 499 964 659">  </div> <table border="1"> <thead> <tr> <th data-bbox="477 665 646 701">If</th> <th data-bbox="651 665 1552 701">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 707 646 764">Elective</td> <td data-bbox="651 707 1552 764">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="477 770 646 850">Urgent</td> <td data-bbox="651 770 1552 850">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table>	If	Then	Elective	Services scheduled in advance that do not involve a medical emergency	Urgent	Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.	Requesting Provider	Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service. <div data-bbox="477 951 943 1050">  </div>	Servicing Provider	Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. <div data-bbox="477 1150 943 1249">  </div>	Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="477 1346 870 1457">  </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="477 1633 1422 1808">  <table border="1"> <thead> <tr> <th colspan="3">Diagnoses</th> </tr> </thead> <tbody> <tr> <td colspan="3">Add Diagnoses ...</td> </tr> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	Diagnoses			Add Diagnoses ...			1 (Primary)	M62.81	Muscle weakness (generalized)	2	T67.01XA	Heatstroke and sunstroke, initial encounter
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Creating a New Authorization - Outpatient (cont'd)

Step	Action
6.	<p>Services</p> <p>From / To</p> <p>From (start date) / To (end date)</p>  <p>Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p>  <p>Procedure Code</p> <p>Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code.</p>  <p>Modifiers</p> <p>Free text field. This is not a mandatory field.</p>  <p>Units</p> <p>Free text numeric value.</p>  <p>Add New Service Line</p> <p>The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> 









Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="228 226 410 258">Attachments</p> <p data-bbox="228 279 467 310">+ Add Document</p> <p data-bbox="540 279 1520 499">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. The user can identify the document type based on the drop down list. If the user attaches a document, the document type is mandatory. Select document type drop down. The user also has the ability to delete any document attached in error.</p> <div data-bbox="540 516 1520 751"> <p data-bbox="565 531 686 552">Attachments</p> <p data-bbox="565 579 711 611">+ Add Document</p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1213"> <p data-bbox="565 783 686 804">Attachments</p> <p data-bbox="565 831 711 863">+ Add Document</p> <p data-bbox="565 888 824 909">  Document 1- for upload.docx </p> <p data-bbox="1003 888 1279 909"> Select document type ... ▼ </p> <ul data-bbox="1003 926 1295 1203" style="list-style-type: none"> 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 <p data-bbox="1328 888 1482 930">  Delete </p> </div>

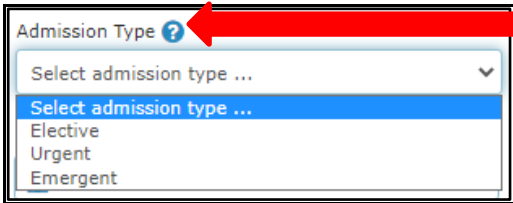
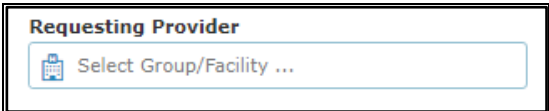

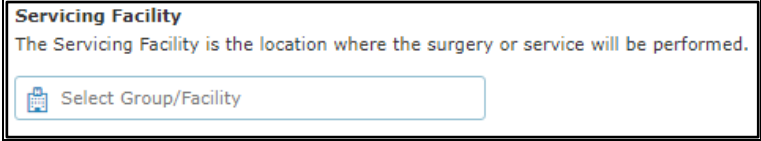
Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="565 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1289"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel << Previous Submit</p> </div> <p>***Proceed to Step 8 for InterQual instructions***</p>









Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p>Service Type Select the appropriate service type and place of service according to the request.</p> <div data-bbox="431 306 1068 552" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="431 604 1422 772"> <tr> <td>Service Type</td> <td>Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)</td> </tr> <tr> <td>Place of Service</td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click Next to continue.</p> <div data-bbox="431 877 667 978" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next »</p> </div>	Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)	Place of Service	Location in which services will be rendered.
Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)				
Place of Service	Location in which services will be rendered.				
	<p>Date of Admission/ Date of 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. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1157 992 1272" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div> <p>Note: The user will receive the message below if the dates of service overlap in the same case.</p> <div data-bbox="431 1377 1097 1671" style="border: 1px solid black; padding: 5px;"> <div style="border: 2px solid red; padding: 2px; margin-bottom: 5px;"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> </div> <p>Service Type</p> <p> Inpatient Medical Care</p> <p>Place of Service</p> <p> Inpatient Hospital</p> <p>Date Of Admission Date of Discharge</p> <p> 06/29/2022  06/30/2022</p> </div>				

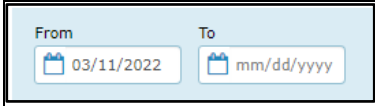
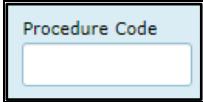

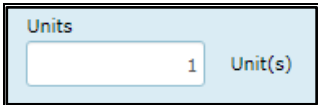
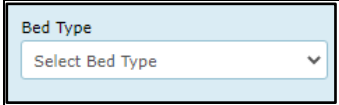
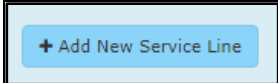
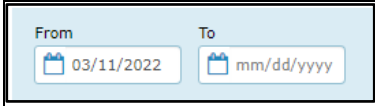
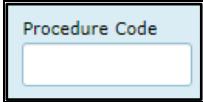

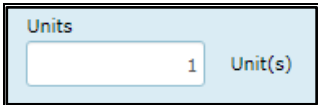
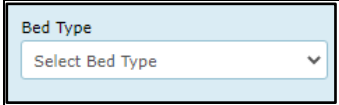
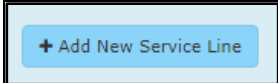
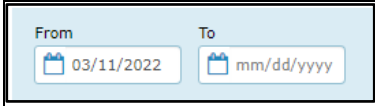
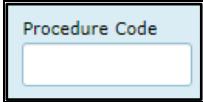

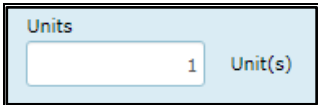
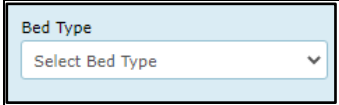
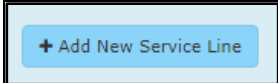
Creating a New Authorization – Inpatient Request (cont'd)

Step	Action								
7.	<p data-bbox="217 228 375 296">Admission Type</p> <p data-bbox="418 228 1495 296">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 510">  </div> <div data-bbox="1024 300 1411 478" style="border: 1px solid black; padding: 5px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 772"> <thead> <tr> <th data-bbox="423 520 586 552">If</th> <th data-bbox="591 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 586 621">Elective</td> <td data-bbox="591 558 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722">Urgent</td> <td data-bbox="591 627 1406 722">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 728 586 760">Emergent</td> <td data-bbox="591 728 1406 760">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee 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, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
If	Then								
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Emergent	Concurrent review, enrollee is currently admitted								
	<p data-bbox="217 833 375 900">Requesting Provider</p> <p data-bbox="418 833 1479 900">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 915 963 1024">  </div>								
	<p data-bbox="217 1071 375 1138">Servicing Provider</p> <p data-bbox="418 1071 1528 1138">Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="418 1152 963 1262">  </div>								
	<p data-bbox="217 1287 375 1354">Servicing Facility</p> <p data-bbox="418 1287 1341 1318">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1333 1174 1472">  </div>								

Creating a New Authorization – Inpatient (cont'd)

Step	Action																
7.	<p data-bbox="207 224 370 256">Diagnoses</p> <p data-bbox="207 262 370 294">Diagnoses</p> <p data-bbox="537 262 1495 294">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422">  </div> <p data-bbox="537 436 1520 583">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="537 600 1547 783">  <table border="1" data-bbox="537 600 1547 783"> <thead> <tr> <th colspan="4">Diagnoses</th> </tr> </thead> <tbody> <tr> <td colspan="4">Add Diagnoses ...</td> </tr> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> <td> </td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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Creating a New Authorization – Inpatient (cont'd)

Step	Action												
7.	<p data-bbox="201 222 354 254">Services</p> <table border="1" data-bbox="201 260 1471 1629"> <tr> <td data-bbox="201 260 526 457">From / To</td> <td data-bbox="531 260 1471 457"> <p data-bbox="535 260 1466 338">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="540 344 914 451">  <p>The screenshot shows two date pickers. The 'From' field contains '03/11/2022' and the 'To' field contains a placeholder 'mm/dd/yyyy'.</p> </div> </td> </tr> <tr> <td data-bbox="201 464 526 814">Procedure Code</td> <td data-bbox="531 464 1471 814"> <p data-bbox="535 464 1466 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="540 701 743 808">  <p>The screenshot shows a text input field labeled 'Procedure Code'.</p> </div> </td> </tr> <tr> <td data-bbox="201 821 526 961">Modifiers</td> <td data-bbox="531 821 1471 961"> <p data-bbox="535 821 1117 856">This is a free text field and is not mandatory.</p> <div data-bbox="540 863 816 961">  <p>The screenshot shows a text input field labeled 'Modifiers' with three small square icons to its right.</p> </div> </td> </tr> <tr> <td data-bbox="201 968 526 1171">Units</td> <td data-bbox="531 968 1471 1171"> <p data-bbox="535 968 1466 1052">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1058 857 1165">  <p>The screenshot shows a numeric input field labeled 'Units' with the value '1' and the label 'Unit(s)' to its right.</p> </div> </td> </tr> <tr> <td data-bbox="201 1178 526 1381">Bed Type</td> <td data-bbox="531 1178 1471 1381"> <p data-bbox="535 1178 1382 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1262 878 1369">  <p>The screenshot shows a dropdown menu labeled 'Bed Type' with the text 'Select Bed Type' and a downward arrow.</p> </div> </td> </tr> <tr> <td data-bbox="201 1388 526 1629">+ Add New Service Line</td> <td data-bbox="531 1388 1471 1629"> <p data-bbox="535 1388 1466 1499">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1505 816 1604">  <p>The screenshot shows a blue button with a plus sign and the text '+ Add New Service Line'.</p> </div> </td> </tr> </table>	From / To	<p data-bbox="535 260 1466 338">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="540 344 914 451">  <p>The screenshot shows two date pickers. The 'From' field contains '03/11/2022' and the 'To' field contains a placeholder 'mm/dd/yyyy'.</p> </div>	Procedure Code	<p data-bbox="535 464 1466 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="540 701 743 808">  <p>The screenshot shows a text input field labeled 'Procedure Code'.</p> </div>	Modifiers	<p data-bbox="535 821 1117 856">This is a free text field and is not mandatory.</p> <div data-bbox="540 863 816 961">  <p>The screenshot shows a text input field labeled 'Modifiers' with three small square icons to its right.</p> </div>	Units	<p data-bbox="535 968 1466 1052">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1058 857 1165">  <p>The screenshot shows a numeric input field labeled 'Units' with the value '1' and the label 'Unit(s)' to its right.</p> </div>	Bed Type	<p data-bbox="535 1178 1382 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1262 878 1369">  <p>The screenshot shows a dropdown menu labeled 'Bed Type' with the text 'Select Bed Type' and a downward arrow.</p> </div>	+ Add New Service Line	<p data-bbox="535 1388 1466 1499">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1505 816 1604">  <p>The screenshot shows a blue button with a plus sign and the text '+ Add New Service Line'.</p> </div>
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Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 222 381 254">Attachments</p> <p data-bbox="219 262 430 294">Add Document</p> <p data-bbox="537 262 1542 409">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. If the user attaches a document, the document type is mandatory. The user also has the ability to delete any document attached in error.</p> <div data-bbox="537 422 1484 657"><p data-bbox="560 436 678 457">Attachments</p><p data-bbox="576 489 701 510">+ Add Document</p><p data-bbox="829 598 1195 625">Drop Documents here to Attach</p></div> <div data-bbox="537 674 1484 1108"><p data-bbox="560 684 678 705">Attachments</p><p data-bbox="576 737 701 758">+ Add Document</p><p data-bbox="560 789 812 810">Document 1- for upload.docx</p><p data-bbox="992 795 1252 816">Select document type ...</p><ul data-bbox="992 827 1276 1098" style="list-style-type: none">Select document type ...Progress ReportMedical Record AttachmentPatient Medical History DocumentPhysical Therapy NotesContinued treatmentNursing NotesPhysicians ReportPhysician OrderJustification for AdmissionDurable Medical Equipment PrescriptionOrders and Treatment DocumentInitial AssessmentConsentDischarge Summary<p data-bbox="1365 806 1430 827">Delete</p></div>

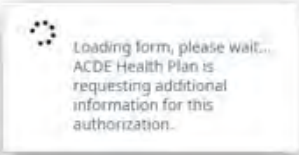
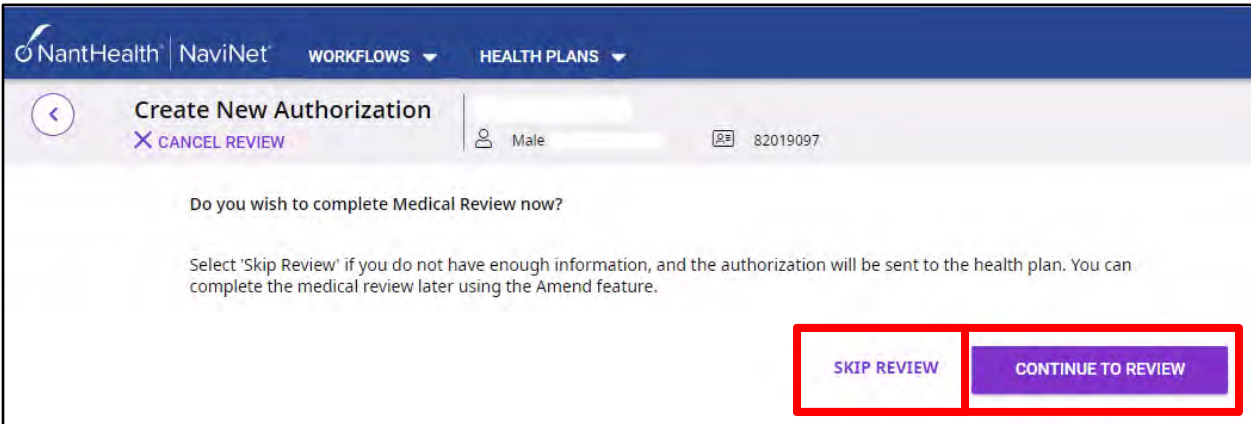
Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p>Notes</p> <p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 407 1533 583"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 848 1533 1283"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel « Previous Submit</p> </div>

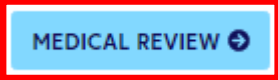
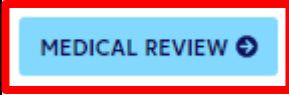
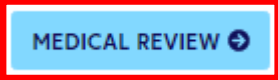
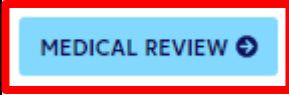
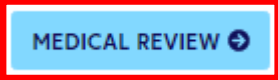
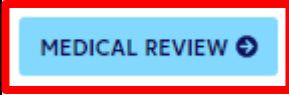
Creating a New Authorization – InterQual – Outpatient and Inpatient



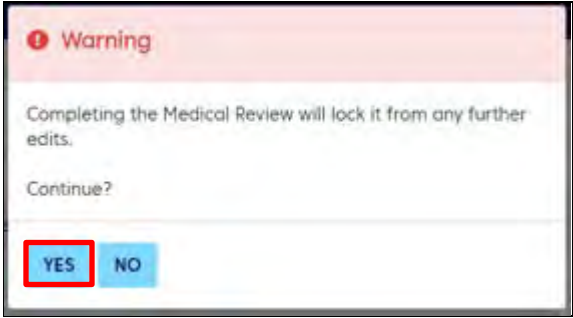
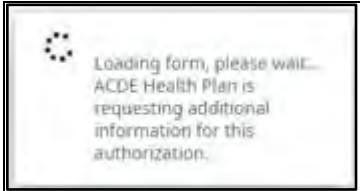
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	<p>After completion of the previous steps, when the user selects Submit, InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 531 634 785" style="border: 1px solid black; padding: 10px; text-align: center;">  </div>						
10.	<p>Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’</p> <div data-bbox="207 898 1451 1318" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1367 1469 1900"> <thead> <tr> <th data-bbox="207 1367 524 1415">If...</th> <th data-bbox="524 1367 1469 1415">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1415 524 1686"> <p>Skip Review</p> </td> <td data-bbox="524 1415 1469 1686"> <p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p> </td> </tr> <tr> <td data-bbox="207 1686 524 1900"> <p>Continue to Review</p> </td> <td data-bbox="524 1686 1469 1900"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If...	Then...	<p>Skip Review</p>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>	<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
If...	Then...						
<p>Skip Review</p>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number.</p> <p>Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>						
<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission.</p> <p>Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>						

Creating a New Authorization - InterQual (cont'd)

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

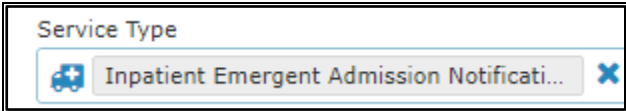


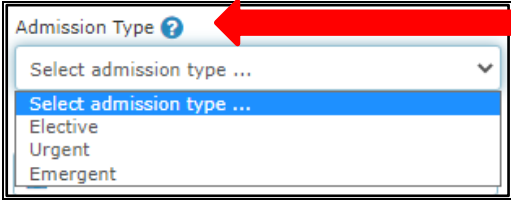
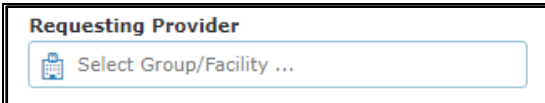
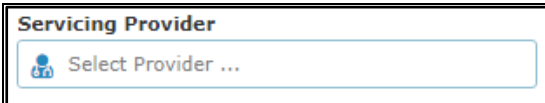
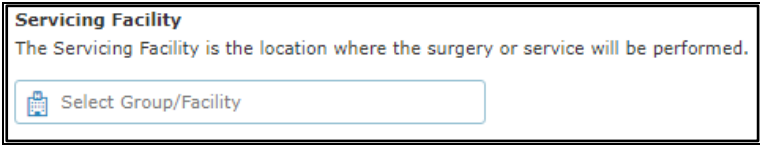
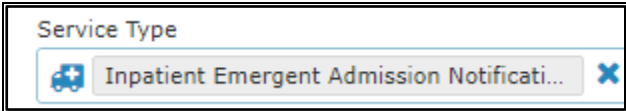


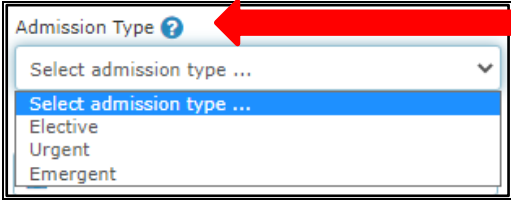
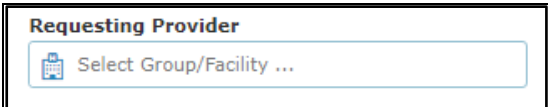
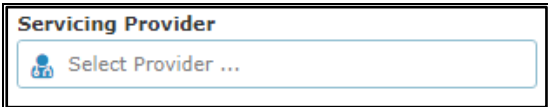
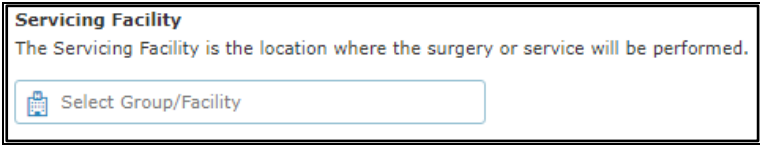
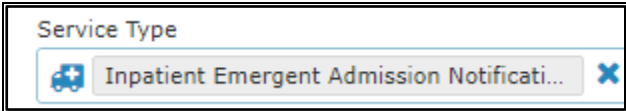


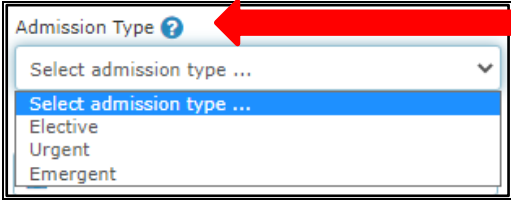
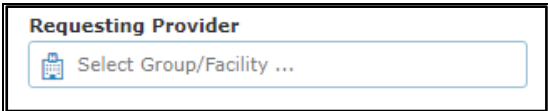

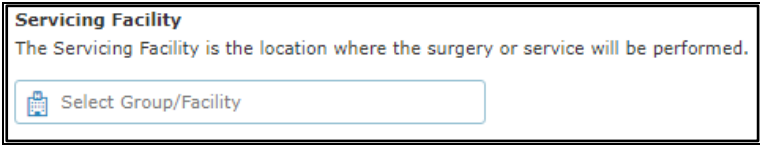
Creating a New Authorization - InterQual (cont'd)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1559 632"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="708 264 1559 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 317 703 428">Q&A criteria is used (outpatient)</td> <td data-bbox="708 317 1559 428">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 434 703 546">Decision tree is used (inpatient)</td> <td data-bbox="708 434 1559 546">Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.</td> </tr> </tbody> </table>	If....	Then....	Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.	Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.
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Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.						
Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.						
13.	<p>When the review is complete, click Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red exclamation mark icon. The text reads: "Warning", "Completing the Medical Review will lock it from any further edits.", and "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red box) and "NO".</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular refresh icon. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "Loading form, please wait...".</p>						




Creating a New Authorization - InterQual (cont'd)

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

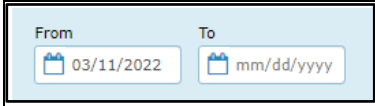
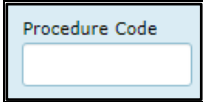

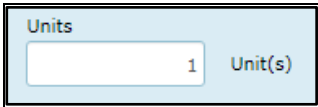
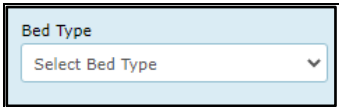
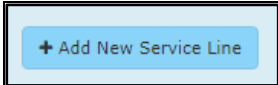
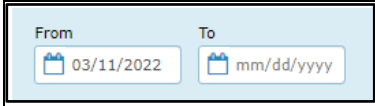
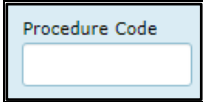

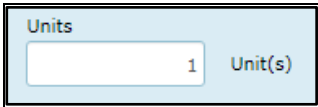
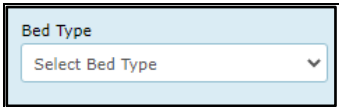
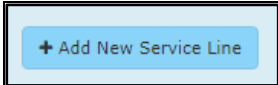
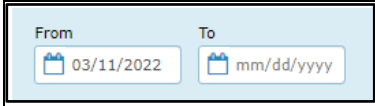
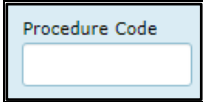

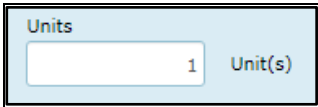
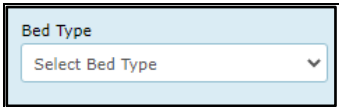
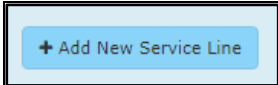
Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action												
6.	<p>Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.</p> <table border="1"> <tr> <td data-bbox="207 317 521 688"> Service Type </td> <td data-bbox="521 317 1552 688"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 684">  </div> </td> </tr> <tr> <td data-bbox="207 688 521 909"> Date of Admission/ Date of Discharge </td> <td data-bbox="521 688 1552 909"> <p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 905">  </div> </td> </tr> <tr> <td data-bbox="207 909 521 1213"> Admission Type </td> <td data-bbox="521 909 1552 1213"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1163">  </div> <div data-bbox="1062 961 1520 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1213 521 1381"> Requesting Provider </td> <td data-bbox="521 1213 1552 1381"> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381">  </div> </td> </tr> <tr> <td data-bbox="207 1381 521 1591"> Servicing Provider </td> <td data-bbox="521 1381 1552 1591"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591">  </div> </td> </tr> <tr> <td data-bbox="207 1591 521 1812"> Servicing Facility </td> <td data-bbox="521 1591 1552 1812"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1793">  </div> </td> </tr> </table>	Service Type	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 684">  </div>	Date of Admission/ Date of Discharge	<p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 905">  </div>	Admission Type	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1163">  </div> <div data-bbox="1062 961 1520 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div>	Requesting Provider	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381">  </div>	Servicing Provider	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591">  </div>	Servicing Facility	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1793">  </div>
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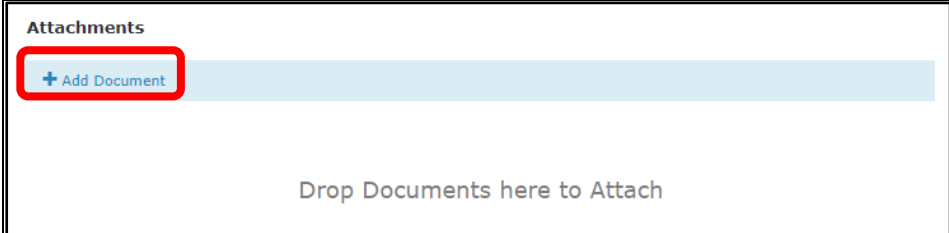
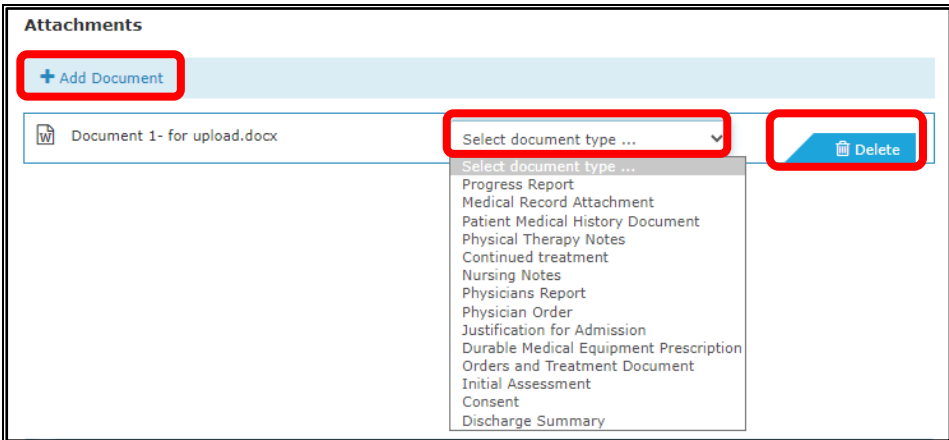
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action								
6.	<p data-bbox="219 222 365 254">Diagnoses</p> <p data-bbox="219 264 381 296">Diagnoses</p> <p data-bbox="548 264 1494 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 348 941 462"><p data-bbox="560 359 673 380">Diagnoses</p><input data-bbox="560 401 922 436" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="548 478 1542 625">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="548 642 1559 823"><p data-bbox="560 653 673 674">Diagnoses</p><input data-bbox="560 695 922 730" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="560 737 1542 814"><tbody><tr><td data-bbox="565 743 584 764">1</td><td data-bbox="609 743 673 764">(Primary) M62.81</td><td data-bbox="812 743 1055 764">Muscle weakness (generalized)</td><td data-bbox="1453 730 1542 781"></td></tr><tr><td data-bbox="565 779 576 800">2</td><td data-bbox="690 779 771 800">T67.01XA</td><td data-bbox="812 779 1144 800">Heatstroke and sunstroke, initial encounter</td><td></td></tr></tbody></table></div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action												
6.	<p data-bbox="207 224 326 254">Services</p> <table border="1" data-bbox="207 260 1471 1602"> <tr> <td data-bbox="207 260 526 457">From / To</td> <td data-bbox="531 260 1471 457"> <p data-bbox="542 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="542 348 914 453">  </div> </td> </tr> <tr> <td data-bbox="207 464 526 814">Procedure Code</td> <td data-bbox="531 464 1471 814"> <p data-bbox="542 464 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="542 709 743 810">  </div> </td> </tr> <tr> <td data-bbox="207 821 526 968">Modifiers</td> <td data-bbox="531 821 1471 968"> <p data-bbox="542 821 1203 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="542 871 818 961">  </div> </td> </tr> <tr> <td data-bbox="207 974 526 1171">Units</td> <td data-bbox="531 974 1471 1171"> <p data-bbox="542 974 1459 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1060 857 1165">  </div> </td> </tr> <tr> <td data-bbox="207 1178 526 1339">Bed Type</td> <td data-bbox="531 1178 1471 1339"> <p data-bbox="542 1178 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1228 878 1333">  </div> </td> </tr> <tr> <td data-bbox="207 1346 526 1602">+ Add New Service Line</td> <td data-bbox="531 1346 1471 1602"> <p data-bbox="542 1346 1390 1459">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1474 818 1558">  </div> </td> </tr> </table>	From / To	<p data-bbox="542 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="542 348 914 453">  </div>	Procedure Code	<p data-bbox="542 464 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="542 709 743 810">  </div>	Modifiers	<p data-bbox="542 821 1203 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="542 871 818 961">  </div>	Units	<p data-bbox="542 974 1459 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1060 857 1165">  </div>	Bed Type	<p data-bbox="542 1178 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1228 878 1333">  </div>	+ Add New Service Line	<p data-bbox="542 1346 1390 1459">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1474 818 1558">  </div>
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p data-bbox="201 239 386 268">Attachments</p> <p data-bbox="215 279 431 308">Add Document</p> <p data-bbox="532 279 1534 426">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error may be deleted.</p> <div data-bbox="537 443 1481 674"> <p data-bbox="558 457 678 478">Attachments</p>  </div> <div data-bbox="537 688 1481 1125"> <p data-bbox="558 703 678 724">Attachments</p>  </div>

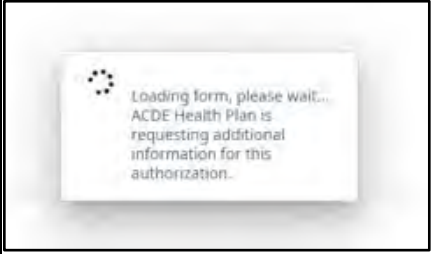
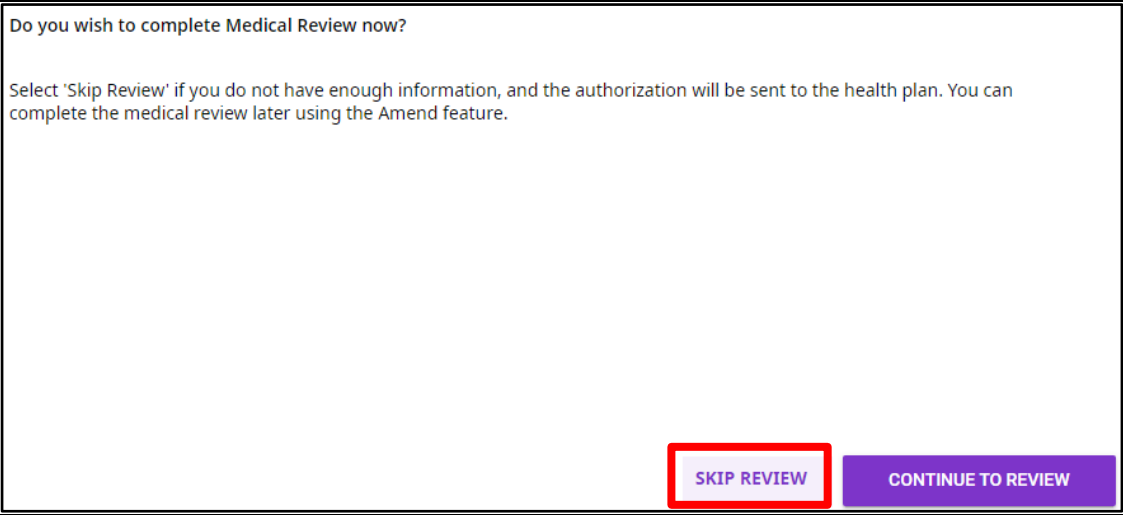
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p>Notes</p> <p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 407 1533 583"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 846 1533 1255"> <p>▼ Contact Information</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Optional</p> <p>Email Address <input type="text"/></p> <p>Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>

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

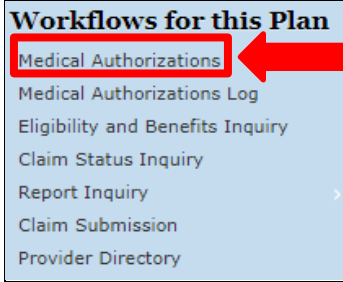
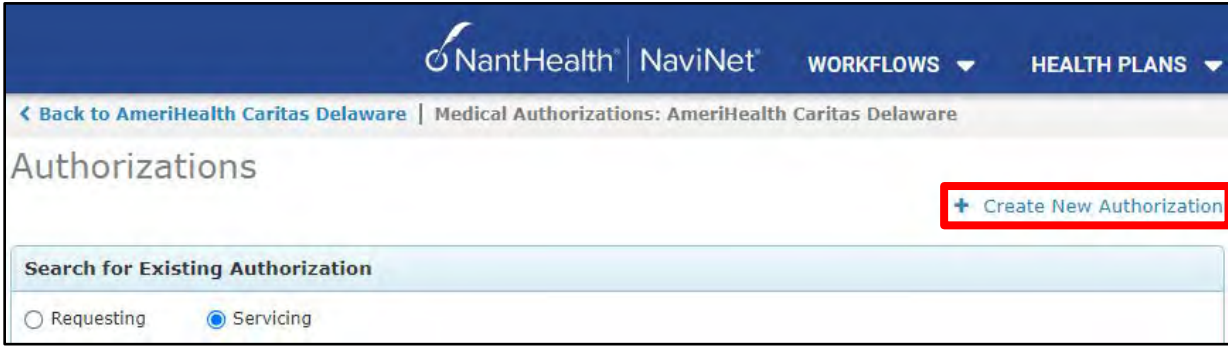


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


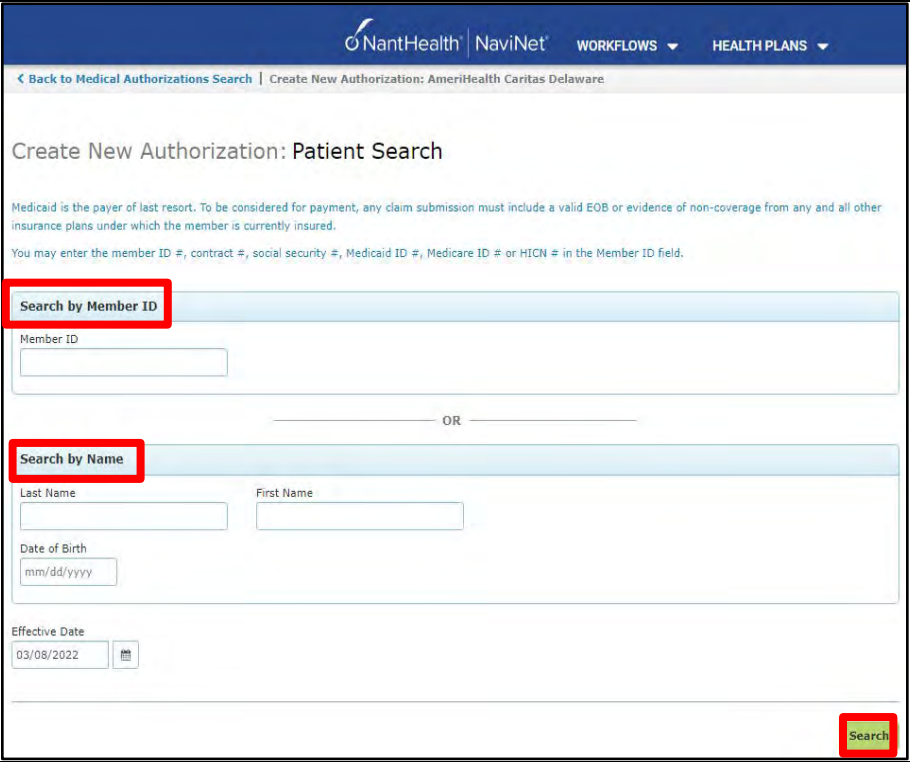

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a light gray border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."</p>
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select "Skip Review."</p>  <p>A screenshot of a web form. At the top, it asks "Do you wish to complete Medical Review now?". Below this, it provides instructions: "Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature." At the bottom right, there are two buttons: a white button with a red border labeled "SKIP REVIEW" and a purple button labeled "CONTINUE TO REVIEW".</p> <p>Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>

Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>Workflows for this Plan</p> <ul style="list-style-type: none">Medical AuthorizationsMedical Authorizations LogEligibility and Benefits InquiryClaim Status InquiryReport InquiryClaim SubmissionProvider Directory
2.	<p>Click Create New Authorization</p>  <p>NantHealth NaviNet WORKFLOWS HEALTH PLANS</p> <p>< Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p>+ Create New Authorization</p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>

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

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="220 338 1552 485"><p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p></div> <div data-bbox="220 495 1125 1251"></div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472"><p>Create New Authorization: Patient Search</p><p> Subscriber / Insured Not Found. Please Correct and Resubmit.</p></div>

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

Step	Action						
4.	<p>Address the pre-screening questions pop up box then select Continue.</p> <p>Note: If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="203 352 397 401">If...</th> <th data-bbox="397 352 1559 401">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 401 397 1249"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1249"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 457 1446 1087" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="203 1249 397 1633"> <p>The member is ineligible</p> </td> <td data-bbox="397 1249 1559 1633"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1310 1458 1625" data-label="Image"> </div> </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 457 1446 1087" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1310 1458 1625" data-label="Image"> </div>
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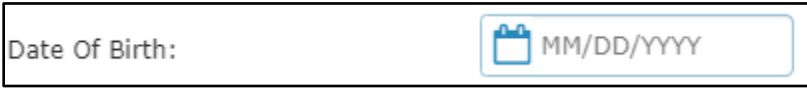
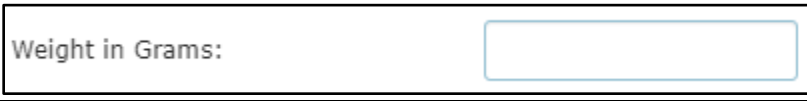

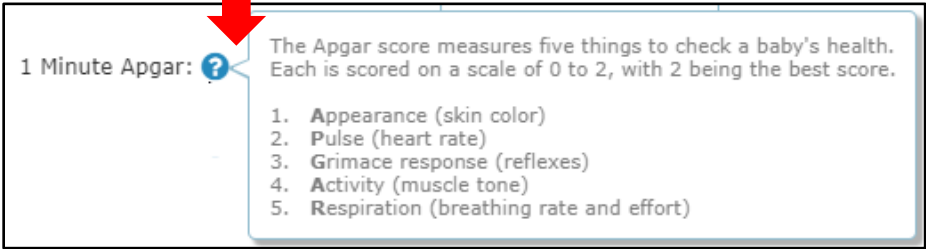
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: Inpatient Delivery Notification Place of Service: Birthing Center or Inpatient Hospital Select Next</p> <div data-bbox="186 430 1542 856"><p>Service Type</p><p>Inpatient Delivery Notification</p><p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p><p>Place of Service</p><p>Select place of service...</p><p>Birthing Center</p><p>Inpatient Hospital</p><p>Cancel Next »</p></div>								
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> <div data-bbox="186 982 1588 1312"><p>Service Type: Inpatient Delivery Notification ✕ Close/Save</p><p>Place of Service: Inpatient Hospital</p><table border="1"><thead><tr><th>Name</th><th>Gender</th><th>Date of Birth</th><th>Delivery Period</th></tr></thead><tbody><tr><td colspan="4">+ Add Maternity Details</td></tr></tbody></table><p>Cancel « Previous Next »</p></div>	Name	Gender	Date of Birth	Delivery Period	+ Add Maternity Details			
Name	Gender	Date of Birth	Delivery Period						
+ Add Maternity Details									



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

Step	Action
6.	<div data-bbox="207 226 1182 1171"><p>Add Maternity Details ✕</p><p>Baby's Last Name: <input type="text"/></p><p>Baby's First Name: <input type="text"/></p><p>Gender: <input type="text" value="Select"/></p><p>Date Of Birth: <input type="text" value="MM/DD/YYYY"/></p><p>Weight in Grams: <input type="text"/></p><p>1 Minute Apgar: <input type="text" value="Select"/> ?</p><p>5 Minute Apgar: <input type="text" value="Select"/> ?</p><p>Delivery</p><p>Delivery Outcome: <input type="text" value="Select"/></p><p>Delivery Method: <input type="text" value="Select"/></p><p>Delivery Period: <input type="text" value="Select"/></p><p>Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/></p><p><input type="button" value="Cancel"/> <input type="button" value="Save"/></p></div>







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

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

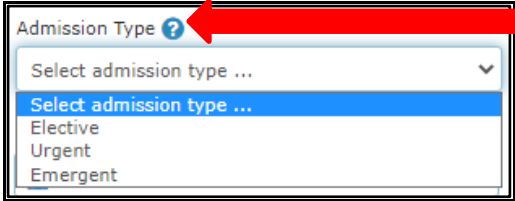
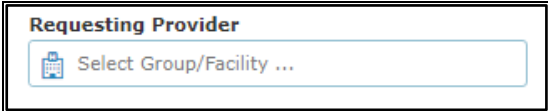

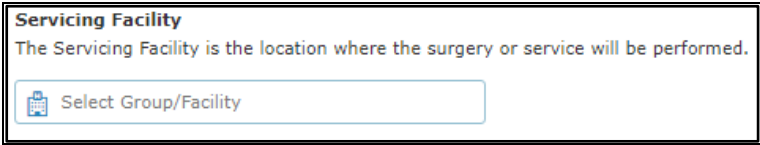
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
6.	5 Minute Apgar Drop down field - select 1-10. 5 Minute Apgar:  <input type="text" value="Select"/>								
	Delivery Outcome Drop down field – select live birth or non live birth. Delivery Outcome: <input type="text" value="Select"/>								
	Delivery Method Drop down field – select c-section or normal vaginal delivery. Delivery Method: <input type="text" value="Select"/>								
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. Delivery Period: <input type="text" value="Select"/>								
	Estimated Gestational Age Select the appropriate values from the drop down fields. Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days								
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. Estimated Confinement Date:  MM/DD/YYYY								
	Nursery type Drop down field – select well baby or NICU. Nursery type: <input type="text" value="Select"/>								
7.	Select Save when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select + Add Maternity Details to complete the additional details, then select Next .								
<table border="1"> <thead> <tr> <th>Name</th> <th>Gender</th> <th>Date of Birth</th> <th>Delivery Period</th> </tr> </thead> <tbody> <tr> <td>JESSICA BODLEY</td> <td>Female</td> <td>09/29/2022</td> <td>Day of admission</td> </tr> </tbody> </table> <p> <input type="button" value="+ Add Maternity Details"/> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/> </p>		Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission
Name	Gender	Date of Birth	Delivery Period						
JESSICA BODLEY	Female	09/29/2022	Day of admission						




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

Step	Action		
8.	<p data-bbox="228 226 402 386">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 359 667 449">Date Of Admission  03/09/2022</td><td data-bbox="667 359 976 449">Date of Discharge  Optional</td></tr></table></div> <p data-bbox="418 485 1536 520">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1386 617"><ul style="list-style-type: none"><li data-bbox="483 562 1338 590">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission  03/09/2022	Date of Discharge  Optional
Date Of Admission  03/09/2022	Date of Discharge  Optional		

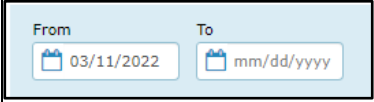
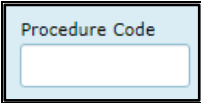

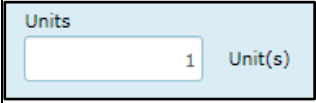
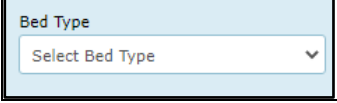
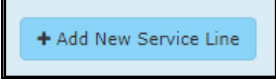
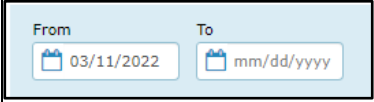
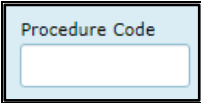

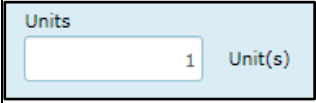
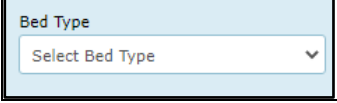
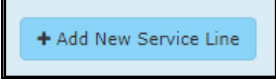
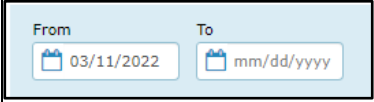
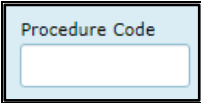

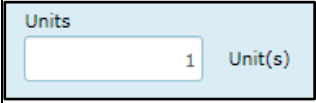
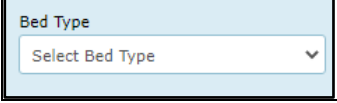
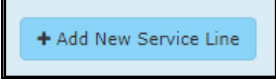
Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<div data-bbox="212 222 521 783"> <p>Admission Type</p> </div> <div data-bbox="537 222 1547 262"> <p>Select the admission type – Elective, Urgent, or Emergent</p> </div> <div data-bbox="537 275 1049 474">  </div> <div data-bbox="1143 275 1531 443"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <div data-bbox="537 527 1531 783"> <table border="1"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="716 527 1531 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="716 562 1531 632">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 632 711 730">Urgent</td> <td data-bbox="716 632 1531 730">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 730 711 783">Emergent</td> <td data-bbox="716 730 1531 783">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> </div> <div data-bbox="212 789 521 1020"> <p>Requesting Provider</p> </div> <div data-bbox="537 789 1547 867"> <p>Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> </div> <div data-bbox="537 879 1081 989">  </div> <div data-bbox="212 1026 521 1236"> <p>Servicing Provider</p> </div> <div data-bbox="537 1026 1547 1104"> <p>Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> </div> <div data-bbox="537 1117 1081 1226">  </div> <div data-bbox="212 1243 521 1474"> <p>Servicing Facility</p> </div> <div data-bbox="537 1243 1547 1278"> <p>The servicing facility is the location where the service will be performed.</p> </div> <div data-bbox="537 1291 1292 1434">  </div>	If	Then	Elective	Potential admission for illness/injury enrollee 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, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action									
9.	<p data-bbox="207 222 521 867">Diagnoses</p> <p data-bbox="217 264 370 296">Diagnoses</p> <p data-bbox="537 264 1479 333">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 930 464"><p data-bbox="548 359 659 384">Diagnoses</p><input data-bbox="553 401 911 443" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 478 1533 625">Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="537 640 1544 825"><p data-bbox="548 651 659 676">Diagnoses</p><input data-bbox="553 693 906 730" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 737 1533 814"><tbody><tr><td data-bbox="558 743 574 764">1</td><td data-bbox="591 743 651 764">(Primary)</td><td data-bbox="678 743 740 764">M62.81</td><td data-bbox="802 743 1040 764">Muscle weakness (generalized)</td><td data-bbox="1458 737 1533 783" rowspan="2"></td></tr><tr><td data-bbox="558 779 574 800">2</td><td data-bbox="591 779 618 800"></td><td data-bbox="678 779 756 800">T67.01XA</td><td data-bbox="802 779 1133 800">Heatstroke and sunstroke, initial encounter</td></tr></tbody></table></div>	1	(Primary)	M62.81	Muscle weakness (generalized)		2		T67.01XA	Heatstroke and sunstroke, initial encounter
1	(Primary)	M62.81	Muscle weakness (generalized)							
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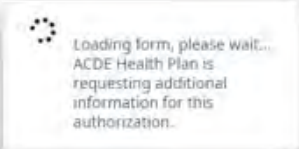
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action												
9.	<p data-bbox="207 224 326 254">Services</p> <table border="1" data-bbox="207 260 1471 1667"> <tr> <td data-bbox="207 260 527 499">From / To</td> <td data-bbox="532 260 1471 499"> <p data-bbox="544 260 1409 373">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="207 506 527 856">Procedure Code</td> <td data-bbox="532 506 1471 856"> <p data-bbox="544 506 1450 737">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 863 527 1003">Modifiers</td> <td data-bbox="532 863 1471 1003"> <p data-bbox="544 863 1117 892">This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 1010 527 1213">Units</td> <td data-bbox="532 1010 1471 1213"> <p data-bbox="544 1010 1455 1087">Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1220 527 1423">Bed Type</td> <td data-bbox="532 1220 1471 1423"> <p data-bbox="544 1220 1382 1297">Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1430 527 1667">+ Add New Service Line</td> <td data-bbox="532 1430 1471 1667"> <p data-bbox="544 1430 1450 1543">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p data-bbox="544 260 1409 373">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> 	Procedure Code	<p data-bbox="544 506 1450 737">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> 	Modifiers	<p data-bbox="544 863 1117 892">This is a free text field and is not mandatory.</p> 	Units	<p data-bbox="544 1010 1455 1087">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p data-bbox="544 1220 1382 1297">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p data-bbox="544 1430 1450 1543">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> 
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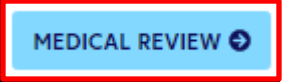
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247">Attachments</p> <p data-bbox="201 260 521 289">Add Document</p> <p data-bbox="532 260 1562 407">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error can be deleted.</p> <div data-bbox="537 422 1484 653"> <p data-bbox="558 436 678 457">Attachments</p> <p data-bbox="558 485 716 516">+ Add Document</p> <p data-bbox="829 596 1195 621">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1104"> <p data-bbox="558 680 678 701">Attachments</p> <p data-bbox="558 728 716 760">+ Add Document</p> <p data-bbox="558 785 813 810">  Document 1- for upload.docx </p> <p data-bbox="992 785 1256 821">Select document type ...</p> <ul data-bbox="992 827 1276 1094" style="list-style-type: none"> 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 <p data-bbox="1308 785 1455 821">Delete</p> </div>

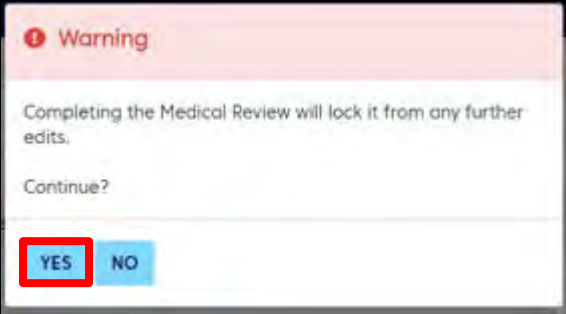
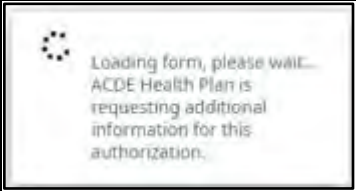
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 388 1533 562" style="border: 1px solid black; padding: 5px;"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 829 1533 1234" style="border: 1px solid black; padding: 5px;"> <p>▼ Contact Information</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Optional</p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;">Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>
9.	<p>Selecting Submit may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 1461 634 1713" style="border: 1px solid black; padding: 10px; text-align: center;">  <p>Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization.</p> </div>

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

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

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

Step	Action
12.	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if it meets or does not meet, the user should continue.
13.	When the review is complete, click Complete at the bottom, then select YES to continue.  A warning dialog box with a red header containing a warning icon and the word "Warning". The main text reads: "Completing the Medical Review will lock it from any further edits." Below this is the question "Continue?". At the bottom are two buttons: "YES" (highlighted with a red border) and "NO".
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.  A loading notice with a circular progress indicator on the left. The text reads: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."


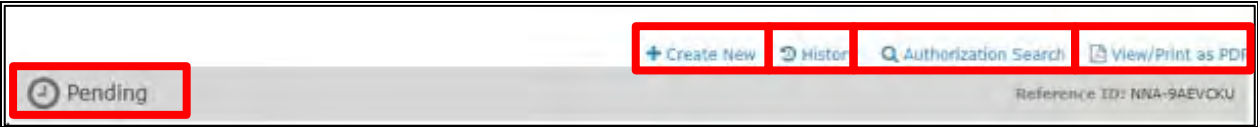
Creating a New Authorization - Inpatient Delivery Notification (cont'd)

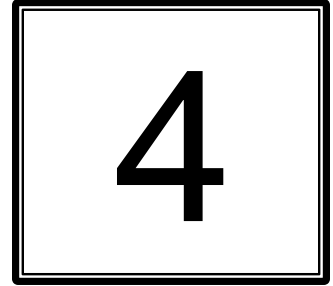
Step	Action
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' page for patient FRANKIE MOCHRIE. The status is 'Pending', and the authorization number is 92204002349. The page is divided into sections for the Requesting Provider, Servicing Provider, Patient's Insurance, and Primary Care Physician. The Requesting Provider is Ahmed, Mohamed F., located at 379 Walmart Dr Ste 101, Camden, DE 19934. The Servicing Provider is Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. The Patient's Insurance and Primary Care Physician (Heather Bittner-Fagan) information is partially obscured by redaction boxes. A 'Disposition pending review' message is displayed at the top of the details section.</p>

Authorization Status – Approved and Pending

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

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


If...	Then it will look like this...										
Approved	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 512 1495 546">Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p data-bbox="277 577 1495 611">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1539 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization										
Create New	Creating a new request										
Attach	Attaching a document										
Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										
Pending	<div data-bbox="277 921 1528 1047" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 1081 1495 1146">Note: Pending status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended.</p> <p data-bbox="277 1180 1495 1213">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1213 1539 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
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Authorization Search	Searching for an authorization										
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4 AMENDING AN AUTHORIZATION


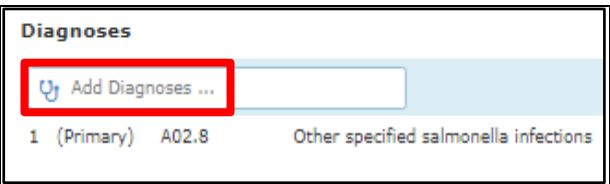
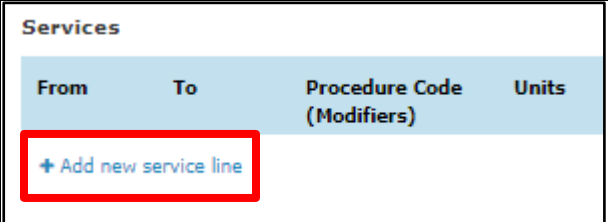
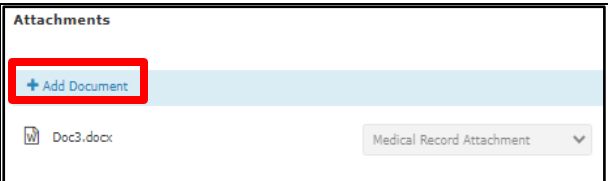
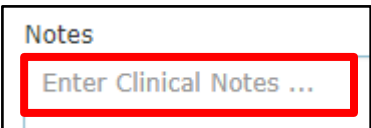
Amending an Authorization Request

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

	<p>When making an amendment the user can add diagnoses, add services, add notes (if the maximum character limit has not been exceeded) and add documents.</p>
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Step	Action									
<p>1.</p>	<p>Locate the existing request under Workflows for this Plan.</p> <div data-bbox="245 615 597 751" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" data-bbox="245 762 1555 972"> <thead> <tr> <th data-bbox="245 762 894 814">If...</th> <th data-bbox="894 762 1555 814">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="245 814 894 856">The request was created in NaviNet</td> <td data-bbox="894 814 1555 856">Select Medical Authorizations Log</td> </tr> <tr> <td data-bbox="245 856 894 972">The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td data-bbox="894 856 1555 972">Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)			
If...	Then...									
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<p>2.</p>	<p>Select Auth Details on the request that needs to be amended.</p> <div data-bbox="245 1041 1354 1188" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">GRETA EMERSON</td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: ✔ Approved as of 03/18/2022</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> Auth Details + Create New History Attach Refresh Status </td> </tr> </table> </div>	GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: ✔ Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		Auth Details + Create New History Attach Refresh Status		
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AmeriHealth Caritas	Auth #: 92203003350									
Auth Details + Create New History Attach Refresh Status										
<p>3.</p>	<p>Select Amend.</p> <div data-bbox="245 1255 1539 1381" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"> Amend + Create New History Attach Authorization Search View/Print as PDF </td> </tr> <tr style="background-color: #e0f0e0;"> <td style="width: 30%;">✔ Approved</td> <td style="width: 40%; text-align: center;">Authorization #: 92203003026</td> <td style="width: 30%; text-align: right;">Effective: 03/31/2022</td> </tr> </table> </div>	Amend + Create New History Attach Authorization Search View/Print as PDF			✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022			
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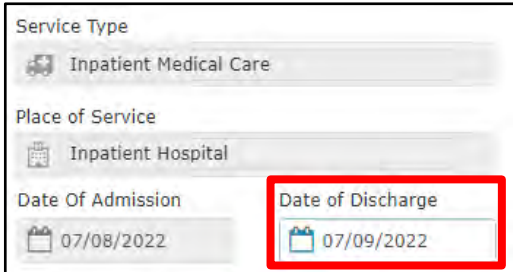
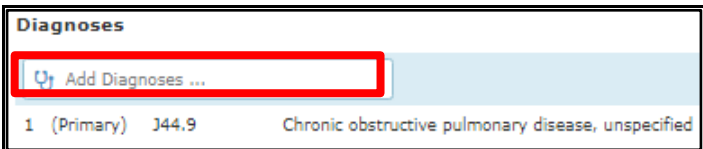
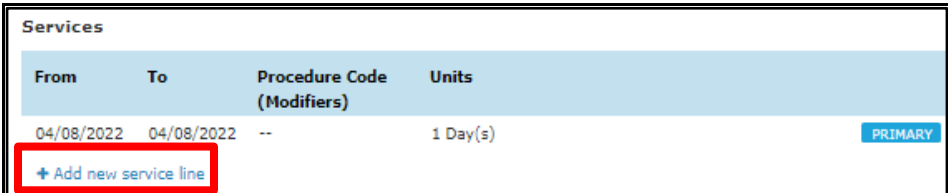
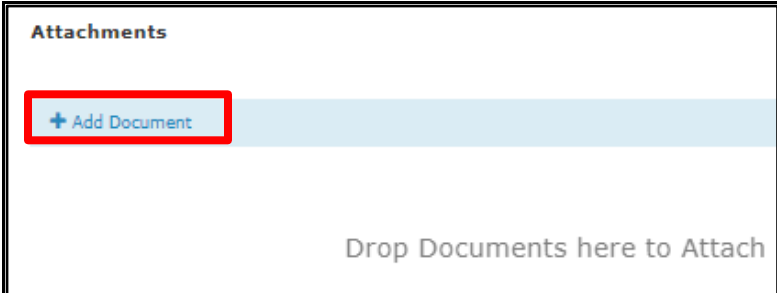
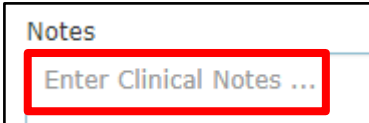
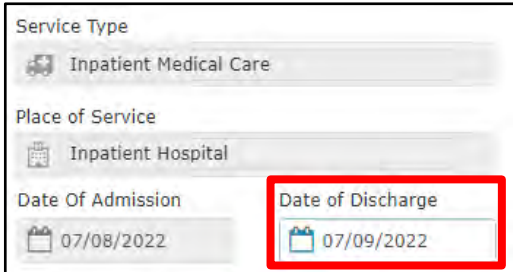
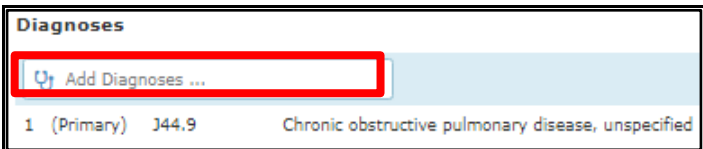
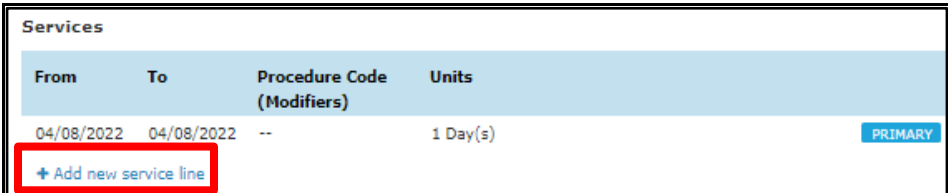
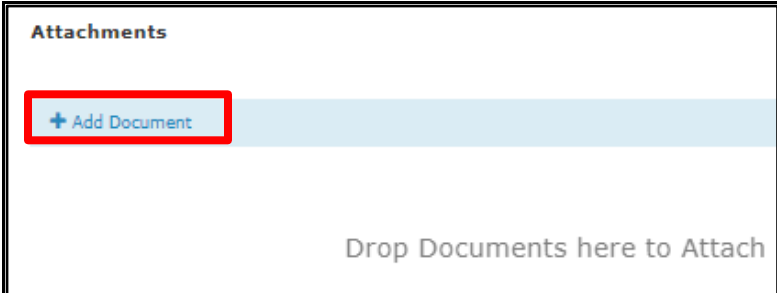
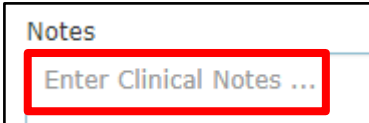
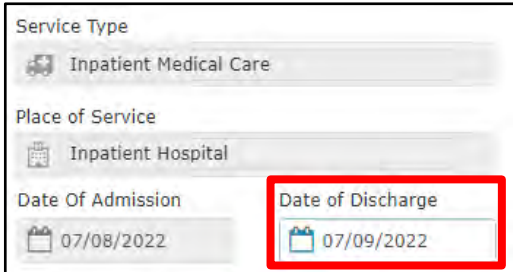
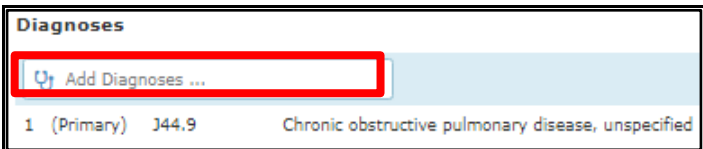
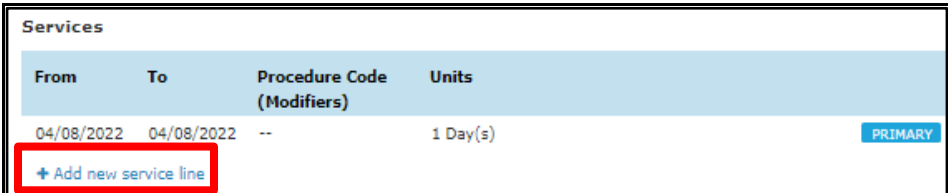
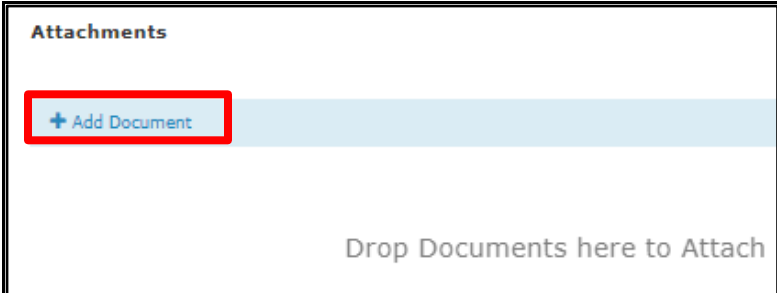
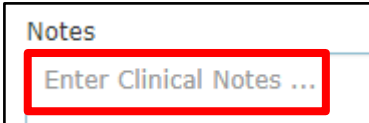
Amending an Authorization Request (cont'd)

Step	Action				
4.	<table border="1"> <thead> <tr> <th data-bbox="228 275 548 325">If...</th> <th data-bbox="548 275 1562 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="228 325 548 403">Amending an outpatient request</td> <td data-bbox="548 325 1562 403">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> </tbody> </table>	If...	Then....	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.
	If...	Then....			
	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.			
	Address the Date of Service				
	Add additional diagnoses if applicable				
	Add new service line				
Add attachments if applicable					
Add notes if applicable					

Amending an Authorization Request (cont'd)

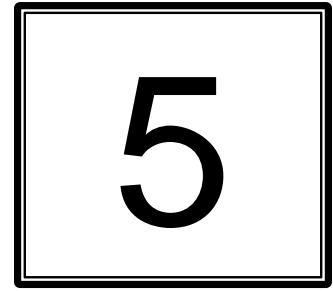
Step	Action												
4. (cont.)	<p>Amending an outpatient request</p> <p>Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 331 1563 703"><p>▼ Contact Information</p><table><tr><td>First Name</td><td>Phone Number</td></tr><tr><td>Beth</td><td>(843) 999-9999</td></tr><tr><td>Last Name</td><td>Fax Number</td></tr><tr><td>Williams</td><td>Optional</td></tr><tr><td>Email Address</td><td><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr><tr><td>Optional</td><td></td></tr></table><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel « Previous Submit</p></div>	First Name	Phone Number	Beth	(843) 999-9999	Last Name	Fax Number	Williams	Optional	Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations	Optional	
First Name	Phone Number												
Beth	(843) 999-9999												
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Optional													

Amending an Authorization Request (cont'd)

Step	Action																						
5.	<p data-bbox="240 237 639 268">Amending an inpatient request</p> <table border="1" data-bbox="240 275 1568 411"> <thead> <tr> <th data-bbox="240 275 488 325">If...</th> <th data-bbox="488 275 1568 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 325 488 411">Amending an inpatient request</td> <td data-bbox="488 325 1568 411">The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information</td> </tr> </tbody> </table> <table border="1" data-bbox="240 457 1568 743"> <tr> <td data-bbox="240 457 597 743">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="597 457 1568 743">  <p data-bbox="618 468 1127 737">Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date of Admission: 07/08/2022 Date of Discharge: 07/09/2022</p> </td> </tr> </table> <table border="1" data-bbox="240 743 1568 909"> <tr> <td data-bbox="240 743 597 909">Add additional diagnoses if applicable</td> <td data-bbox="597 743 1568 909">  <p data-bbox="610 753 1308 900">Diagnoses Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p> </td> </tr> </table> <table border="1" data-bbox="240 909 1568 1161"> <tr> <td data-bbox="240 909 597 1161">Add new service line</td> <td data-bbox="597 909 1568 1161">  <p data-bbox="610 919 1552 1110">Services</p> <table border="1" data-bbox="618 968 1544 1062"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p data-bbox="618 1062 1544 1110">+ Add new service line</p> </td> </tr> </table> <table border="1" data-bbox="240 1161 1568 1472"> <tr> <td data-bbox="240 1161 597 1472">Add attachments if applicable</td> <td data-bbox="597 1161 1568 1472">  <p data-bbox="610 1171 1382 1461">Attachments + Add Document Drop Documents here to Attach</p> </td> </tr> </table> <table border="1" data-bbox="240 1472 1568 1614"> <tr> <td data-bbox="240 1472 597 1614">Add notes if applicable</td> <td data-bbox="597 1472 1568 1614">  <p data-bbox="610 1482 976 1604">Notes Enter Clinical Notes ...</p> </td> </tr> </table>	If...	Then....	Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information	Providers can enter the date of discharge for members that have discharged.	 <p data-bbox="618 468 1127 737">Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date of Admission: 07/08/2022 Date of Discharge: 07/09/2022</p>	Add additional diagnoses if applicable	 <p data-bbox="610 753 1308 900">Diagnoses Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p>	Add new service line	 <p data-bbox="610 919 1552 1110">Services</p> <table border="1" data-bbox="618 968 1544 1062"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p data-bbox="618 1062 1544 1110">+ Add new service line</p>	From	To	Procedure Code (Modifiers)	Units	04/08/2022	04/08/2022	--	1 Day(s)	Add attachments if applicable	 <p data-bbox="610 1171 1382 1461">Attachments + Add Document Drop Documents here to Attach</p>	Add notes if applicable	 <p data-bbox="610 1482 976 1604">Notes Enter Clinical Notes ...</p>
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Amending an Authorization Request (cont'd)

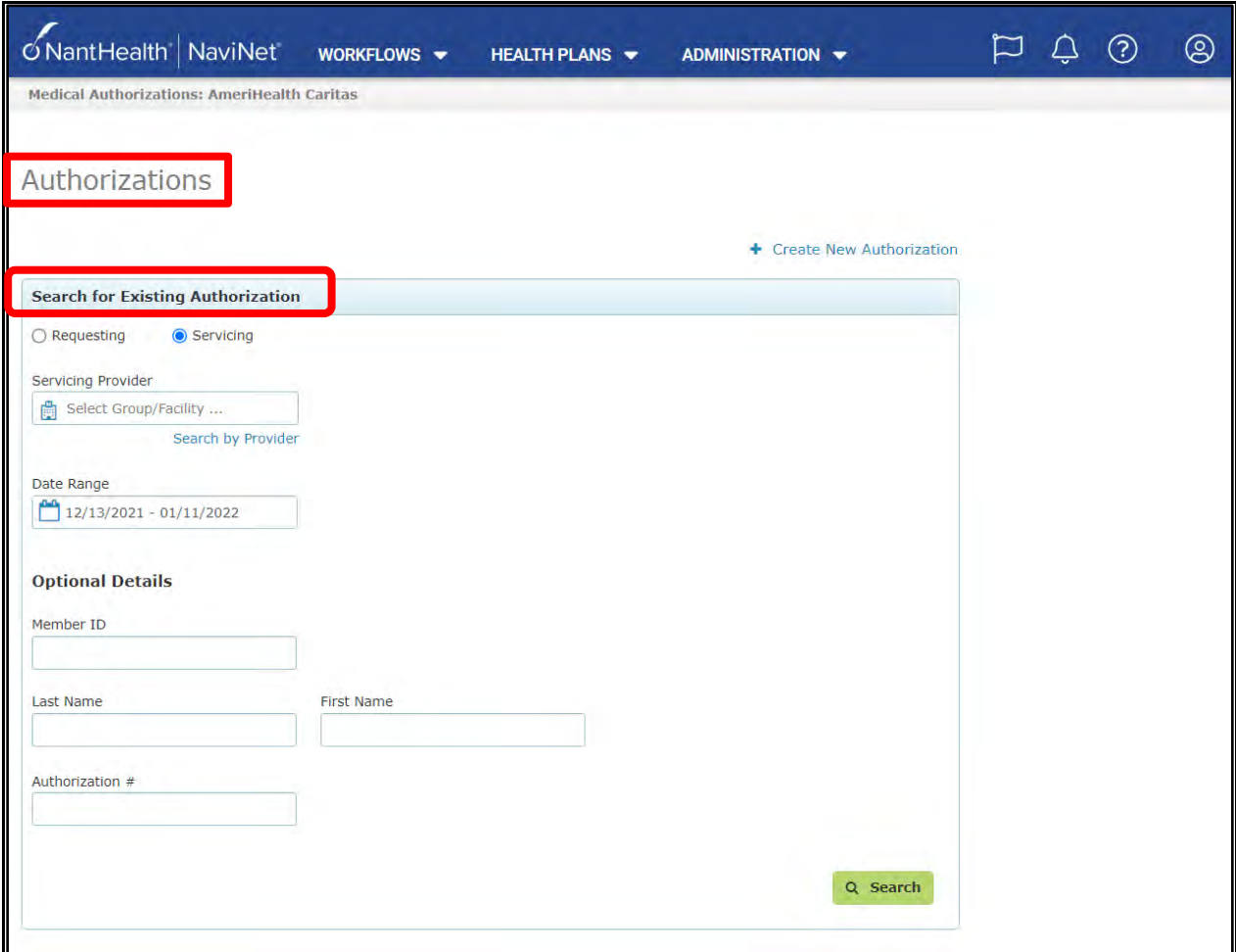
Step	Action						
5. (cont.)	<p data-bbox="251 237 651 268">Amending an inpatient request</p> <div data-bbox="251 279 548 436"><p>Enter contact information, check the Declaration box, and Submit</p></div> <div data-bbox="565 279 1568 699"><p data-bbox="573 296 781 317">▼ Contact Information</p><table border="0"><tr><td data-bbox="573 327 878 394">First Name Beth</td><td data-bbox="1068 327 1256 394">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="573 411 878 478">Last Name Williams</td><td data-bbox="1068 411 1243 478">Fax Number Optional</td></tr><tr><td data-bbox="573 495 878 562">Email Address Optional</td><td data-bbox="1068 474 1398 541"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><div data-bbox="573 562 1568 636"><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p></div><p data-bbox="1230 657 1528 688">Cancel « Previous Submit</p></div>	First Name Beth	Phone Number (843) 999-9999	Last Name Williams	Fax Number Optional	Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
First Name Beth	Phone Number (843) 999-9999						
Last Name Williams	Fax Number Optional						
Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations						



5 SEARCH FOR AN EXISTING AUTHORIZATION

Search for an Existing Authorization


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

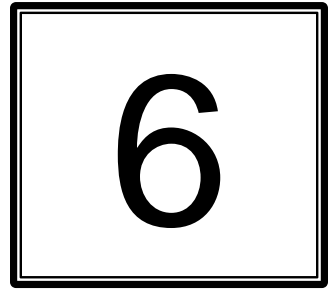
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div> <div data-bbox="240 558 1495 1524"></div>

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

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 268 1455 1247" style="border: 1px solid black; padding: 10px;"> <h3 style="margin: 0;">Authorizations</h3> <p style="text-align: right; margin: 0;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>Search for Existing Authorization</p> <div style="display: flex; align-items: center; gap: 10px;"> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </div> <div style="margin-top: 5px;"> <p>Servicing Provider</p> <input type="text" value="Select Group/Facility ..."/> </div> <div style="margin-top: 5px;"> <p>Date Range</p> <input type="text" value="02/09/2022 - 03/10/2022"/> </div> <div style="margin-top: 10px;"> <p>Optional Details</p> <p>Member ID <input type="text"/></p> <p>Last Name <input type="text"/> First Name <input type="text"/></p> <p>Authorization # <input type="text"/></p> </div> <div style="text-align: right; margin-top: 20px;"> <input type="button" value="Q Search"/> </div> </div> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1442 1606" style="border: 1px solid black; padding: 10px;"> <h3 style="margin: 0;">Authorizations: Search Results</h3> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <input type="text" value="Q Filter Results ..."/> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Authorization #</th> <th style="text-align: left;">Patient (Member ID) ^</th> <th style="text-align: left;">Status</th> <th style="text-align: left;">Requesting Provider</th> <th style="text-align: left;">Servicing Provider</th> <th style="text-align: left;">Proc.</th> <th style="text-align: left;">Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022																

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


Step	Action										
4.	<p>The user will be directed to the authorization details of the authorization that was selected in the previous step.</p> <div data-bbox="240 289 1511 554" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Additional actions may be accessed from the authorization details to include amending (only available for approved or partially approved requests), create new, attach, authorization search, and view/print as PDF.</p> <table border="1" data-bbox="240 663 1539 940"> <tbody> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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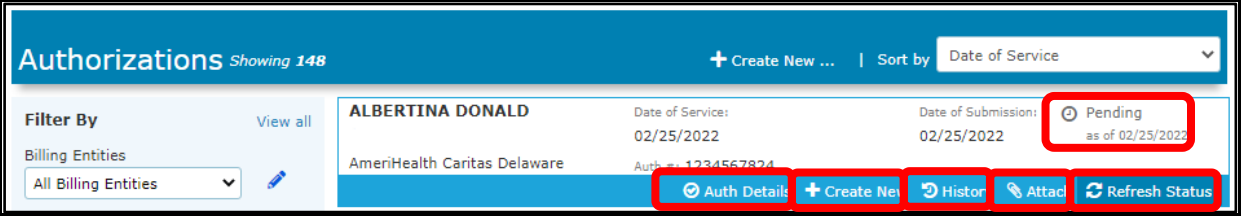

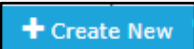




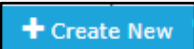




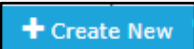



6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

Only requests that have been submitted via NaviNet Open Medical Authorizations will appear in the Authorization Log. To see cases that were initiated outside of NaviNet, use Search for an Existing Authorization (sometimes referred to as Authorization Inquiry).

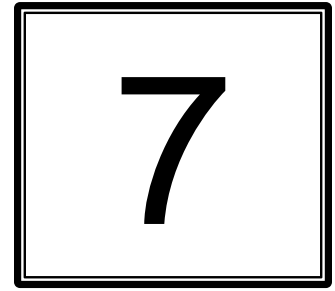
Step	Action																																
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <ul style="list-style-type: none"> Medical Authorizations Medical Authorizations Log  </div>																																
2.	<p>The user can +Create New, Sort by and Filter By. To see Authorizations created by you, check the box in front of Authorizations Created By Me.</p> <div data-bbox="240 730 1562 1360" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070c0; color: white; padding: 5px;"> Authorizations <small>Showing 148</small> + Create New ... Sort by Date of Service </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; border: 1px solid red;">Filter By</th> <th style="width: 30%;"></th> <th style="width: 20%;"></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td>Billing Entities All Billing Entities</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⌚ Pending as of 02/25/2022</td> </tr> <tr> <td>Patient Details Search for name or ID...</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td>Authorization # []</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td>Servicing Provider Search for name or ID...</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td>Date of service 12/11/2021-03/10/2022</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td><input checked="" type="checkbox"/> Authorizations Created By Me</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> <tr> <td>Status</td> <td>ALBERTINA DONALD AmeriHealth Caritas Delaware</td> <td>Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> </tbody> </table> </div>	Filter By				Billing Entities All Billing Entities	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Auth #: 1234567824 Servicing: Shock Trauma Associates Pa	Date of Submission: ⌚ Pending as of 02/25/2022	Patient Details Search for name or ID...	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa	Date of Submission: ⚠ Required as of 02/25/2022	Authorization # []	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa	Date of Submission: ⚠ Required as of 02/25/2022	Servicing Provider Search for name or ID...	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission: ⚠ Required as of 02/25/2022	Date of service 12/11/2021-03/10/2022	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission: ⚠ Required as of 02/25/2022	<input checked="" type="checkbox"/> Authorizations Created By Me	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission: ⚠ Required as of 02/25/2022	Status	ALBERTINA DONALD AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission: ⚠ Required as of 02/25/2022
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Search: Medical Authorization Log (cont'd)

Step	Action												
3.	<p>Once the user selects the desired authorization for review they have the ability to view the following if the request is in pending status: Auth Details, +Create New, History, Attach, and Refresh Status.</p>  <p>The screenshot shows the 'Authorizations' interface with the following details:</p> <ul style="list-style-type: none"> Header: Authorizations Showing 148, + Create New ..., Sort by Date of Service Filter By: View all, Billing Entities (All Billing Entities) Member: ALBERTINA DONALD Date of Service: 02/25/2022 Date of Submission: 02/25/2022 Status: Pending as of 02/25/2022 Buttons: Auth Details, + Create New, History, Attach, Refresh Status <table border="1" data-bbox="240 596 1526 982"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td></td> <td>Details related to the authorization</td> </tr> <tr> <td></td> <td>Create New Authorization for the member</td> </tr> <tr> <td></td> <td>Provides detailed history of the request</td> </tr> <tr> <td></td> <td>Ability to attach documents</td> </tr> <tr> <td></td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function		Details related to the authorization		Create New Authorization for the member		Provides detailed history of the request		Ability to attach documents		Allows the user to refresh the status for any updates.
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Search: Medical Authorization Log (cont'd)

Step	Action										
<p>3. (cont.)</p>	<p>If the request is in draft status different fields are available. Continue, Delete, Create New, and History</p> <div data-bbox="256 338 1544 527" style="border: 1px solid black; padding: 5px;"> <p> GRETA EMERSON Date of Service: 03/16/2022 Date of Submission: Draft <small>as of 11:29am Today</small> AmeriHealth Caritas Delaware Reference Id: -- </p> <p style="text-align: right;"> → Continue 🗑 Delete + Create New ↺ History </p> </div> <table border="1" data-bbox="256 573 1539 892" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">→ Continue</td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;">🗑 Delete</td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;">+ Create New</td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;">↺ History</td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	→ Continue	Allows the user to continue working on the 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
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↺ History	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

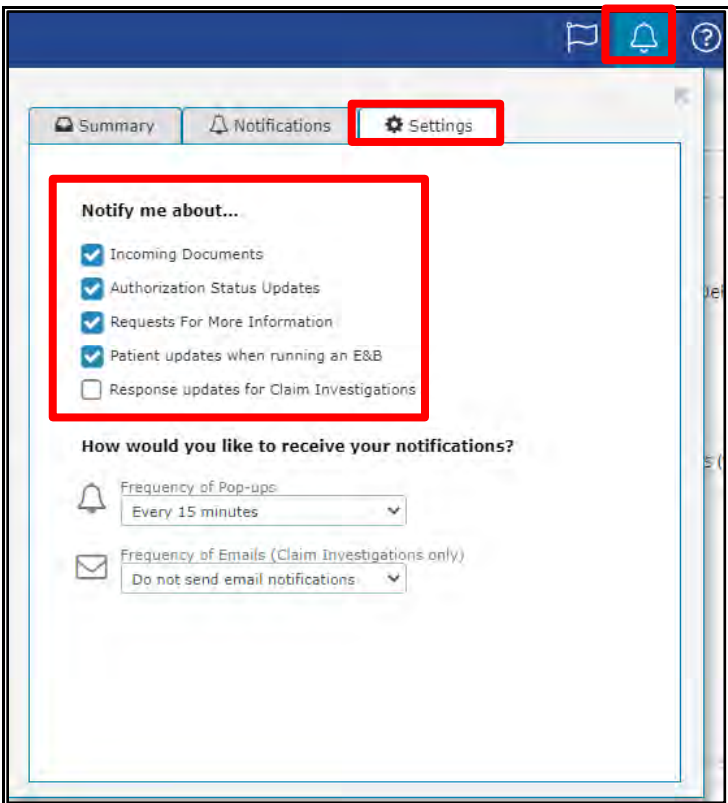
Request for More Information (RFMI)

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

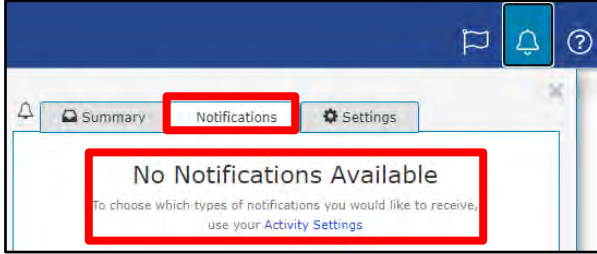
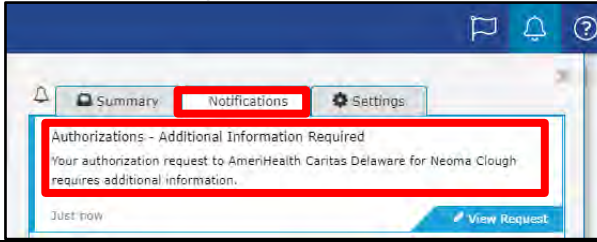
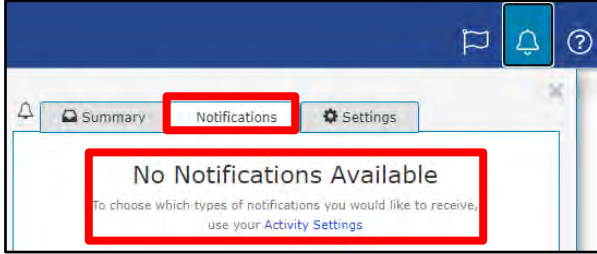
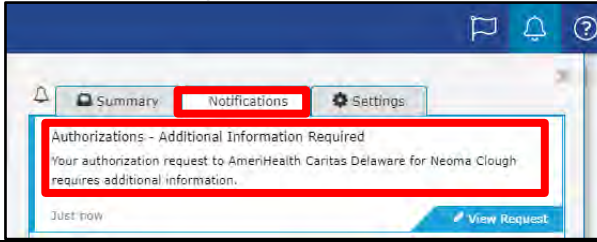
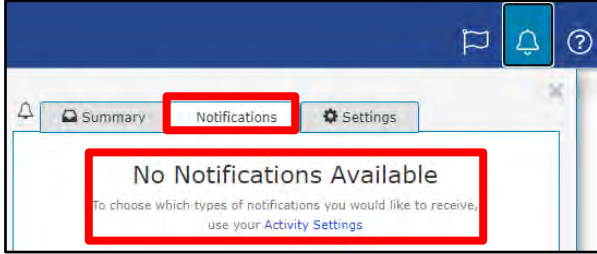
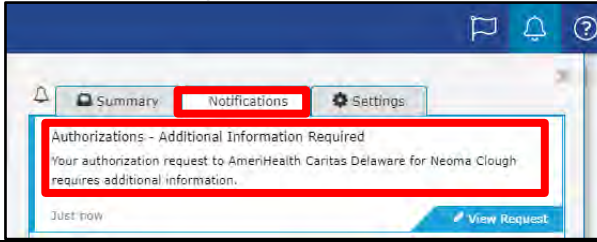
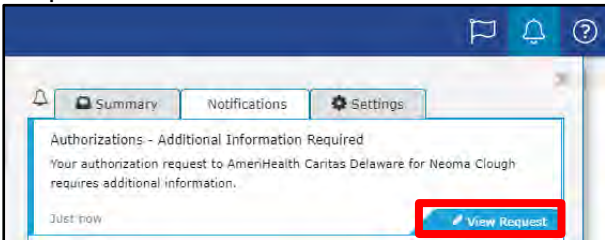
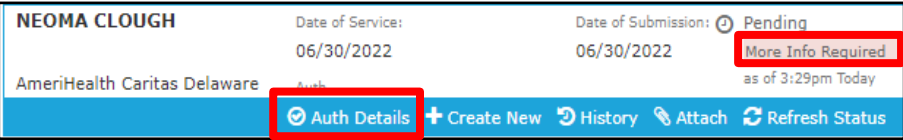


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


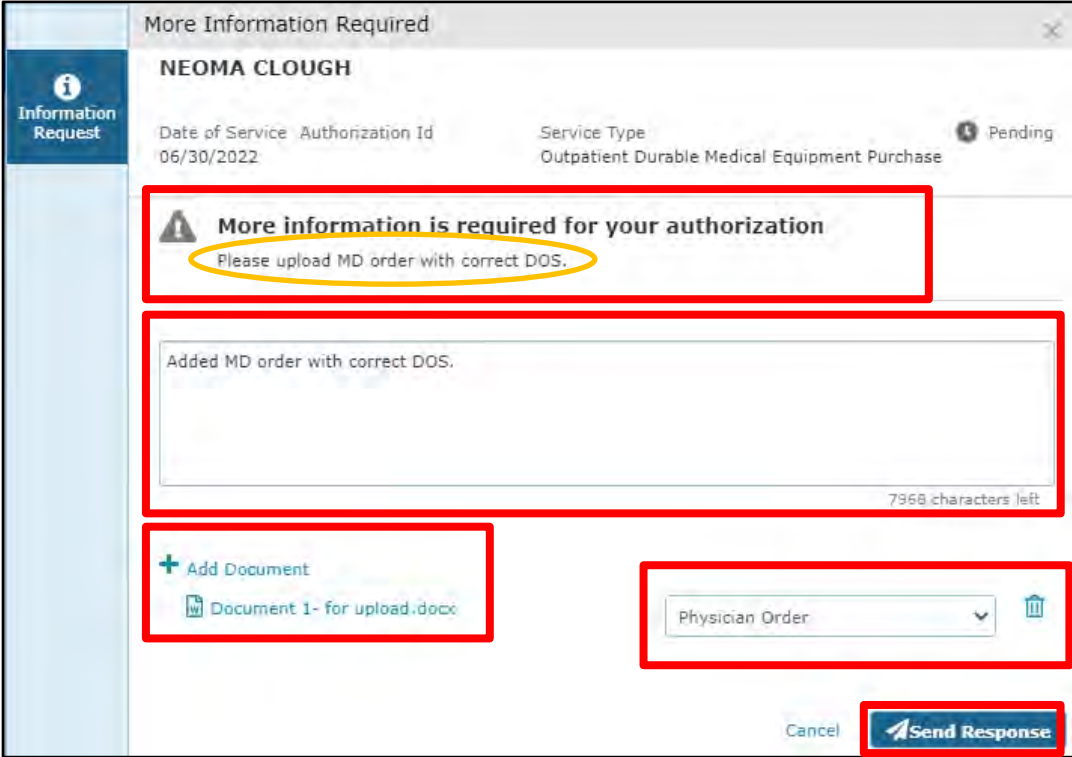
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	<p>Select the bell icon in the top right corner in NaviNet, then from the Settings tab, specify the notifications you would like to receive.</p> 


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

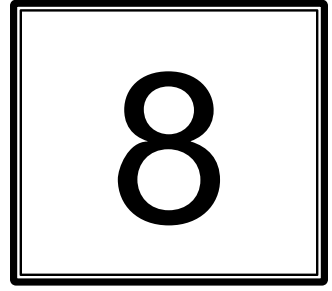
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 947"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 638">No notifications exist</td> <td data-bbox="618 310 1312 638"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 638 618 947">Notifications are available</td> <td data-bbox="618 638 1312 947"> <p>The user will see Authorizations – Additional Information Required.</p>  </td> </tr> </tbody> </table>	If...	Then...	No notifications exist	<p>The user will see No Notifications Available message.</p> 	Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 
If...	Then...						
No notifications exist	<p>The user will see No Notifications Available message.</p> 						
Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 						
3.	<p>There are 3 ways for the user to see RFMI from the health plan.</p> <ol style="list-style-type: none"> <li data-bbox="240 1045 1568 1352"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="240 1352 1568 1638"> <p>From the Medical Auth Log if More Info Required is listed the user will select Auth Details then select More Information Required to activate the More Information Required area.</p>  						

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

Step	Action
<p>3. (cont'd)</p>	<p>3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area.</p>  <p>The screenshot shows the 'Authorization Details' for NEOMA CLOUGH. At the top right is the AmeriHealth Caritas Delaware logo. Below the name are links for '+ Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF'. At the bottom, there is a 'Pending' status and a red box around the 'More Information Required »' link. Other details include 'Authorization #: 92206016951', 'Effective: 06/30/2022', and 'Expires: 09/02/2022'.</p>
<p>4.</p>	<p>Complete the more information required information request. The requested information will be listed under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send the response back to the health plan select Send Response.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. It includes fields for 'Date of Service' (06/30/2022), 'Authorization Id', and 'Service Type' (Outpatient Durable Medical Equipment Purchase). A red box highlights a warning message: 'More information is required for your authorization. Please upload MD order with correct DOS.' Below this is a text area containing 'Added MD order with correct DOS.' and '7958 characters left'. A red box highlights the 'Add Document' section, showing a document named 'Document 1- for upload.docx'. Another red box highlights the 'Physician Order' dropdown menu. At the bottom right, a red box highlights the 'Send Response' button.</p>

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

Step	Action
5.	<p>To see that the requested information has been sent back to the health plan, select History.</p>  <p>The screenshot shows the 'Authorization Details' page for NEOMA CLOUGH. The status is 'Pending'. A 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <ul style="list-style-type: none"> Attached Physician Order (07/27/2022 7:35pm) Response Sent (07/27/2022 7:35pm) More Information Required (07/27/2022 3:16pm) Pending (06/30/2022 9:10am) <p>The 'Response Sent' event is highlighted in blue, indicating it is the selected item.</p>



8 RESOURCES

Plan Contact Information

Health Plan	UM Phone Number	UM Fax Number
AmeriHealth Caritas Delaware	855-396-5770	866-423-0946
AmeriHealth Caritas District of Columbia	800-408-7510	877-759-6216
AmeriHealth Caritas Florida	855-371-8074	855-236-9285
AmeriHealth Caritas Louisiana	888-913-0350	866-397-4522
AmeriHealth Caritas New Hampshire	833-472-2264	833-469-2264
AmeriHealth Caritas North Carolina	833-900-2262	833-893-2262
AmeriHealth Caritas Northeast	888-498-0504	888-743-5551
AmeriHealth Caritas Pennsylvania	800-521-6622	866-755-9949
Blue Cross Complete of Michigan	888-312-5713	888-989-0019
Keystone First	800-521-6622	215-937-5322
Select Health of South Carolina	888-559-1010	888-824-7788
AmeriHealth Caritas Next	833-702-2262	844-412-7890
AmeriHealth Caritas VIP Care Plus	888-978-0862	866-263-9036
First Choice VIP Care Plus	888-996-0499	855-236-9284
AmeriHealth Caritas VIP Care	866-533-5490	855-707-0847
First Choice VIP Care	888-996-0499	855-236-9284
Keystone First VIP Choice	800-450-1166	855-707-0847
AmeriHealth Caritas Pennsylvania Community HealthChoices	800-521-6007	855-332-0115
Keystone First Community HealthChoices	800-521-6622	855-540-7066

Escalation Process and Training Requests – Account Executives and Providers

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