

NaviNet Medical Authorizations Frequently Asked Questions

What are the first steps?

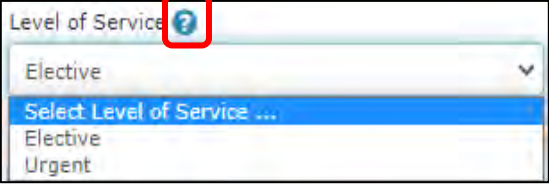
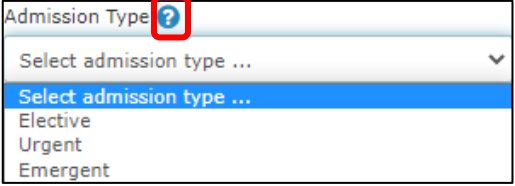
Question	Response
<i>What web browsers are supported by NaviNet?</i>	The following web browsers are supported: <ul style="list-style-type: none"> • Chrome • Edge • Firefox • Safari
<i>What is the first step in creating a new authorization/request?</i>	Select Medical Authorizations under Workflows for this Plan on the Plan Central Page.
<i>When creating a new authorization, how can you search for the patient?</i>	The Patient Search screen allows the user to search by Member ID or by Member Name . If searching by Member Name, the member's first name, last name and date of birth (DOB) are required. If there are multiple matches based on the 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.
<i>What is the purpose/function of the pre-screening questions?</i>	The pre-screening questions are a way to help the user verify that they are using the correct authorization process.
<i>Why did I not advance to the pre-screening questions?</i>	If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.

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Inpatient Emergent Admission

Question	Response
<i>What should I select to notify the health plan of an emergent admission notification?</i>	<ul style="list-style-type: none"> • For emergent admission notifications, users can select Inpatient Emergent Admission Notification under service type.

Elective, Urgent, and Emergent

Question	Response
<i>What is the difference between Elective, Urgent, and Emergent?</i>	<ul style="list-style-type: none"> • Outpatient requests include: <ul style="list-style-type: none"> ○ Elective – Services scheduled in advance that do not involve a medical emergency. ○ Urgent – An unexpected illness or injury that needs prompt medical attention, but is not an immediate threat to the patient’s health. • Inpatient requests include: <ul style="list-style-type: none"> ○ Elective - <u>Potential admission</u> for illness/injury; enrollee not currently admitted. ○ Urgent - <u>Potential admission</u> 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 - <u>Concurrent review</u>; enrollee is currently admitted. <p>Note: Users can click the question mark next to the Level of Service field for Outpatient requests and next to the Admission Type field for Inpatient requests to display these guidelines.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 45%;">  <p>Level of Service ?</p> <p>Elective</p> <p>Select Level of Service ...</p> <p>Elective</p> <p>Urgent</p> </div> <div style="border: 1px solid black; padding: 5px; width: 45%;">  <p>Admission Type ?</p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> </div>

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IP Delivery/Maternity Requests

Question	Response								
<p><i>What is the difference between IP Delivery Notification and IP Maternity?</i></p>	<ul style="list-style-type: none"> IP Delivery Notification - Providers will utilize this service type if the member has in fact delivered as well as the place of service. <div style="margin-top: 5px;"> <p>Service Type</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> + Inpatient Delivery Notification × </div> <p style="font-size: 0.8em; margin-top: 5px;">Warning: Service line date ranges cannot overlap with the date range from another service line.</p> <p>Place of Service</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> + Select place of service... </div> <div style="border: 1px solid #ccc; margin-top: 2px; padding: 2px;"> <p style="background-color: #004a7c; color: white; padding: 2px;">Birthing Center</p> <p style="padding: 2px;">Inpatient Hospital</p> </div> </div> <p style="margin-top: 10px;">This will prompt users to enter information related to the newborn prior to continuing the request for authorization.</p> <div style="margin-top: 10px;"> <p>Service Type: Inpatient Delivery Notification</p> <p>Place of Service: Inpatient Hospital</p> <hr style="border: 0.5px solid #ccc;"/> <table style="width: 100%; border-collapse: collapse; font-size: 0.9em;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Name</th> <th style="width: 15%;">Gender</th> <th style="width: 20%;">Date of Birth</th> <th style="width: 35%;">Delivery Period</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="padding-top: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> + Add Maternity Details </div> </td> </tr> </tbody> </table> </div> IP Maternity – Providers will utilize this option should the member experience complications during their pregnancy and require hospitalization. <div style="margin-top: 5px;"> <p>Service Type</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> + Inpatient Maternity × </div> <p style="font-size: 0.8em; margin-top: 5px;">Warning: Service line date ranges cannot overlap with the date range from another service line.</p> </div> 	Name	Gender	Date of Birth	Delivery Period	<div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> + Add Maternity Details </div>			
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Searching for an Existing Authorization

Question	Response
<i>How can I search for an existing authorization?</i>	From the Plan Central Page, select Medical Authorizations under Workflows for this Plan . There is a box on the Authorizations screen that is titled Search for Existing Authorization . The user has the ability to search by requesting or servicing provider.

Discharge Date

Question	Response
<i>Will I be permitted to capture the member's discharged date?</i>	Yes, Providers will have the ability to record the member's discharge date for any initial and/or amended inpatient authorization request in NaviNet provider portal. This information will be recorded within the health plans discharge screen.

Overlapping Dates

Question	Response
<i>What happens if the dates of services overlap?</i>	The system will notify the user with the following message: <i>"Warning: Service line date ranges cannot overlap with the date range from another service line."</i>

365 Day Authorization

Question	Response
<i>Will the provider be allowed to request a period of 365 days on an authorization?</i>	Yes, providers will have the ability to submit an Outpatient authorization request for a period of 365 days."

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Pending Request

Question	Response
<i>Are providers notified that additional information is required for a pending authorization (i.e. medical records or additional clinical information)?</i>	<p>If the user is signed up to receive Notifications, they will receive a pop-up alert inside NaviNet with the ability to launch to the “Authorization Details” screen. Once the user launches the “Authorization Details” for that patient, they will be able to see and review the notes from the Health Plan.</p> <p>Note: The first time you access a Medical Authorizations, a pop-up window will display asking the user to turn on the notifications. If YES is selected, the “Settings” menu will appear. Select “Authorizations Status Updates” to modify the frequency of the pop-up. This field can also be accessed via the “Bell” icon followed by “Settings.”</p>
<i>How long does the Pending process take?</i>	Refer to the predetermined turnaround times for your health plan. Turnaround times vary based on the request type, urgency, and respective State guidelines.

Retroactive Request

Question	Response
<i>Can the start date be retroactive?</i>	The start date can be modified for Inpatient authorizations up to 180 days in the past and 90 days in the future. The start date cannot be modified for Outpatient authorizations.

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InterQual

Question	Response
<i>Will the provider have to select a guideline for every authorization or only certain scenarios?</i>	The InterQual workflow will be presented for certain scenarios. Note: InterQual is a clinical criteria tool that aids AmeriHealth Caritas in determining medical necessity for service authorization requests. This tool is utilized to collect clinical information to provide an appropriate determination based on criteria set information entered/provided.
<i>Will certain scenarios receive an “auto-approval” via InterQual?</i>	This tool may provide instances in which an auto-approval is obtainable after the completion of an InterQual review.

Procedure and Diagnosis Codes

Question	Response
<i>What happens if an incorrect procedure code is entered?</i>	If an incorrect Procedure Code is entered the request may not be processed. Important Reminder: <i>The Procedure Code field is a free text field, not a lookup field. The user will not be prompted if an incorrect code is entered, so it is very important for users to enter the correct code.</i>
<i>If the provider enters an incorrect procedure code, will the system notify them?</i>	The NaviNet system does not inform the user that an incorrect procedure code has been entered. However, once submitted AmeriHealth Caritas may send an error code “Input errors, correct and resubmit.” This error may or may not point to an issue with the procedure code.
<i>What if an invalid procedure code is used?</i>	If an invalid procedure code is entered, NaviNet will not alert the user. The user may receive a non-descript error message. This may or may not be caused by an invalid procedure code.
<i>What if the provider has more than 12 diagnosis codes or procedure codes?</i>	EDI does not support more than 12 diagnosis codes or more than 15 procedure codes.

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Provider Types	
Question	Response
<i>What provider types are included in an inpatient request?</i>	In an inpatient request, there is a <i>Requesting Provider</i> (provider that is requesting the service), a <i>Servicing Provider</i> (provider completing the service <i>aka Attending Provider</i>), and a <i>Servicing Facility</i> (location where the service will be performed).
<i>What provider types are included in an outpatient request?</i>	In an outpatient request, there is a <i>Requesting Provider</i> (provider requesting the service) and a <i>Servicing Provider</i> (provider completing the service).
<i>Will <u>NON-PAR</u> providers appear under Servicing Provider?</i>	Yes.
<i>What if the Servicing Provider/Facility is not found?</i>	The provider should default to phone or fax submission.
<i>Can the requesting and servicing provider be the same?</i>	Yes.
<i>Can the user create a favorites list for diagnosis and providers?</i>	No, this option is not available at this time.

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Documents

Question	Response
<i>What document types can be attached to a request?</i>	Supported document types include the following: pdf, docx, xml, csv, png, gif . Up to 10 documents may be attached. Note: If the user is attaching a document, the appropriate document type must be selected.
<i>Is adding an attachment optional?</i>	Yes, adding attachments is optional. You can add attachments after the authorization is submitted by navigating to the “Auth Details” screen and clicking “Attach.”

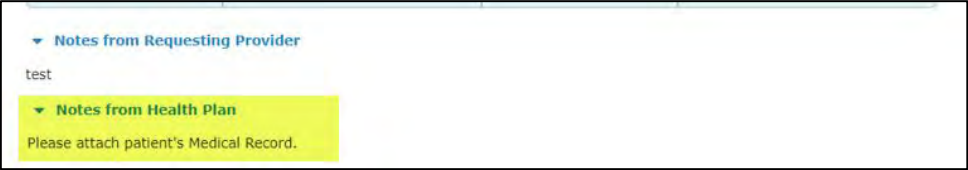
Declaration Check Box

Question	Response
<i>What is the declaration check box?</i>	The declaration check box is an agreement from the provider in which they agree to notify the member of any services that are approved.

Notes & Notifications

Question	Response
<i>Is there a character limit in the notes section?</i>	Yes, there is a 264-character limit in the Notes section.
<i>Will there be an alert when there is a note from the Health Plan?</i>	If the user is signed up to receive notifications, they will receive a pop-up alert inside NaviNet with the ability to launch to the “Authorization Details” screen. Once the user launches the “Authorization Details” for that patient, they will be able to see and review the notes from the Health Plan

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<p><i>How will UM communicate with the Provider?</i></p>	<p>Notes from the Health Plan will be displayed in the Authorization Details screen in the Notes from Health Plan section.</p> 
<p><i>Are Notifications the only place where UM will communicate with the Provider?</i></p>	
<p><i>Is the contact information required to be entered by the user?</i></p>	<p>Yes, the user must submit their First Name, Last Name, and Phone Number. If they attempt to bypass this area, the system will remind them that this is a required field.</p>
<p><i>Will the communication between Providers and the Health Plan be instant?</i></p>	<p>No, communication may be slightly delayed.</p>

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Amending a Request

Question	Response
<i>What does it mean to amend a request?</i>	Amending a request is the process of extending existing services or requesting another service on the same authorization. Amending is NOT the process of changing a request that has already been submitted. Note: Only requests that have been approved or partially approved can be amended.
<i>Can changes be made to a request once it has been submitted?</i>	The user is unable to make changes to a request that has already been submitted.
<i>What is the maximum number of services that can be added to an authorization?</i>	The maximum number of services that can be added to an authorization is 15.

Appeals

Question	Response
<i>Can appeals be initiated in NaviNet?</i>	No.

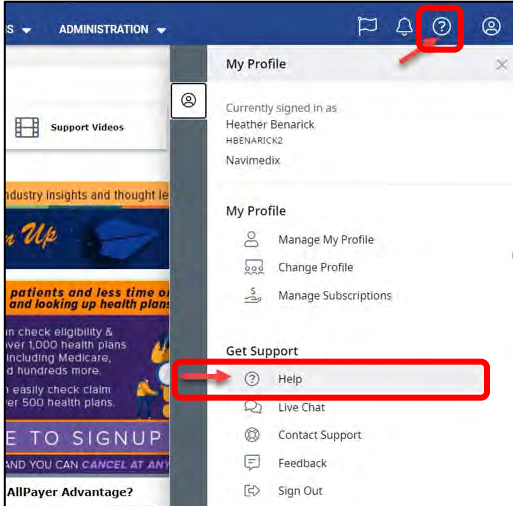
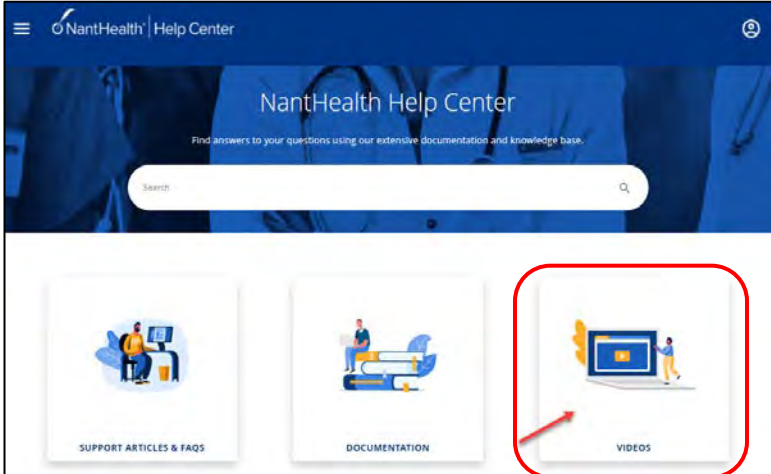
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Medical Authorization Log

Question	Response																	
<i>Is there a way for providers to see all the authorizations that have been created in NaviNet?</i>	Yes. In the Medical Authorizations Log , users have the ability to select a checkbox “ Authorizations Created by Me ” on the left side of the screen.																	
<i>What do the various statuses represent in the Medical Authorizations Log?</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9ead3;">If the status is....</th> <th style="background-color: #d9ead3;">Then...</th> </tr> </thead> <tbody> <tr> <td>Approved</td> <td>the request is Approved</td> </tr> <tr> <td>Denied</td> <td>the request is Denied</td> </tr> <tr> <td>Pending</td> <td>the request is Pending review from the health plan</td> </tr> <tr> <td>Partially Approved</td> <td>either some items were approved and others were not and/or items approved were of a lesser amount or frequency</td> </tr> <tr> <td>No Authorization Required (NA)</td> <td>the request does not require authorization</td> </tr> <tr> <td>Duplicate</td> <td>the request was identified as a duplicate request</td> </tr> <tr> <td>Cancelled</td> <td>the system has detected a possible duplicate episode and cancelled/voided the request</td> </tr> </tbody> </table>		If the status is....	Then...	Approved	the request is Approved	Denied	the request is Denied	Pending	the request is Pending review from the health plan	Partially Approved	either some items were approved and others were not and/or items approved were of a lesser amount or frequency	No Authorization Required (NA)	the request does not require authorization	Duplicate	the request was identified as a duplicate request	Cancelled	the system has detected a possible duplicate episode and cancelled/voided the request
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NaviNet Support

Question	Response
<p><i>Is there a NaviNet Customer Service phone number?</i></p>	<p>Yes, the NaviNet Customer Service Support number is: 1-888-482-8057.</p>
<p><i>Is there a tutorial available? If so, where is it located?</i></p>	<p>Yes, the Medical Authorization video tutorial will be available under videos on the NantHealth Help Center and on each of the appropriate Plan Central pages.</p> <p>Navigation to the Authorization video in NantHealth Help Center</p> <div style="display: flex; justify-content: space-around;">   </div>