2025 AmeriHealth Caritas North Carolina (ACNC) Clinical Leadership Form

NaviNet Medical Authorizations Workflow

AmeriHealth Caritas®
North Carolina

Agenda

AmeriHealth Caritas North Carolina

- Introduction to ACNC
- Recent Prior Authorization Updates
- NaviNet Provider Portal
- Authorization Workflows
- Wrap-up and Questions

The AmeriHealth Caritas North Carolina Family of Health Plans

AmeriHealth Caritas North Carolina

Offering whole-person care for today, tomorrow and whatever is next.

Products offered in North Carolina through AmeriHealth Caritas North Carolina, Inc. (ACNC) include a Medicaid managed care prepaid health plan (PHP) and AmeriHealth Caritas Next, offering affordable health plans on and off the North Carolina Health Insurance Marketplace.

AmeriHealth Caritas North Carolina
FAMILY OF HEALTH PLANS

AmeriHealth Caritas North Carolina

AmeriHealth Caritas Next
A product of AmeriHealth Caritas North Carolina, Inc.

AmeriHealth Caritas Family of Companies

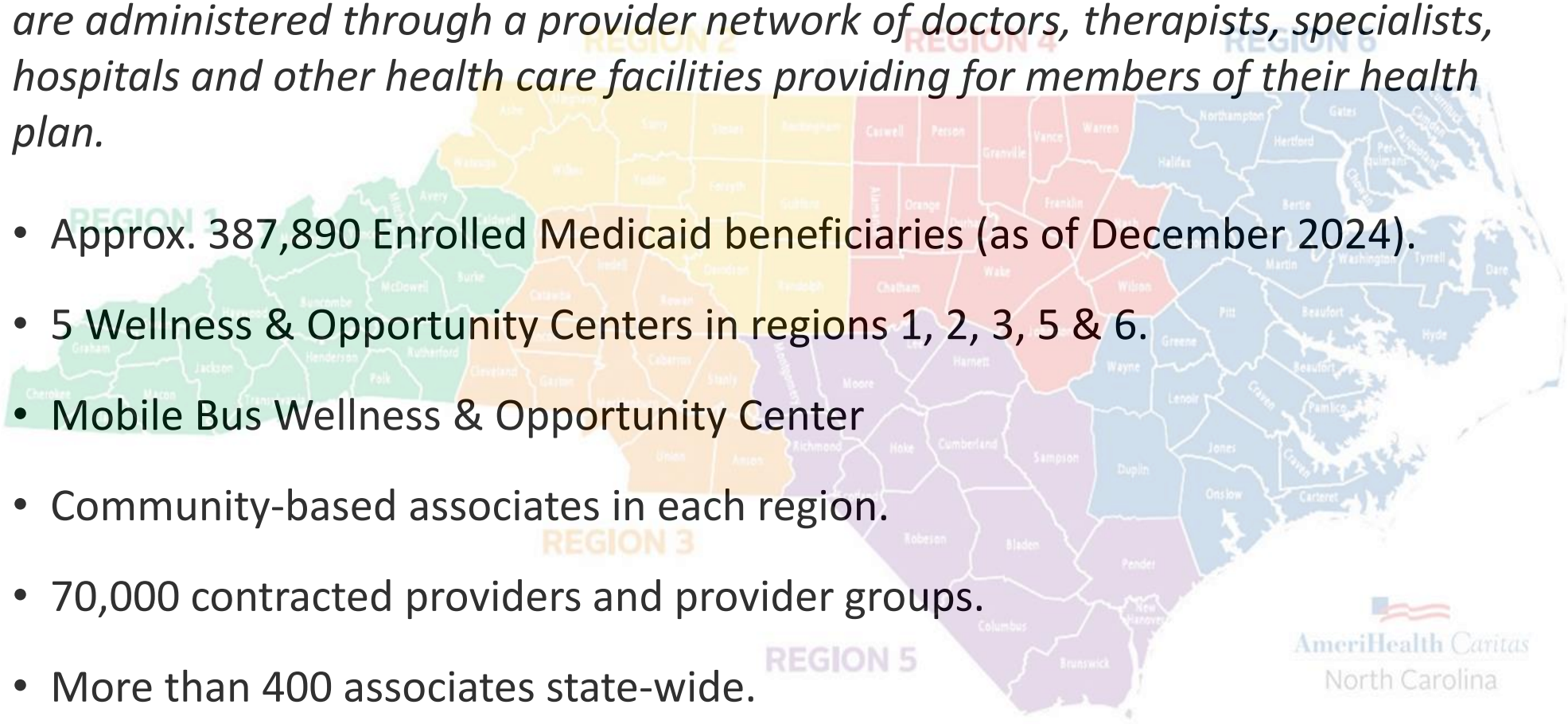
AmeriHealth Caritas North Carolina

Vision: *To be the national leader in empowering those in need, especially the underserved and the disabled, across their full life journey, from wellness to resilience, in order to reach their American Dream.*

- Medicaid is 95% of total membership.
- Medicaid markets are DC, DE, LA, MI, NC, NH, OH, PA & SC.
- Growing business in Exchange (NC Next) and Medicare, including D-SNP.
- Owned by 2 non-profits.
- We invest in communities.

Standard Plan - Medicaid Managed Care

ACNC is a Standard health plan offering integrated physical health, pharmacy, care coordination, basic mental health and wellness programs. These services are administered through a provider network of doctors, therapists, specialists, hospitals and other health care facilities providing for members of their health plan.



- Approx. 387,890 Enrolled Medicaid beneficiaries (as of December 2024).
- 5 Wellness & Opportunity Centers in regions 1, 2, 3, 5 & 6.
- Mobile Bus Wellness & Opportunity Center
- Community-based associates in each region.
- 70,000 contracted providers and provider groups.
- More than 400 associates state-wide.

12/1/2024
Data from ACNC Enterprise Analytics Team
Source for Map

Sia Vang (center right) and Brittany Campbell (right) attended the NC Pediatrics Society Annual Meeting in Durham. They shared our HEDIS Quick Reference Guides with providers, including colleagues from Concord Children's Pediatrics and High Point Pediatrics.

The most recent provider notifications can be found on Newsletters and Updates webpage.

Please contact your Provider Network Management (PNM) Account Executive (AE) with any questions.

AmeriHealth Caritas North Carolina

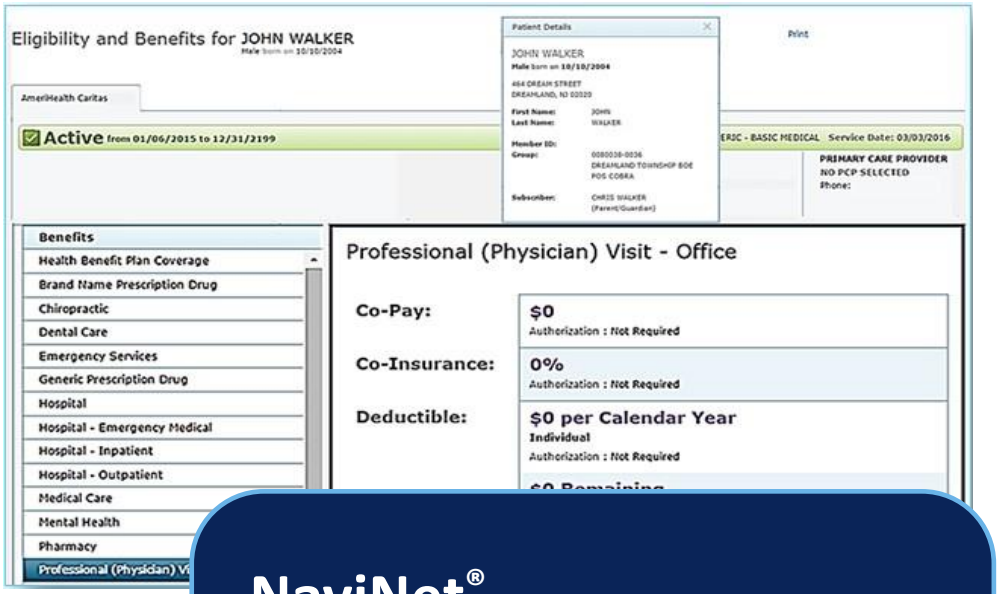
NaviNet Provider Portal

AmeriHealth Caritas™
North Carolina

PROVIDER RESOURCES
NaviNet® - SECURE PROVIDER PORTAL

AmeriHealth Caritas North Carolina

- Member eligibility and benefits information
- Panel roster reports
- Care gap reports to identify needed services
- Create claims investigations to research or dispute claims
- Member clinical summaries
- Admission and discharge reports
- Medical and pharmacy claims data
- Claims adjustment inquiry



NaviNet®
http://www.navinet.net/
1-888-482-8057

NAVINET PROVIDER PORTAL

Workflows for this Plan

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

Training Videos

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

Quick Links:

- Billing information (PDF)
- File a Provider Grievance or Appeal
- NCDHHS Provider Fact Sheets
- Provider manual (PDF)
- Provider Quick Reference Guide (PDF)
- Radiology authorizations processed by NIA

Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET.** You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.

Authorizations are here!

Submit online today

Learn more

Welcome to the provider portal, NaviNet Plan Central.

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

For Primary Care Providers, member panel rosters are available. AMH providers can pull their capitation reports from the workflow menu under Financial Reports.

Visit our Prior Authorization webpage for details on requesting prior authorization for different services.

Tools for Quality Outcomes

Our quality tools and resources are designed to support ACNC Medicaid providers and staff in giving members excellent and efficient health care.

Using the Care Gaps Response Forms allows you to close care gaps by entering information electronically, while reducing paperwork and enabling more frequent status updates. Here you can watch the Care Gap Response Form training video, navigate to the form to enter information on services provided and find step-by-step instructions on accessing and completing the response forms inside the provider guide.

Please note that with this upgraded electronic functionality, faxed submissions of the Care Gap Worksheet will no longer be accepted.

- Behavioral Health Quality Enhancement Program (BH QEP) Manual (PDF)
- Care Gaps Response Form Provider Guide (PDF)
- Care Gaps Response Form Training Video
- Gaps in Care Reference Guide (PDF)
- Perinatal Quality Enhancement Program (PQEP) (PDF)
- Primary Care Physician Total Cost of Care (PCP TCOC) (PDF)

Claims submission alert:

Please note that there are two separate plans offered by AmeriHealth Caritas North Carolina, Inc.

- For AmeriHealth Caritas North Carolina **Medicaid claims** please use EDI payer ID number **81671**.
- For AmeriHealth Caritas Next **QHP claims** please use EDI payer ID number **83148**.

Please see the complete notice (PDF) for more information. **Improper claim submissions could result in payment delays.**

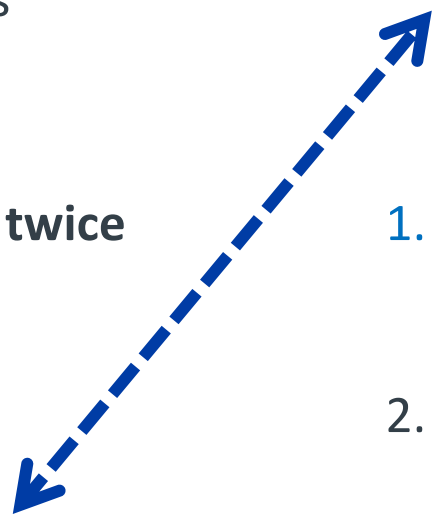
Member Eligibility, Benefits, and Covered Services

AmeriHealth Caritas North Carolina

How to Verify Eligibility and Benefits

AmeriHealth Caritas North Carolina

- Timely access to both medical and behavioral health providers is required.
- Members may change their Primary Care Physician (PCP) **twice** a year, without cause.
- *Prior to rendering services,* providers are responsible for verifying member **eligibility**.
- New members are screened to identify needed services.
- Transition plans are available for up to ninety (90) days, including Long Term Service and Supports (LTSS).



How to verify eligibility?

1. NaviNet® Secure Provider Portal
2. Provider Services **1-888-738-0004** **Member Eligibility** prompts
3. North Carolina Medicaid Management Information Systems (NC MMIS) via NCTracks

Mental Health Parity & Prior Authorizations

AmeriHealth Caritas North Carolina

Prior Authorization requirements removed for more than 1,900 procedure codes since 2023.

To improve member access to services and reduce provider administrative burden, AmeriHealth Caritas North Carolina has eliminated prior authorization requirements for a wide range of physical and behavioral health procedure codes:

- 1,703 physical and behavioral health procedure codes removed in 2023-24
- 275 additional codes removed as of January 1, 2025, including:
  - DME, PT and OT, surgery
  - Mobile Crisis Management, Outpatient treatments, etc.
- ACNC Prior Authorization lookup tool updated with latest changes

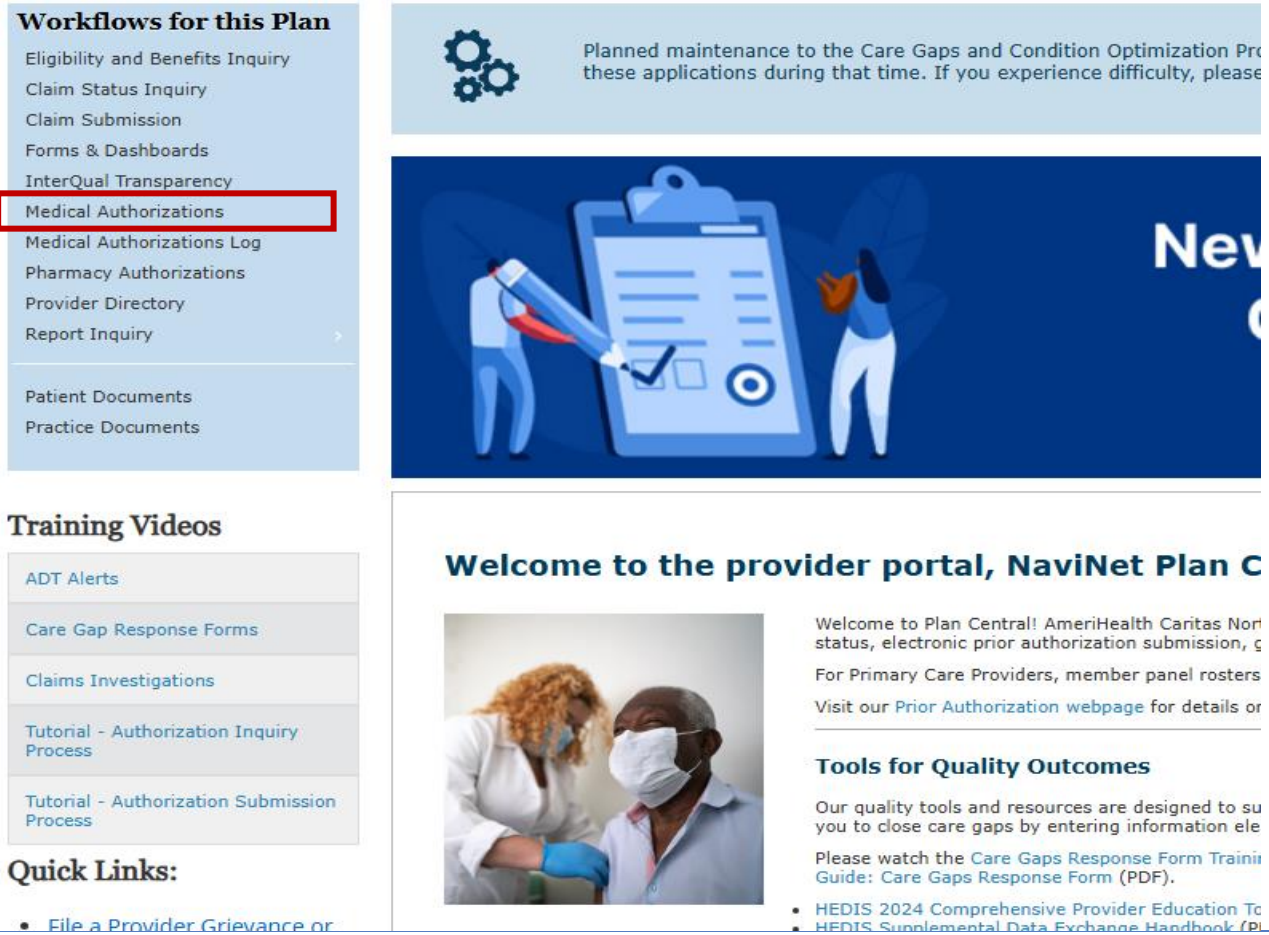
December 12, 2024, #30-190029-DHB BH I/DD Prepaid Health Plan AmeriHealth Caritas of North Carolina
Revised Notice of Waiver of Contract Requirements and Utilization Management Program Changes to Address Mental Health Parity Requirements

Prior Authorization Management Access

Prior-Authorization Management Access

AmeriHealth Caritas North Carolina

- Sign into NaviNet.
- Log on to NaviNet, click on **My Health Plans** and choose AmeriHealth Caritas North Carolina, then click the link for **Medical Authorizations under Workflows for this Plan.**
- Supporting documentation attachment functionality now live.



Benefits of Using NaviNet Prior Authorizations

AmeriHealth Caritas North Carolina

- Improves turn around time for authorizations.
- Reduces environmental impact (less paper/ink).
- Improves data accuracy by streamlining data entry.
- Reduces the need to fax information.
- Improves risk stratification accuracy which leads to better assessment of needs and program resources.

See our Prior Authorization website for the most up to date information.

Supported Browsers

AmeriHealth Caritas North Carolina

NaviNet supports the following operating systems and browsers:

Windows® operating system version 10 and 11

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

Macintosh® operating system

- Safari® 17 on macOS® 14 (Sonoma)
- Safari 18 on macOS 15 (Sequoia)
- Mozilla Firefox (latest version)
- Google Chrome (latest version)

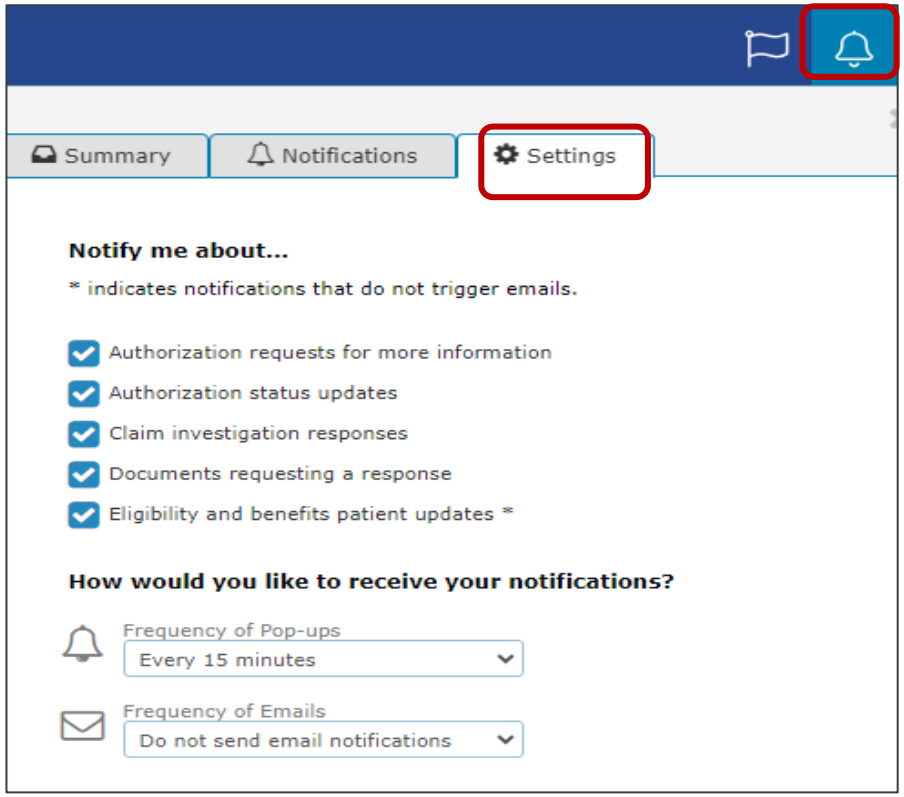
Linux® operating systems

- Mozilla Firefox (latest version)

NOTE: Internet Explorer is not a supported browser.

Notifications

- Notifications are an important part of the communication process between the health plan and the provider.
- Users can opt to receive notifications whenever a request is sent from the health plan to the provider.
- Notifications can be managed from the bell icon in the top right banner on the home page. Click on **Settings** and check the desired notifications to receive and the frequency.



Creating A New Authorization Request

AmeriHealth Caritas North Carolina

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

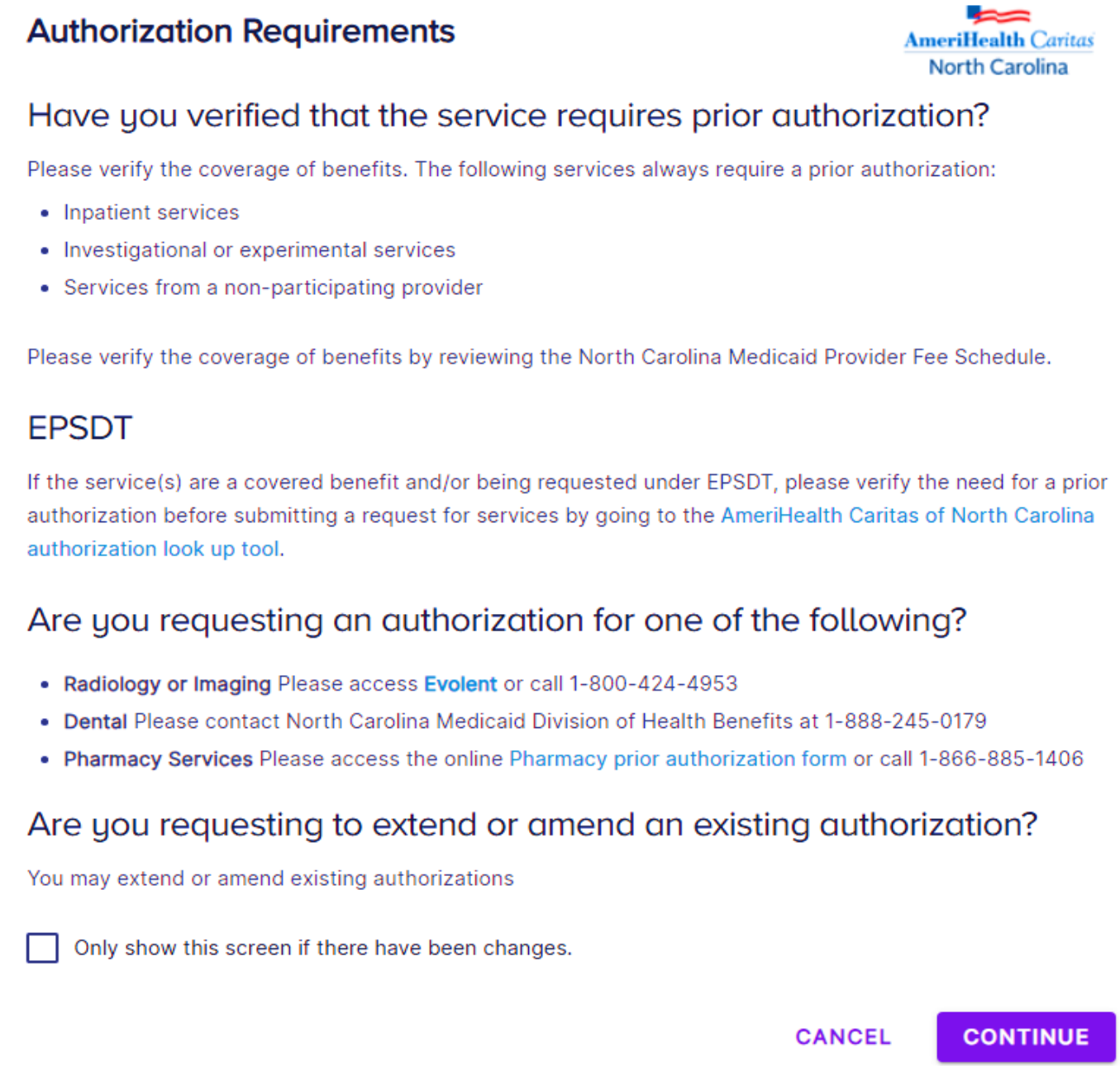
Under **Workflows for This Plan**, click **Medical Authorizations**.

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

Result: The Authorization Requirements page will display.

Authorization Requirements Screen

AmeriHealth Caritas North Carolina



Authorization Requirements

AmeriHealth Caritas North Carolina

Have you verified that the service requires prior authorization?

Please verify the coverage of benefits. The following services always require a prior authorization:

- Inpatient services
- Investigational or experimental services
- Services from a non-participating provider

Please verify the coverage of benefits by reviewing the North Carolina Medicaid Provider Fee Schedule.

EPSDT

If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the AmeriHealth Caritas of North Carolina authorization look up tool.

Are you requesting an authorization for one of the following?

- **Radiology or Imaging** Please access **Evolent** or call 1-800-424-4953
- **Dental** Please contact North Carolina Medicaid Division of Health Benefits at 1-888-245-0179
- **Pharmacy Services** Please access the online Pharmacy prior authorization form or call 1-866-885-1406

Are you requesting to extend or amend an existing authorization?

You may extend or amend existing authorizations

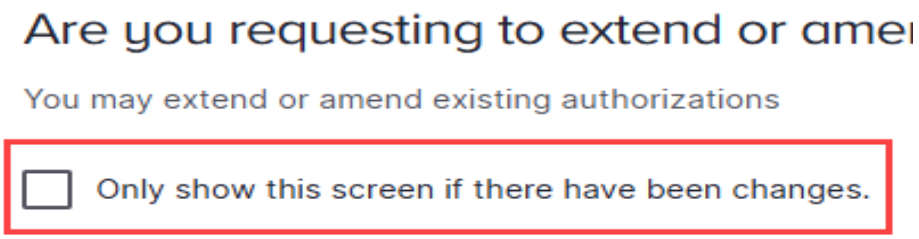
☐ Only show this screen if there have been changes.

CANCEL CONTINUE

Authorization Requirements Screen (cont.)

AmeriHealth Caritas North Carolina

The **Authorization Requirements** screen will open each time a request is submitted or can be bypassed by checking the *"Only show this screen if there have been changes"* box at the bottom of the screen.



If there is ever a need to review the requirements after this box has been checked, the requirements can be accessed through the link on the left side of the Authorization Details screen.

Patient Search

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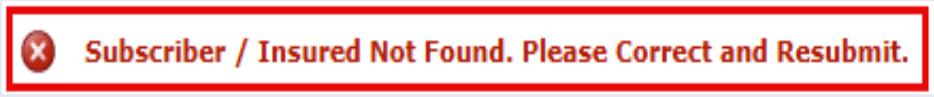
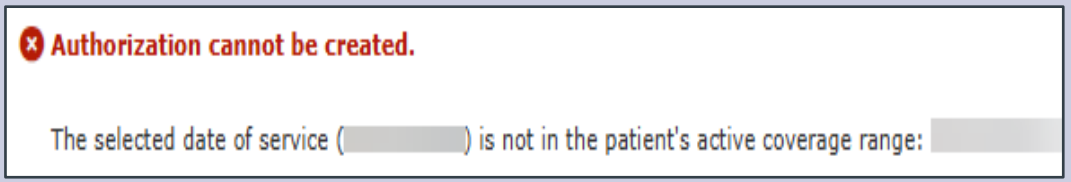
- Enter patient search criteria: Member ID or Name.
  - If searching by name, the member's first name, last name, and date of birth (DOB) are required.
- Click **Search.**

If…	Then…
The member has active coverage	Users will advance to the Create Authorization screen.
The member cannot be located	
The member is ineligible	

NOTE: If there are multiple matches based on criteria entered, the user will get a search results screen and will have to select the appropriate member from the list returned. If a member is not active with the health plan, user will not be advanced to the next step.

Patient Search Screen

AmeriHealth Caritas North Carolina

Create New Authorization: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

Member ID

OR

Search by Name

Last Name

First Name

Date of Birth

mm/dd/yyyy

Effective Date

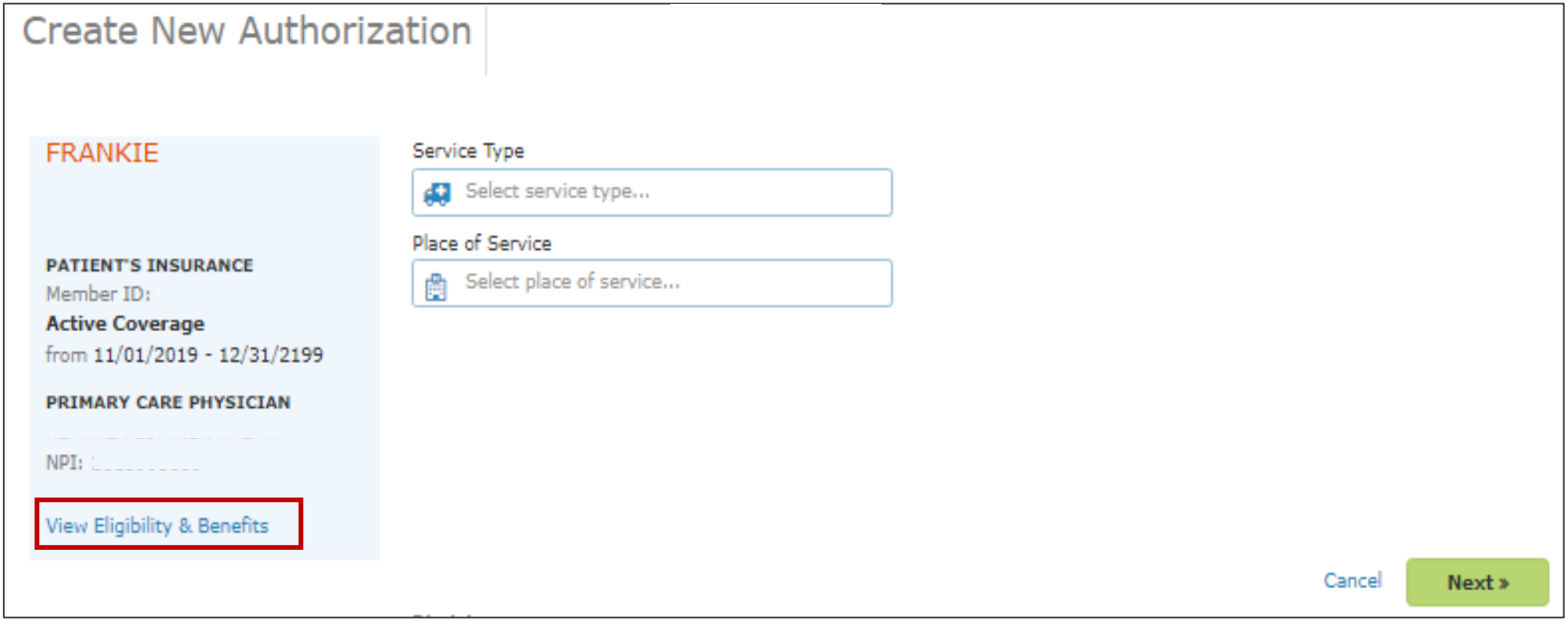
03/08/2022

Search

Active/Eligible Member

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

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



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

Service Type

AmeriHealth Caritas North Carolina

- Based on the service type selected the user may or may not be prompted to enter the place of service.
- 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, or office).
- If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.

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

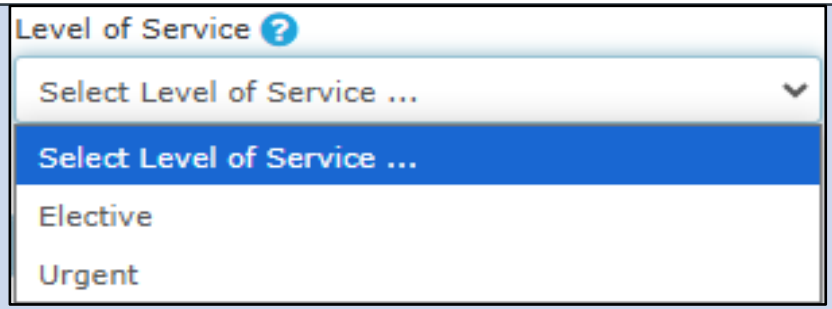
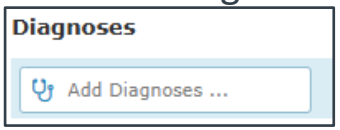
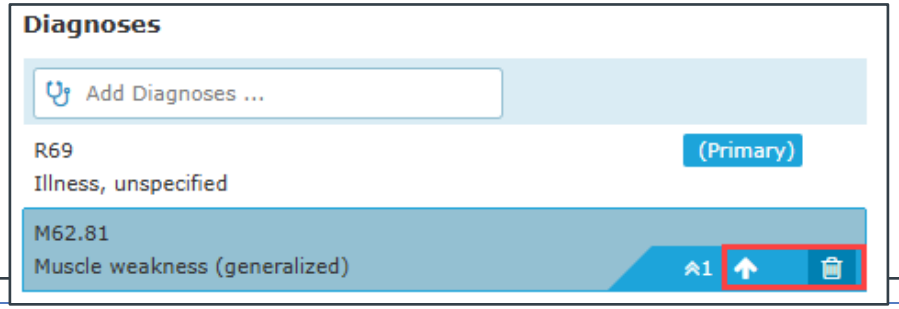
allows the user to ***Discard Auth, Cancel or Save As Draft***.

- **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 An Outpatient Request

AmeriHealth Caritas North Carolina

Complete information in the required fields following the guidelines outlined below for an outpatient request. Outpatient requests can be entered up to 365 days in advance.

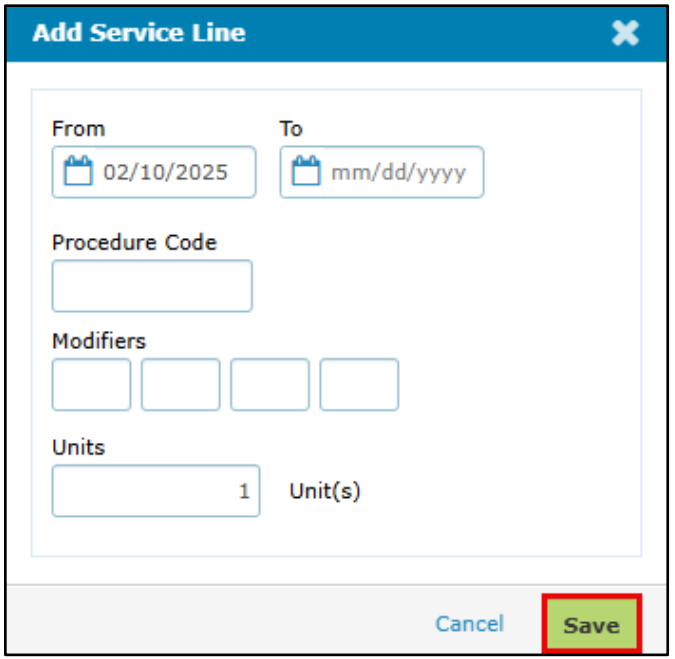
Date of Service	This defaults to the current date and is not available to be changed.
Level of Service: • **Elective – services scheduled in advance.** • **Urgent – unexpected illness or injury needing prompt medical attention but is not an immediate threat to the patient's health.**	
Requesting Provider	Provider requesting the service.
Servicing Provider	Provider completing the service.
Diagnosis **Note**: Users can change the primary diagnosis or add additional diagnosis if more than one exists. Users can also hover over the row to reorder (arrow) and or delete (trash icon) a diagnosis.	This is a look up field (max number of diagnosis codes that can be attached is 12).  

Creating An Outpatient Request (cont.)

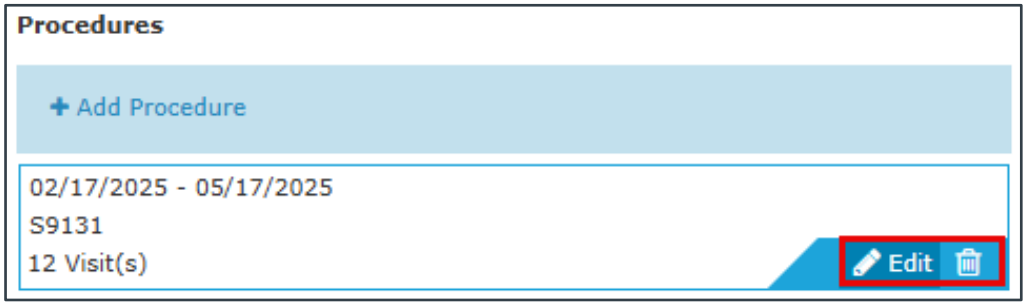
AmeriHealth Caritas North Carolina

Adding Services/Procedures:

- Select **+Add Procedure,** complete any necessary fields and **Save.**



- After selecting **Save**, users will see the entry under **+Add Procedure**.
  - Entries can be edited using the edit icon or deleted using the trash icon.

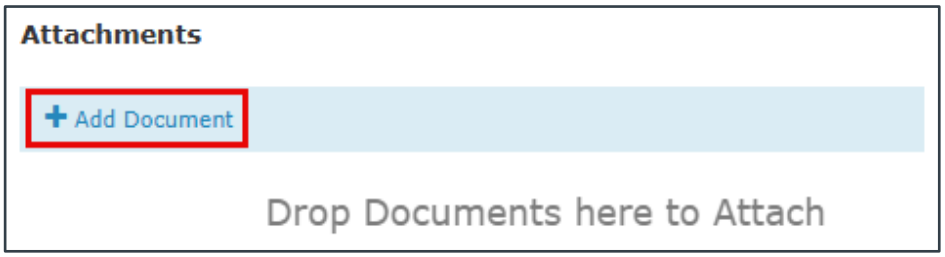


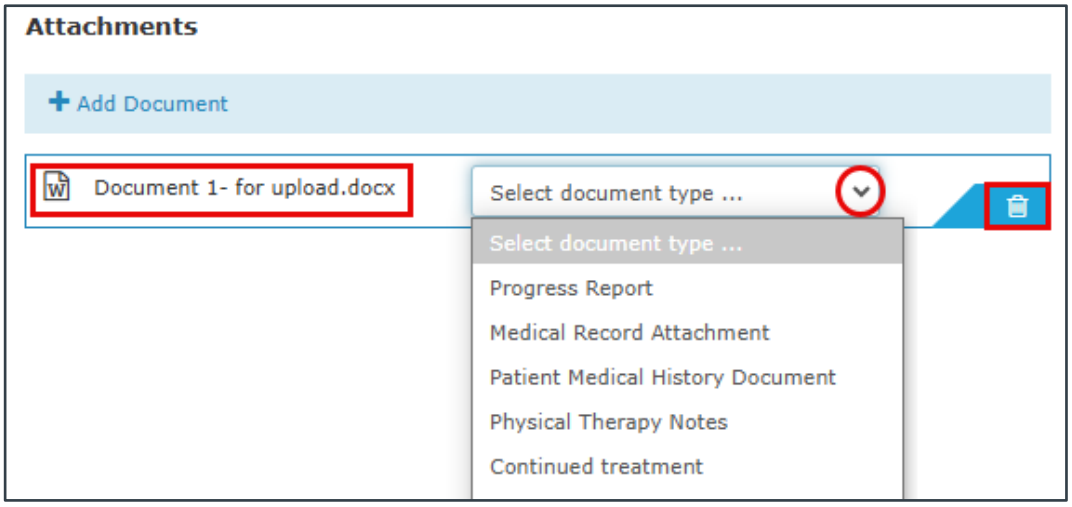
Creating An Outpatient Request (cont.)

AmeriHealth Caritas North Carolina

Adding Supporting Documentation:

- Select **+Add Document**
  - Users may:
  - Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents.
  - Identify the document type from the drop-down list. If a document is attached, the document type is mandatory.
  - Delete any document attached in error using the trash icon.





Creating An Outpatient Request (cont.)

AmeriHealth Caritas North Carolina

Be sure to include three points of verification (member identifiers) on all pages of the clinical documentation. The HIPAA 3 points of verification are:

- Member name
- Date of birth (DOB)
- Member ID (either the plan ID or Medicaid ID)

Notes: Add pertinent notes.

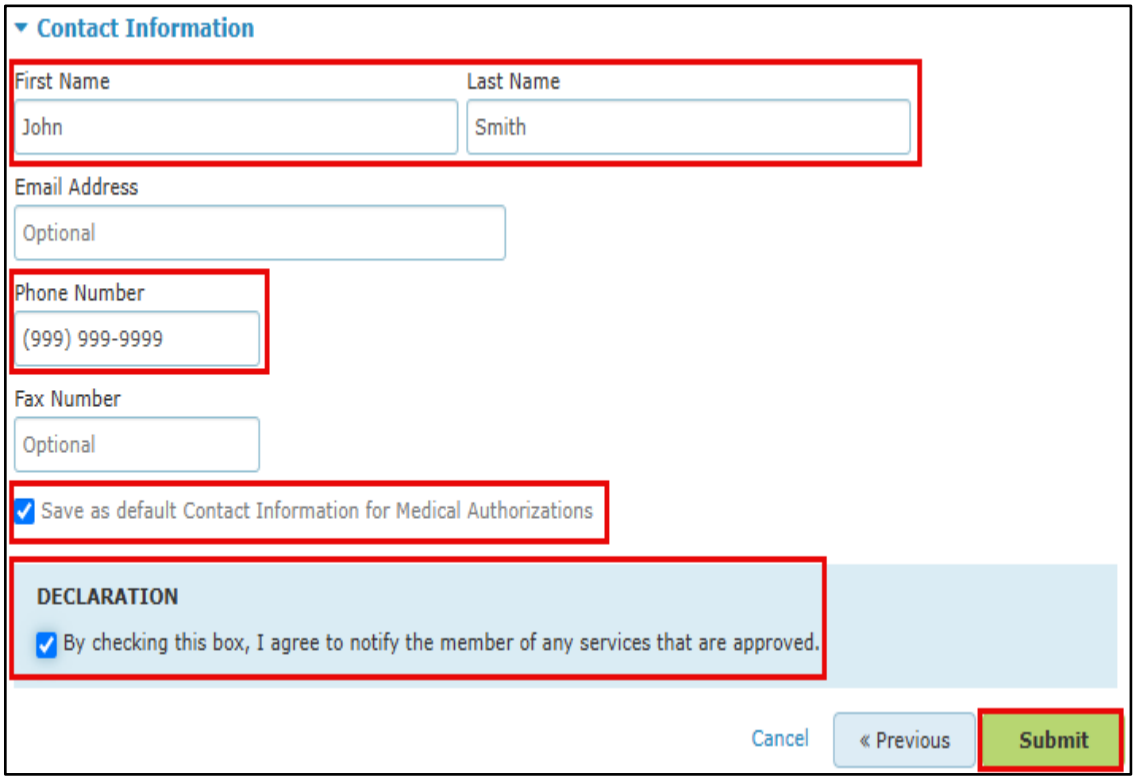
- There is a 264-character limit.
- Once the max character limit is reached, the box will turn red, and the user will be unable to add additional characters.

Creating An Outpatient Request (cont.)

AmeriHealth Caritas North Carolina

Contact Information:

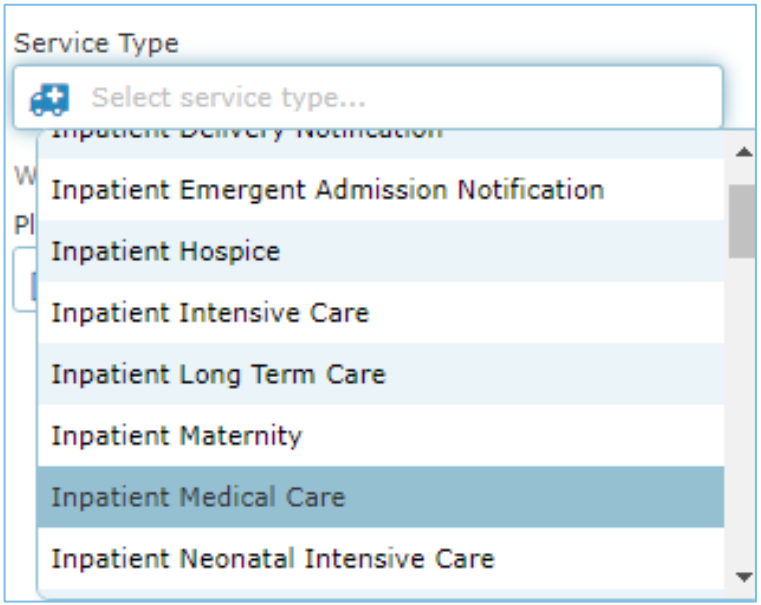
- First name, last name and phone number are required fields.
- Fax number and email address are optional fields.
- The ***Declaration*** check box is mandatory and must be checked to complete the submission of the request.
- Select **Submit** when the request is complete.
- Check ***Save as default Contact Information for Medical Authorizations*** to save time in the future.



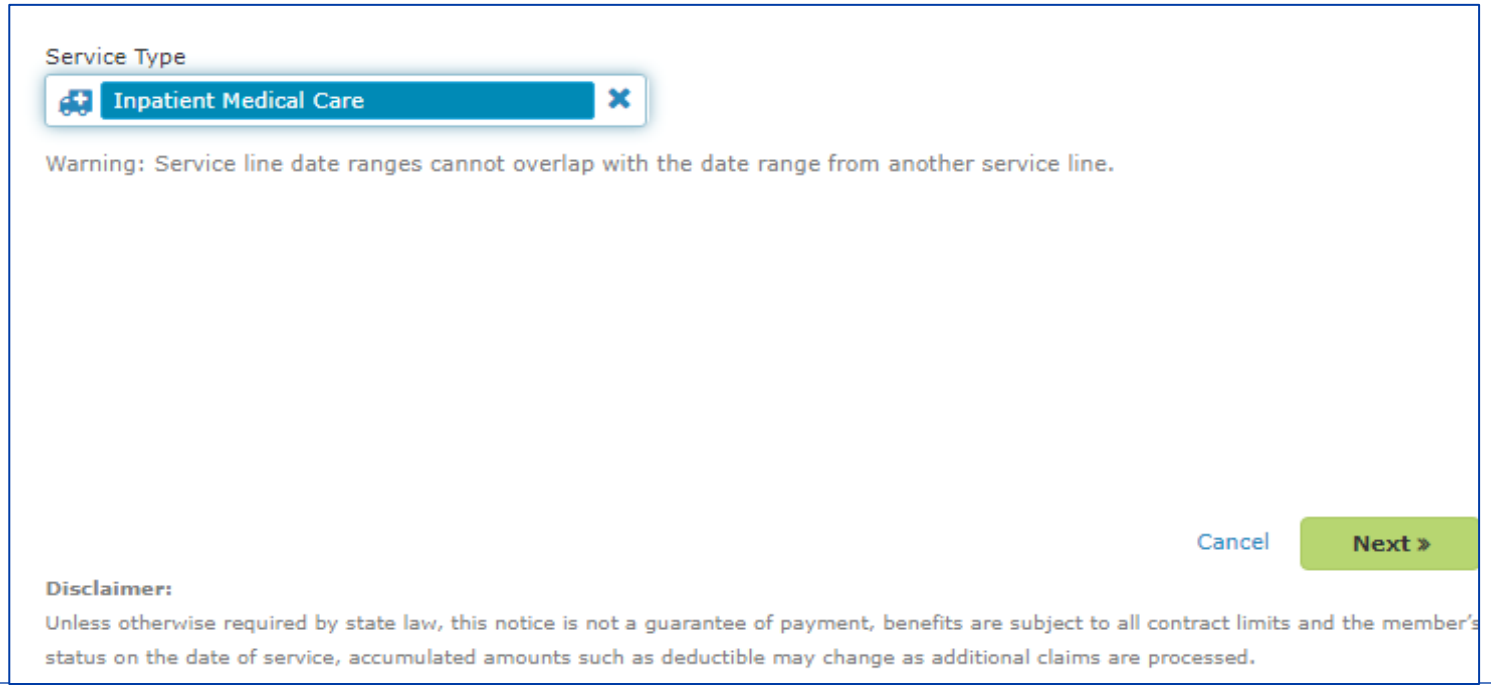
Creating An Inpatient Request

AmeriHealth Caritas North Carolina

Choose **Service Type** from the dropdown.



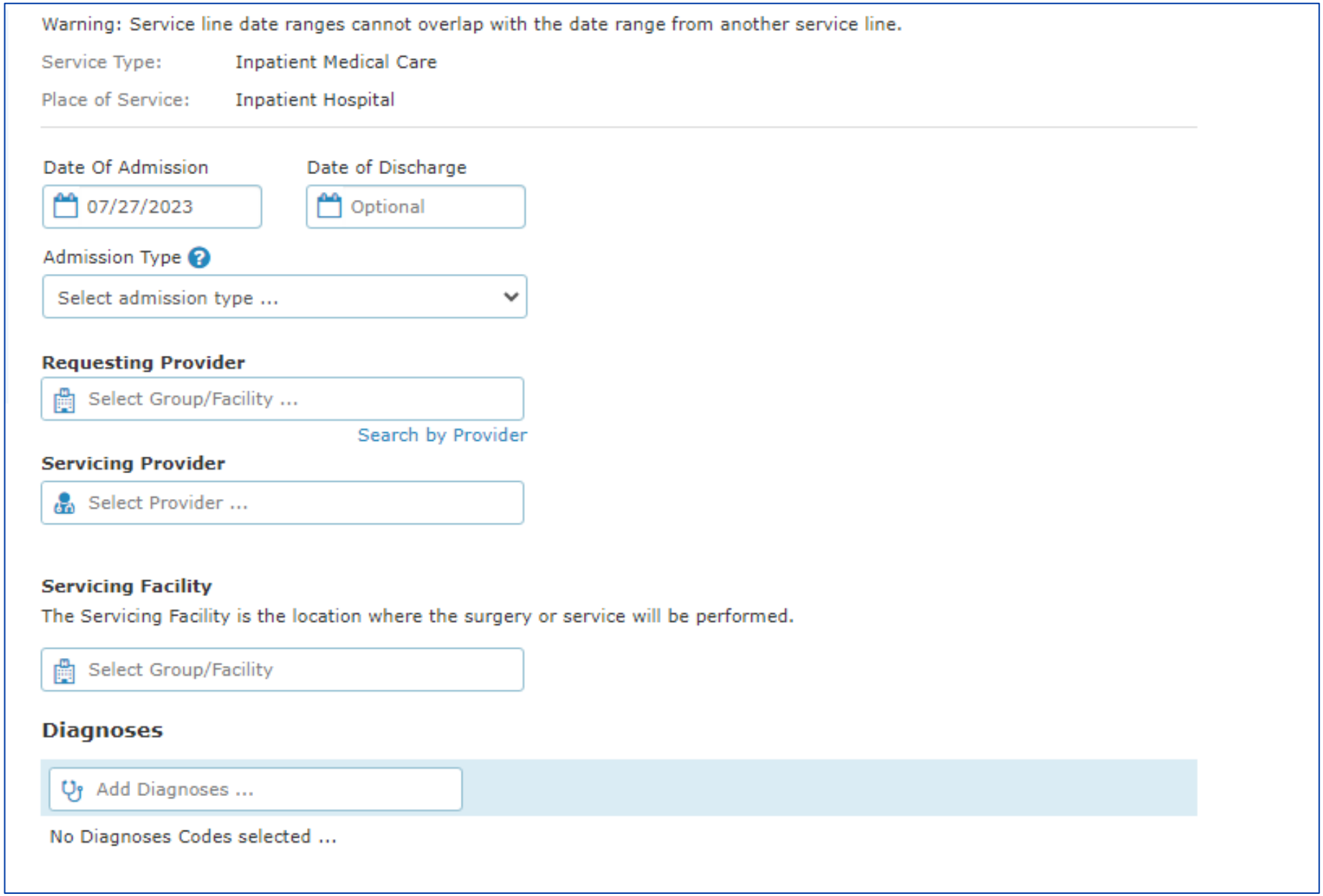
Once service type is populated, click **Next.**



Creating An Inpatient Request (cont.)

AmeriHealth Caritas North Carolina

The Create New Authorization screen will display:



Creating An Inpatient Request (cont.)

AmeriHealth Caritas North Carolina

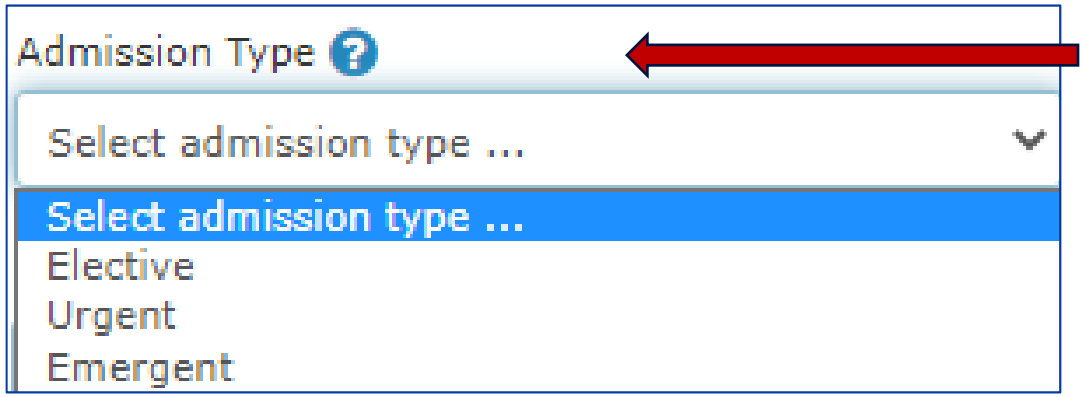
Admission and Discharge Dates:

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

Creating An Inpatient Request (cont.)

AmeriHealth Caritas North Carolina

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



Click on the question mark beside admission type for a description of the types of admissions.

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

Creating An Inpatient Request (cont.)

AmeriHealth Caritas North Carolina

Provider/Facility Selection:

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

Note: Requesting and Servicing providers can be the same.

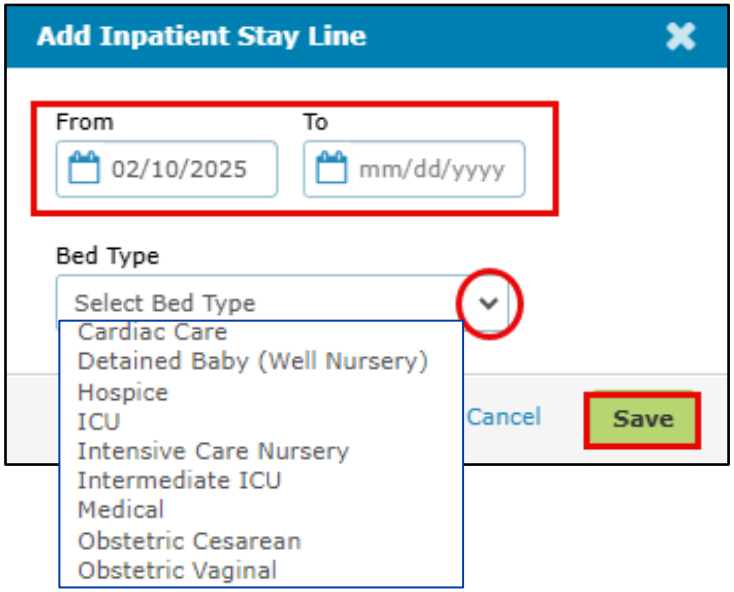
- If the service is being rendered by a practitioner in your group, you can enter the group information in both fields.
- If you wish to include a **referring** provider, enter their information in the **Notes** section.

Creating An Inpatient Request (cont.)

AmeriHealth Caritas North Carolina

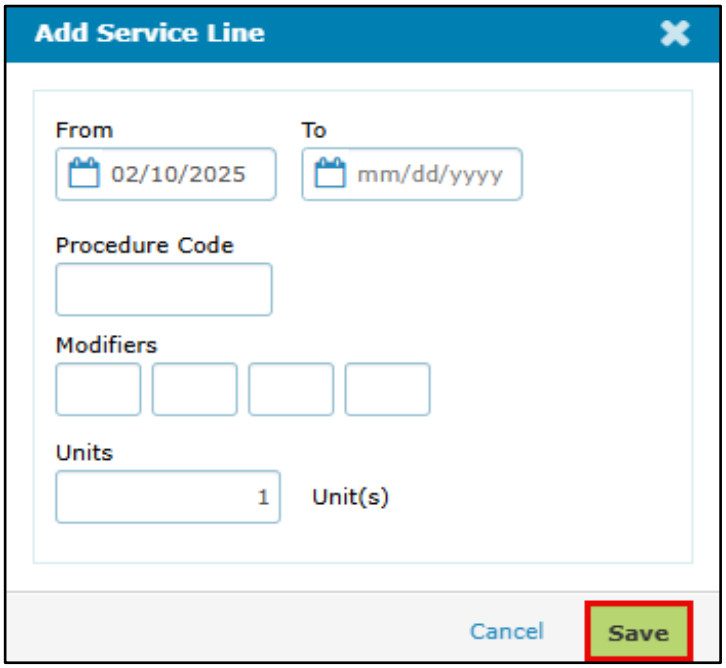
Adding Inpatient Stay Lines:

- Select **+ Add In patient Stay Line**.
- Complete:
  - **From (start date)/ To (end date):** Mandatory fields. Must enter at least one day past the From date. Can be updated later if needed.
  - **Bed Type:** Select the appropriate type from the drop-down list. Mandatory field.
- Then select **Save**.



Adding Procedures/Service Lines:

- Select **+ Add Procedure.**
- Complete any necessary fields.
  - Units = days
- Then select **Save**.



Creating An Inpatient Request (cont.)

AmeriHealth Caritas North Carolina

Be sure to add:

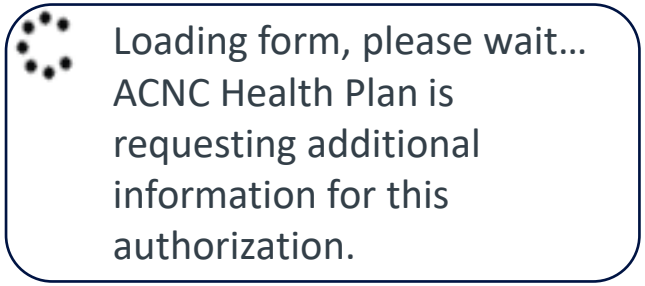
- Clinical documentation
- Notes
- Contact Information

Using the same guidelines outlined in the *Creating An Outpatient Request* slides

Failure to provide complete contact information may delay the processing of your authorization request.

Interqual Criteria/Clinical Guidelines Check

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



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

Interqual Criteria/Clinical Guidelines Check (cont.)

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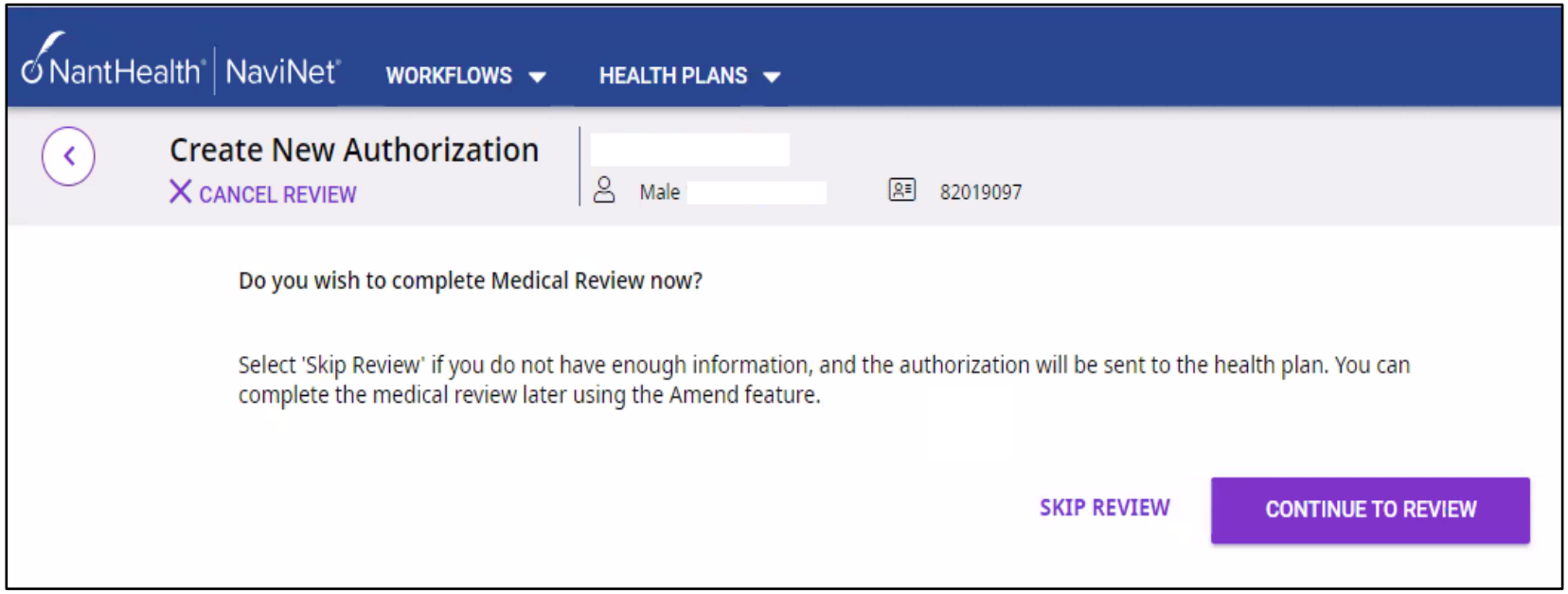
Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’



Skip Review - 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.

Interqual Criteria/Clinical Guidelines Check (cont.)

AmeriHealth Caritas North Carolina

- ***Skip Review*** - 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.

- ***Continue Review -*** The svstem mav direct user to a guideline selection page. To begin the review, click on 

- Answer the questions as they relate to the patient/member.
- After all questions have been answered the ***No Remaining Questions*** message will display. Click ***View Recommendations*** to continue.
- At the end of the review the user will receive a ***Criteria Met*** or ***Criteria Not Met*** message.
- Regardless of message received (Criteria Met or Not Met), user can **continue** and submit the request to the Plan.

Interqual Criteria/Clinical Guidelines Check (cont.)

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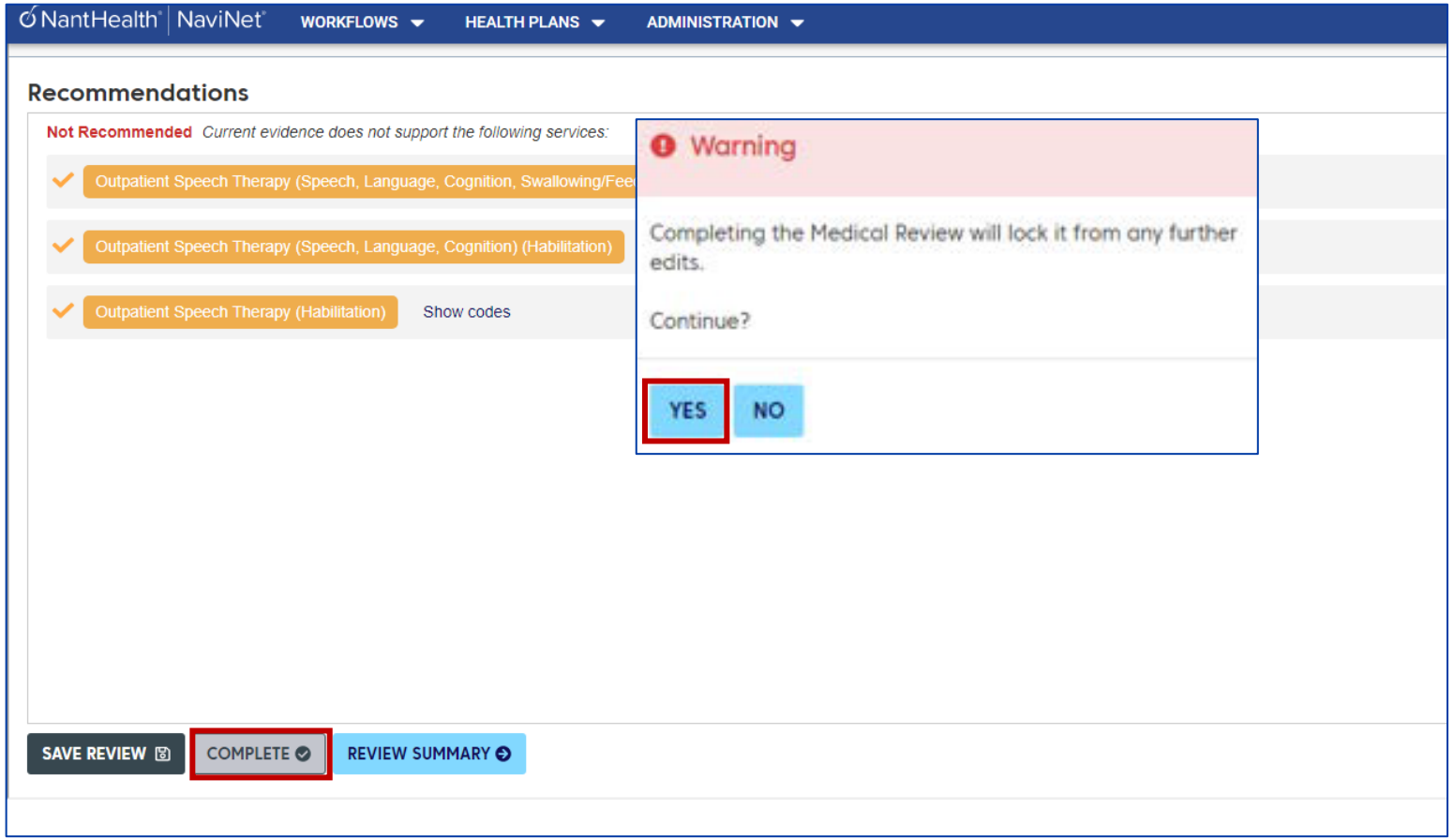
When the review is complete, the following message will display:



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

Interqual Criteria/Clinical Guidelines Check (cont.)

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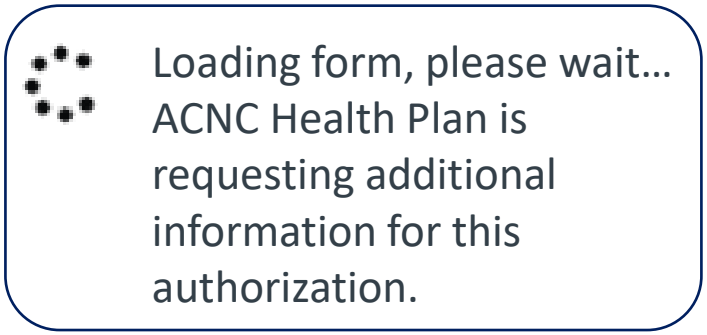
After InterQual Criteria check, the following notice will display, indicating user is being sent back to NaviNet from InterQual:



Once returned to NaviNet, the **Authorization Details** screen will populate.

Authorization Detail Screen

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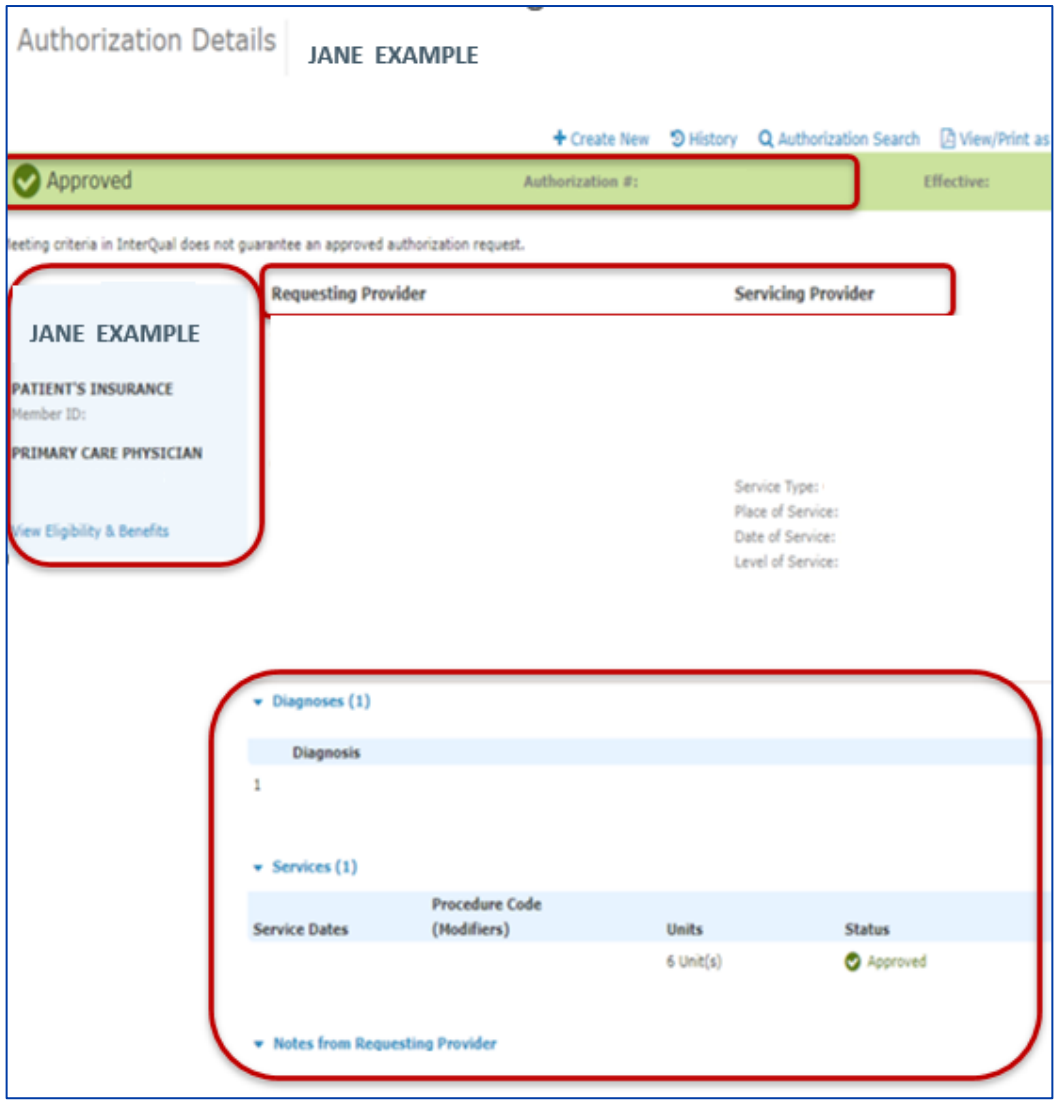
The authorization details screen is displayed showing:

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



Authorization Status: Approved or Pending

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

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

If a request is approved, Authorization Details screen will show:

Authorization Status: Approved or Pending (cont.)

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The following actions can be taken on an approved request form the authorization status page:

- Amend – extend existing services or request another service on the same authorization.
- Create New – submit a new request.
- History – provide history of request.
- Authorization Search – search for an authorization.
- View/Print as PDF – view and print authorization status request as a PDF.

Note: *Approved and partially approved requests can be amended.*

Authorization Status: Approved or Pending (cont.)

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Submissions with a pending status will require medical review by the health plan. Requests with a pending status cannot be amended.

The following actions can be taken on an approved request from the authorization status page:

- Create New
- History
- Attach – Clinical documents can be attached.
- Authorization Search
- View/Print as PDF

Amending or Extending An Authorization

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

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

Amending or Extending An Authorization (cont.)

AmeriHealth Caritas North Carolina

The following can be added or edited:

Outpatient requests:

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

Inpatient requests:

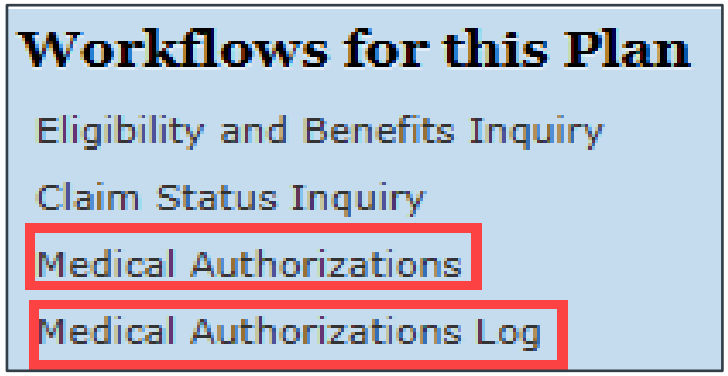
- Date of discharge
- Diagnosis
- Service lines/new procedure
- Additional documents
- Notes (limited to 264 characters)
- Contact information

Amending or Extending An Authorization (cont.)

AmeriHealth Caritas North Carolina

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

- **Medical Authorizations Log:** for requests created in NaviNet.
- **Medical Authorizations:** for requests that were not initiated in NaviNet, (e.g., phoned, faxed).
  - User 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.



Search for an Existing Authorization

AmeriHealth Caritas North Carolina

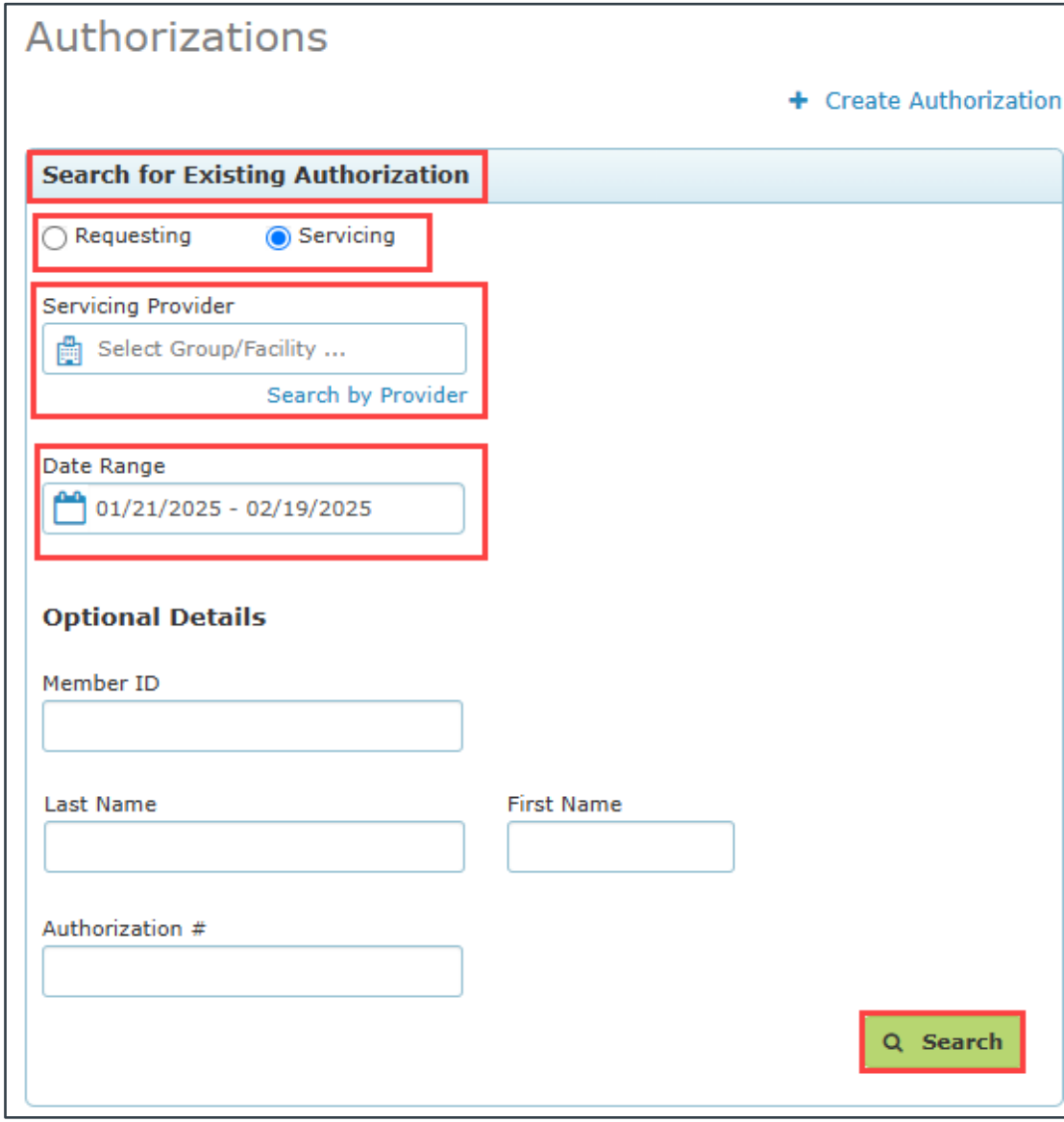
Providers will only see requests for members that are under their care.

To search for an existing authorization, that was not initiated in NaviNet:

- Select **Medical Authorizations** under Workflows for this Plan.

This screen will populate:

- Select **Servicing** or **Requesting Provider** and adjust the date range, click **Search**.
  - This will pull up requests within the specified date range.
  - You do not have to enter member information.



Search for an Existing Authorization (cont.)

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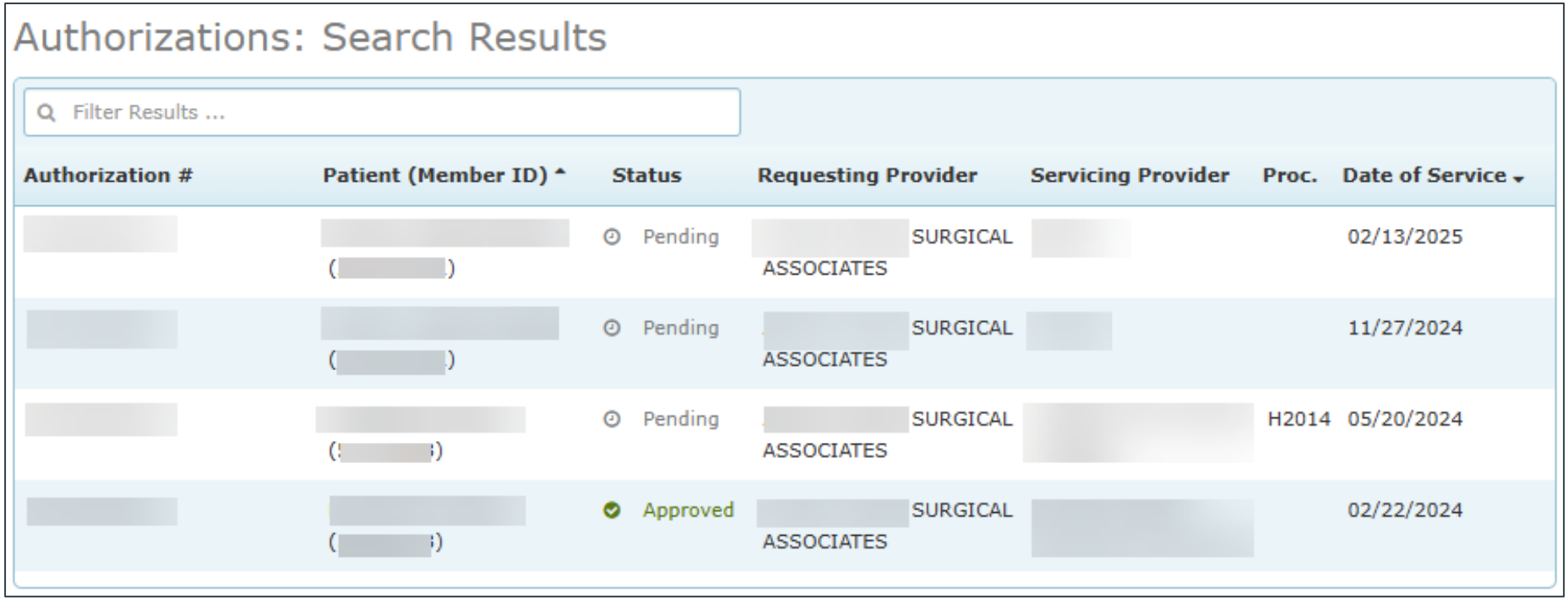
The Search Results screen will populate. Click on the applicable authorization.



Search for an Existing Authorization (cont.)

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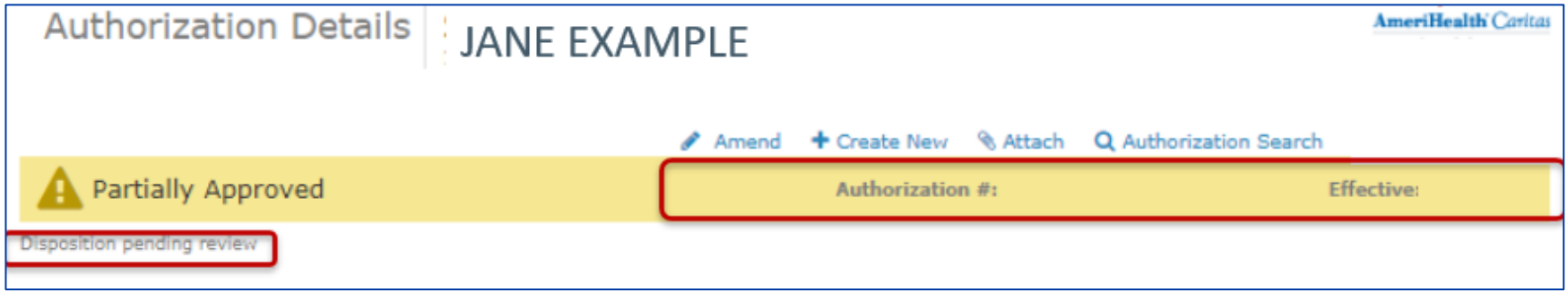
Authorization details will populate - status of the request (e.g., Disposition pending review).



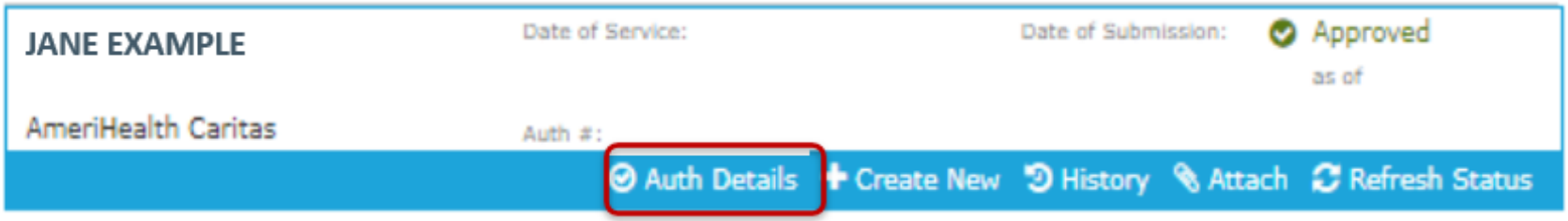
Additional actions may be accessed from the authorization details screen:

- Amend
- Create New
- Attach
- Authorization Search
- View/Print as PDF

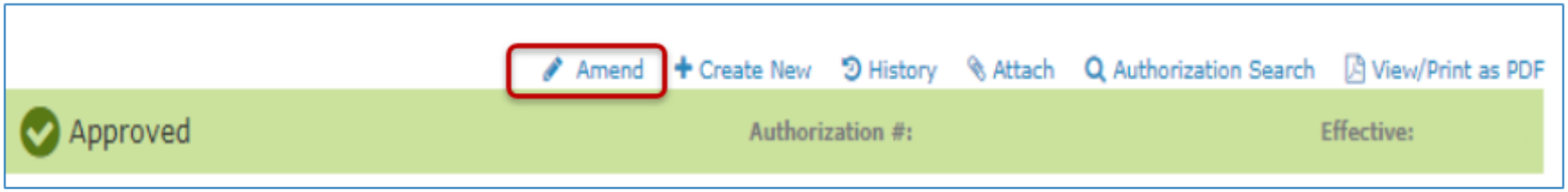
Amending An Authorization Request

AmeriHealth Caritas North Carolina

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



Select **Amend.**



- The following items can be amended: date of service, diagnosis, add new service line, add document, notes and contact information.
- After adding the applicable information, check the **Declaration box** and **Submit.**

Medical Authorizations Log

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

- Select *Medical Authorizations Log* under Workflows for this Plan.
- Users can **Create New, Sort By** and **Filter By** to narrow down their search.
- To view only the authorizations entered by the user, check the box in front of **Authorizations Created By Me.**
  - To view all authorizations, leave this box unchecked.

Medical Authorization Log (cont.)

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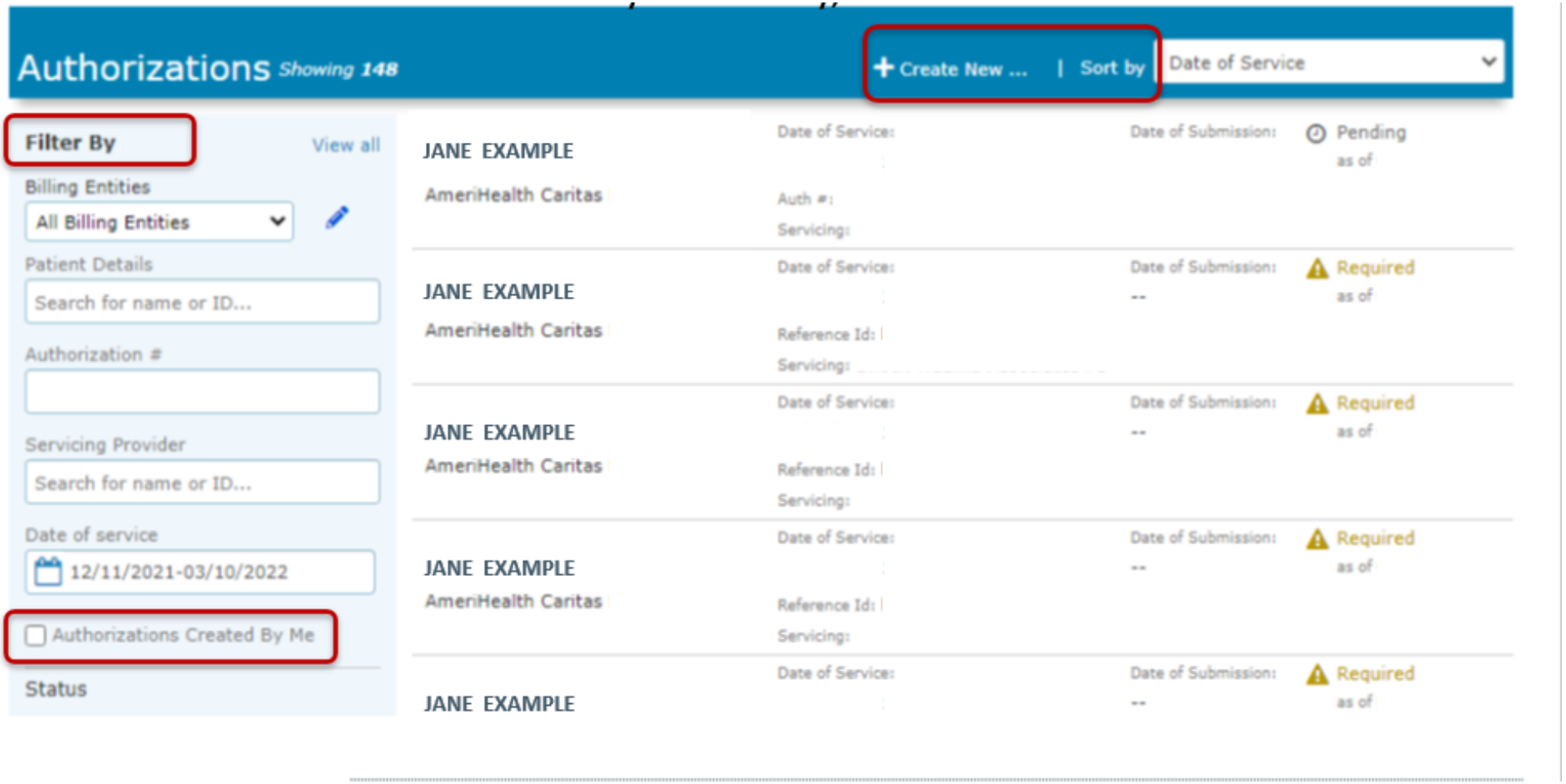

Medical Authorization Log (cont.)

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Once the desired authorization is selected different functions will be available based on the status of the request.

Request status	Available options
Supplemental Information	Continue, Delete, Create New, History
Approved	Auth Details, Amend, Create New, History, Attach, Refresh Status
Pending	Auth Details, Create New, History, Attach, Refresh Status
Auth Not Required	Auth Details, Create New, History
Auth Required	Continue, Delete, Create New, History

Request for More Information (RFMI)

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

- Users can add notes and/or upload documents in NaviNet for pended authorization requests via the ‘more information required’ screen.
- Only for requests created in the NaviNet portal.
- Users can opt to receive notifications whenever a request for additional information is requested from the health plan.

Request for More Information (RFMI): Notifications

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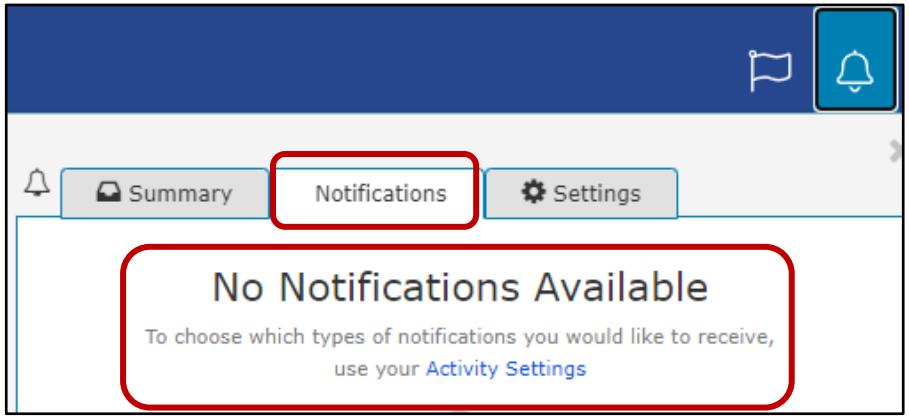
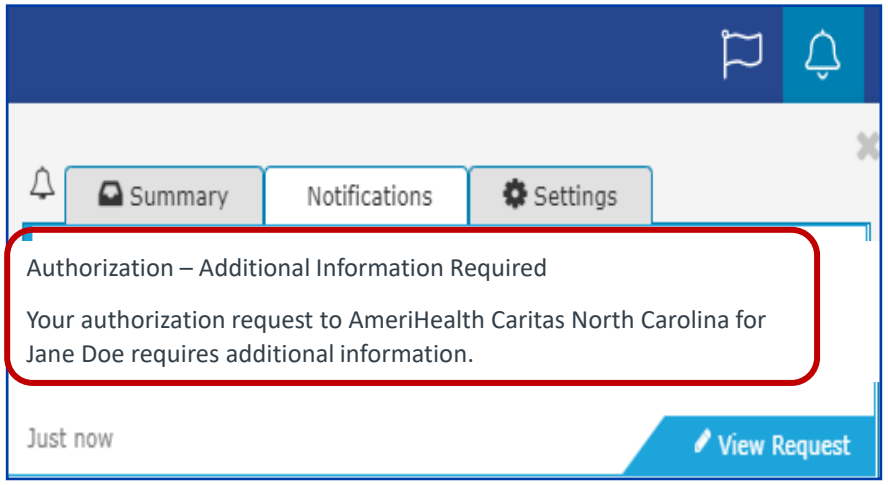
To view notifications, select **Notifications**

If no notifications exist, the user will see *No Notifications Available* message:



If notifications exist, the user will see *Authorizations – Additional Information Required.*



Request for More Information (RFMI): Notifications (cont.)

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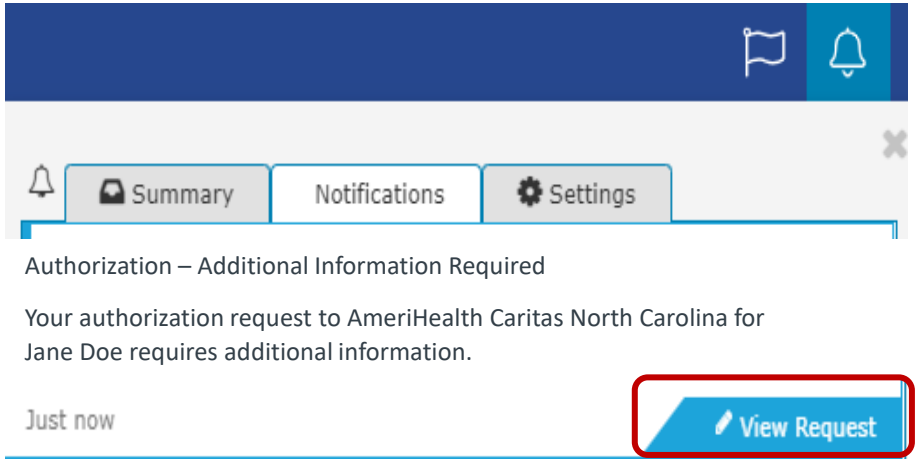
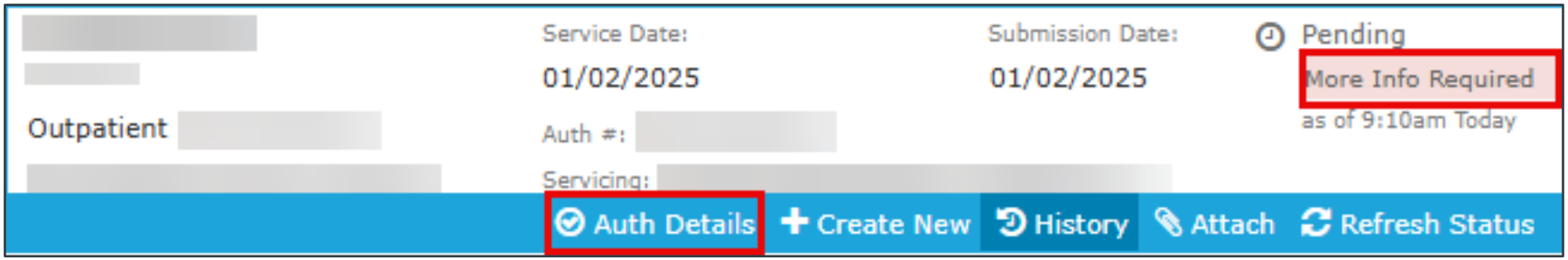
There are three ways for the user to see RFMI from the health plan.

1. From Notifications - select *View Request* which activates the *More Information Required* area.



2. From the Medical Auth Log - if More Info Required is listed select *Auth Details,* then select *More Info Required* to open the More Information Required area.



Request for More Information (RFMI): Notifications (cont.)

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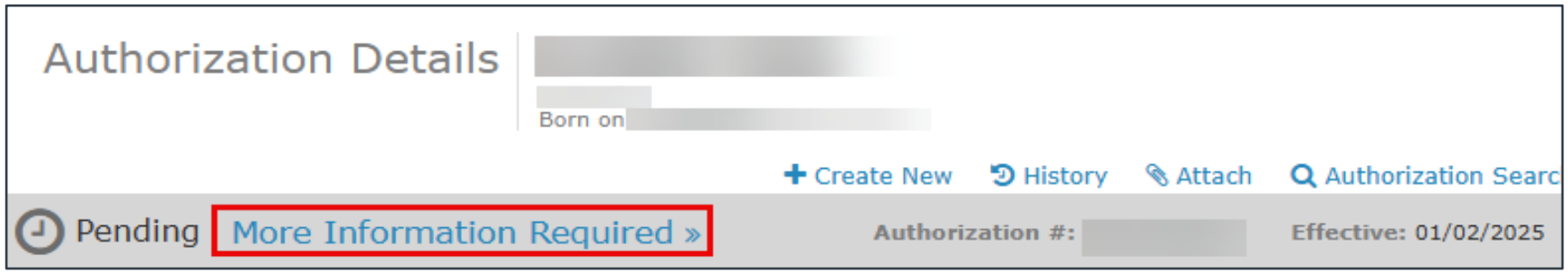
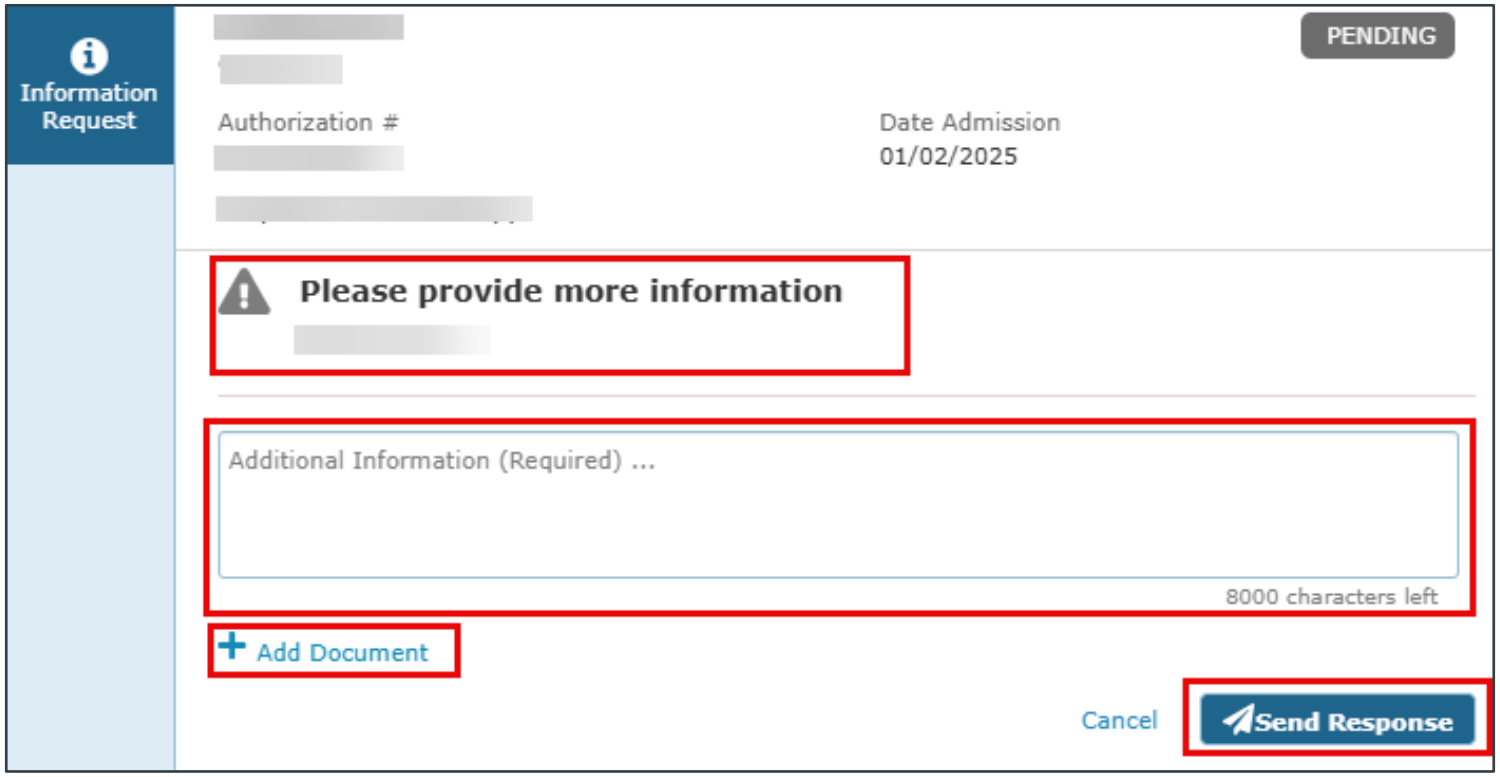
3. From Medical Authorizations – Search for Existing Authorization, click on *More Information Required* if listed.



Completing The More Information Request

- Add notes (up to 8000 characters).
- Upload documents.
- Specify document type from the drop-down list (supported document types: pdf, docx, xml, csv, png, gif).
- Click Send Response to send the response back to the health plan.



Medical Authorizations Participant Guide

AmeriHealth Caritas North Carolina

For more information on completing other types of medical authorization requests (e.g., Emergent Admissions, Inpatient Delivery) please review the **Medical Authorizations Participant Guide** located on the ACNC website at: www.amerihealthcaritasnc.com/global/assets/pdf/navinet-participant-guide.pdf.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