



## **Care Gap Response Form Provider Guide**

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Please note that this guide contains fictitious member and provider data for illustrative purposes.

## Care Gaps Response Form

The Care Gaps Response Form functionality allows providers using the NaviNet portal to enter Care Gap resolution data online. This data will be captured and stored along with any supporting documentation. Providers will be able to retrieve and report on specific Care Gap changes. Verified Care Gap resolution updates will be applied in real-time within NaviNet to prevent Care Gaps from continuing to appear as alerts.

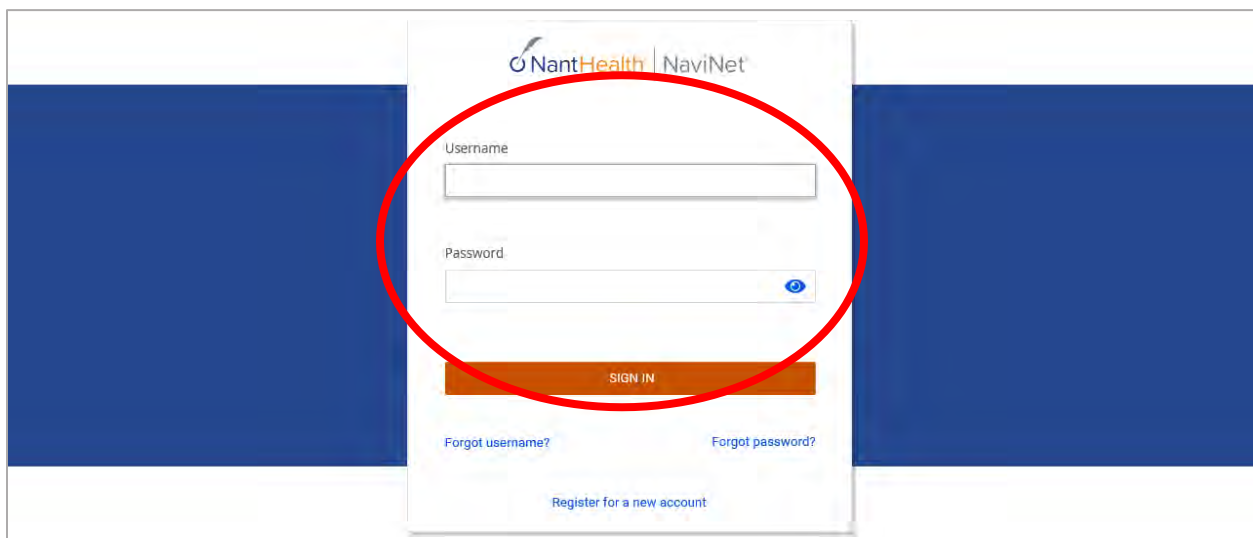
## Before You Begin

1. NaviNet Permissions - Contact your NaviNet Security Officer to confirm proper access and to enable Document Exchange.
2. Filter by Providers for Optimum Access

You can view and access documents submitted by all providers associated with your office, or you can specify a list of providers whose documents you prefer to see. You can save this list of providers to be used by default anytime you access the Patient or Practice Document dashboards. To learn more about your access options, please log into NaviNet and visit <https://support.nanthealth.com/health-plans/navinet-open/user-guide/provider-filter>.

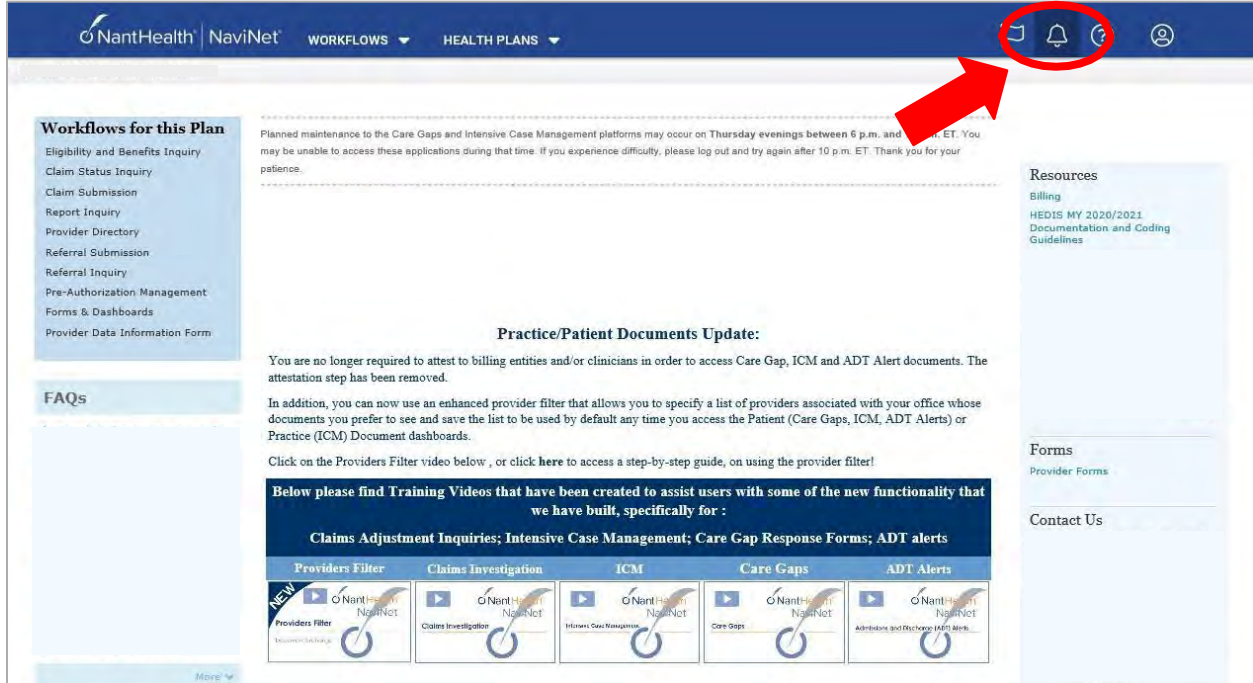
## Log-In to NaviNet

1. Open your Internet browser.
2. Go to <https://navinet.navimedix.com>.
3. Log-in to NaviNet by entering your **Username** and **Password** and then clicking **Sign In**.

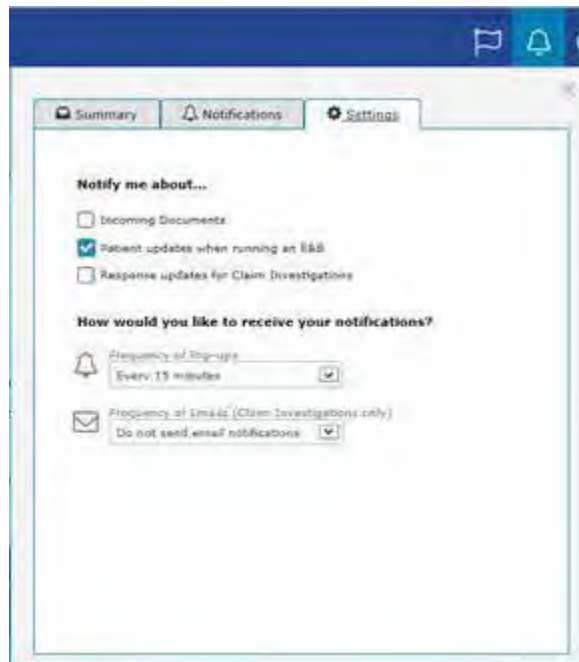


## Submit Care Gap Response Information via Patient Clinical Documents Workflow

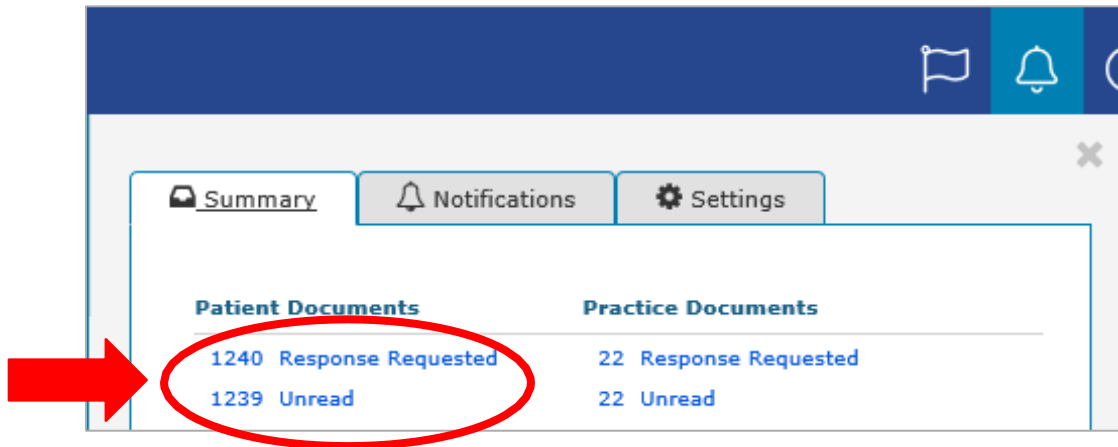
Once you are successfully logged into NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.



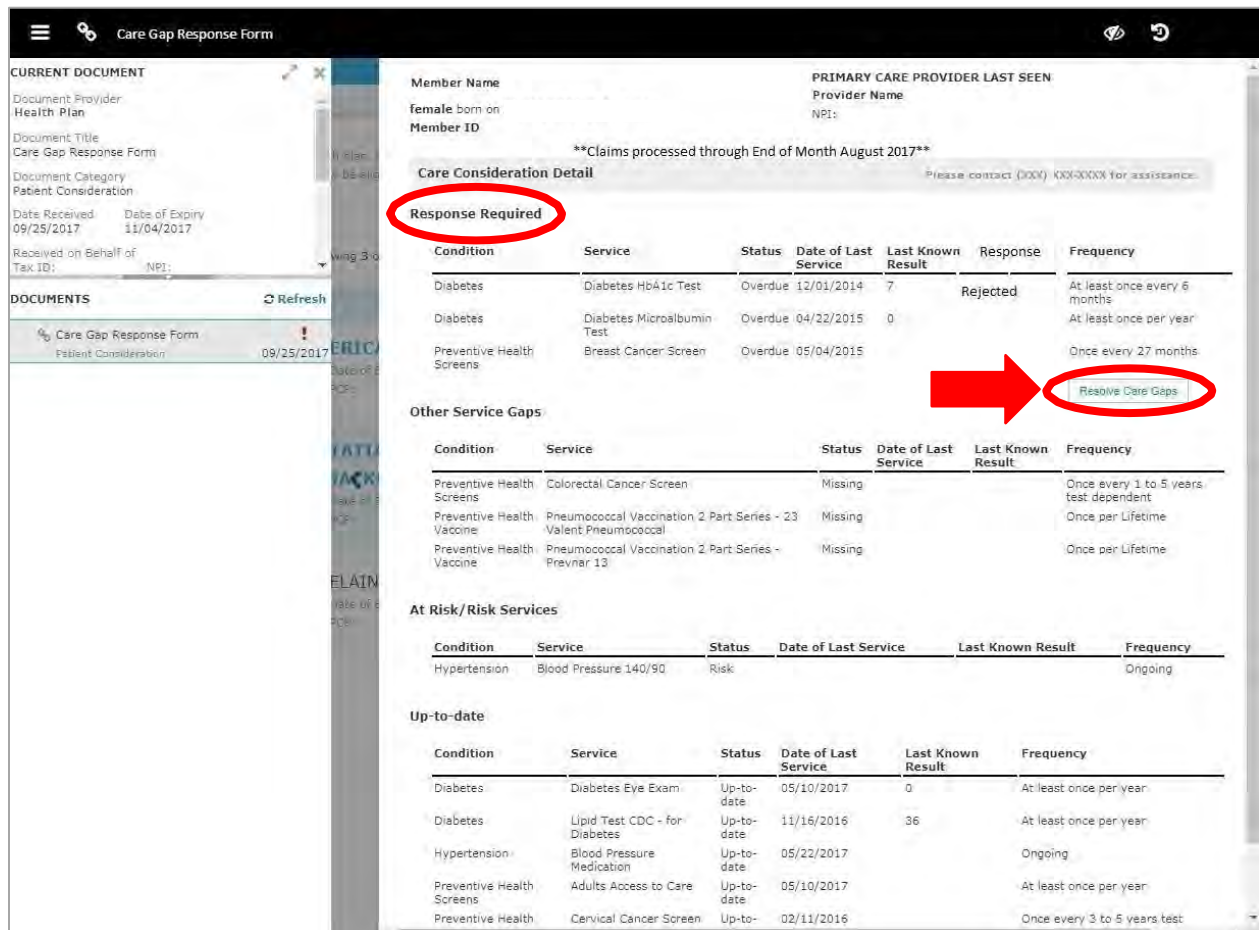
Note that under **Settings**, you can select the frequency you prefer for receiving pop-up notifications.



In the Summary tab of the Activity window, click on **Response Requested** or **Unread**. This opens the **Care Consideration Detail** screen. This screen contains detailed information on a patient's Care Gaps. The **Care Consideration Detail** screen automatically defaults to the first member on the list.



Review the **Care Consideration Detail** screen and click on **Resolve Care Gaps** to work on the actionable items under **Response Required**.



## Navigating the Screen

The screenshot displays a healthcare dashboard with the following sections:

- CURRENT DOCUMENT:** Shows document details such as Provider (Health Plan), Title (Care Gap Response Form), Category (Patient Consideration), and dates (Received: 09/25/2017, Expiry: 11/04/2017). A red box labeled 'Expand' points to the document title.
- DOCUMENTS:** A list of documents with a red box labeled 'Response Required' pointing to a document titled 'Care Gap Response Form' dated 09/25/2017.
- Member Information:** Member Name (female), Member ID, and Primary Care Provider Last Seen details.
- Care Consideration Detail:** A table showing overdue services. A red box labeled 'Click to Resolve Care Gaps' points to a button labeled 'Resolve Care Gaps'.
- Other Service Gaps:** A table listing missing services like Colorectal Cancer Screen and Pneumococcal Vaccination.
- At Risk/Risk Services:** A table showing services like Blood Pressure 140/90 with a 'Risk' status.
- Up-to-date:** A table listing up-to-date services like Diabetes Eye Exam and Lipid Test.

### Toolbar

- The top left side of the toolbar allows you to toggle to the full screen view.
- The top right side of the toolbar has an option that allows you to mark the current document as unread.

### Current Document

- This section on the left side of the screen will allow you to view information such as:
  - Health Plan that sent the document
  - Document title
  - Document category
  - Line of business
  - Document name
  - Received and expiry dates
  - Documentation routing
  - Tag information
- You can expand the window to see any hidden information.

## Documents

- Located mid-left screen is the documents section. This section allows you to view and enlarge the selected record by clicking on a document row link.
- Unread documents are highlighted with a blue bar and text.
- Documents for which a response is required are marked with a red exclamation point.

You can click on **Patient Clinical Documents** under the **Workflow** tab to see the list of patients with documents available for you to work.

**Workflows**

**Patient Clinical Documents**

Practice Documents

**Practice/Patient Documents Update:**

You are no longer required to attest to billing entities and/or clinicians in order to access Care Gap, ICM and ADT Alert documents. The attestation step has been removed.

In addition, you can now use an enhanced provider filter that allows you to specify a list of providers associated with your office whose documents you prefer to see and save the list to be used by default any time you access the Patient (Care Gaps, ICM, ADT Alerts) or Practice (ICM) Document dashboards.

Click on the Providers Filter video below, or click [here](#) to access a step-by-step guide, on using the provider filter!

**Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for :**

FAQs

- ▶ How do I change my password?
- ▶ I cannot remember my password.
- ▶ How do I set up additional Health Plans?

Forms

Provider Forms

Contact Us

**Patient Clinical Documents**

These documents are provided by the patient's health plan. Many of them are questionnaires or forms that require an uploaded response. Depending on the contracts that your providers have in place, they may be eligible for incentives when these documents are completed and returned.

Showing 400 of 1239 patients

Sort by: Patient Last Name, Payer, Last Document Received

Member Name	Date of Birth:	PCP:	1 document	Received:	From:
Member Name			1 document	Received:	From:
Member Name			1 document	Received:	From:
Member Name			1 document	Received:	From:
Member Name			1 document	Received:	From:
Member Name			1 document	Received:	From:

Filter by

Providers

All Providers

Patient's last name

Search ...

PCP

Search PCP ...

Date Received

Select a date range ...

Unread

Response Status

Awaiting Response

Response Sent

Health Plan

- AHC Caritas District of Columbia
- AHC Caritas VIP Care Plus
- AmeriHealth Caritas Delaware
- AmeriHealth Caritas Louisiana
- AmeriHealth Caritas New Ha...
- AmeriHealth Caritas North Ca...
- AmeriHealth Caritas PA Com...
- AmeriHealth Caritas VIP Care

## Filtering and Sorting

You can filter the member list by:

- Patient last name
- PCP
- Date Received
- Response Status
- Document Category : Select Patient Consideration for Care Gaps.
  - Line of Business
  - Document Tags: Type Care Gap to filter the list on the same.

**Filter by**

Patient's last name

PCP

Date Received

Unread

Response Status  
 Awaiting Response  
 Response Sent

Health Plan

Document Category  
 Clinical Summary  
 Patient Consideration

Line Of Business  
 Commercial  
 Dual Eligibles  
 Medicaid  
 Medicare  
 Other

Document Tags  
  
 No tags selected

You can also sort the list by Patient's last name, Payer, and Last Document Received.

Showing 14 of 14 patients View/Print List

Sort by: Patient Last Name

Clinical Documents		
<p><b>Member Name</b>            Date of Birth: 10/17/1999            PCP: Provider Name</p>	1	Sep 27, 2017
<p><b>Member Name</b>            Date of Birth: 03/27/1998            PCP: Provider Name</p>	1	Sep 24, 2017
<p><b>Member Name</b>            Date of Birth: 10/26/1953            PCP: Provider Name</p>	1	Sep 24, 2017
<p><b>Member Name</b>            Date of Birth: 01/03/2014            PCP: Provider Name</p>	1	Sep 29, 2017



You can select any patient's name to open the **Care Consideration Detail** screen (below) for that patient.

The **Care Consideration Detail** screen will display all the Care Gaps for the selected patient as of the last month's load. You can see the patient's information, PCP (your) information, and Care Manager's name and number. If no Care Manager is assigned to the patient, you will see a phone number to call to participate in the "Let Us Know program" and receive support with reaching the patient.

Please respond to all the Care Gaps listed in the **Response required** section by clicking **Resolve Care Gaps**. This opens the **Care Gap Response Form** in a new pop-up window.

Any Care Gaps appearing in sections other than **Response required** are informational only.

**Care Gap Response Form**

**CURRENT DOCUMENT**

Document Provider: Health Plan  
 Document Title: Care Gap Response Form  
 Document Category: Patient Consideration  
 Date Received: 09/25/2017 | Date of Expiry: 11/04/2017  
 Received on Behalf of: Tax ID: | NPI:

**DOCUMENTS** Refresh

Care Gap Response Form Patient Consideration 09/25/2017

**Member Name** PRIMARY CARE PROVIDER LAST SEEN  
 Female born on Member ID Provider Name NPI:

**Care Consideration Detail** \*\*Claims processed through End of Month August 2017\*\*  
 Please contact (XXX) XXX-XXXX for assistance.

**Response Required**

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months

[Resolve Care Gaps](#)

**Other Service Gaps**

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Preventive Health Screens	Colorectal Cancer Screen	Missing			Once every 1 to 5 years, test dependent
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23 Valent Pneumococcal	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Prevnar 13	Missing			Once per Lifetime

**At Risk/Risk Services**

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Hypertension	Blood Pressure 140/90	Risk			Ongoing

**Up-to-date**

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Diabetes	Diabetes Eye Exam	Up-to-date	05/10/2017	0	At least once per year
Diabetes	Lipid Test CDC - for Diabetes	Up-to-date	11/16/2016	36	At least once per year
Hypertension	Blood Pressure Medication	Up-to-date	05/22/2017		Ongoing
Preventive Health Screens	Adults Access to Care	Up-to-date	05/10/2017		At least once per year
Preventive Health	Cervical Cancer Screen	Up-to-	02/11/2016		Once every 3 to 5 years, test

On the **Care Gap Response Form** (below), you can see Member Details, PCP Assigned, and all the **Response Required** Care Gaps for this member.

**Provider Self-Service** Appia

**Health Plan** *Please contact (XXX) XXX-XXXX for assistance.*

---

**Member & PCP Details**

Member Details

Name : Member Name  
 ID :  
 Age/DOB :  
 SSN (last 4 digits):  
 Phone :

PCP Assigned

Name : Provider Name  
 Address :  
 Phone :

**\*\* Claims Processed Through End of Month August 2017 \*\***

**Alert Service(s) - Due Soon/Over Due/Missing - Response Required**

<input type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input type="checkbox"/>	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
<input type="checkbox"/>	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
<input type="checkbox"/>	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

### Completing the Care Gap Response Form

Select the Care Gap to work by checking the box to the left of the Care Gap. Depending on the Care Gap type, you will be prompted to verify service delivery or request an exclusion.

You will be required to enter the **Date Complete** to confirm the service delivery, and you can add the **Result**, if appropriate. The **Result** field is not mandatory. To verify the service delivery for a specific Care Gap you will be required to attach one of the documents listed.

Note that:

- You may attach a maximum of two documents.
- The size of each document must be 3 megabytes (3 MB) or less.
- Accepted file formats are .jpg, .pdf, and .doc.

**Alert Service(s) - Due Soon/Over Due/Missing - Response Required**

<input type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input checked="" type="checkbox"/>	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
<input type="checkbox"/>	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
<input type="checkbox"/>	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

**Service: Diabetes - Diabetes Microalbumin Test**

Date Complete\*

Result (if appropriate)

250 characters remaining

Please attach one of the below documents to verify service delivery\*

- Copy of laboratory report
- Copy of medical record displaying date of microalbumin test and result
- Copy of medical record documenting visit to nephrologist and visit date
- Copy of medical record documenting renal transplant ESRD CKD
- Copy of medication list showing prescription of ACE/ARB medication

No file chosen

You will have to attest that all the information on the form is true and accurate prior to submitting by checking the box below **Please Attest Below**.

**Please Attest Below\***

I hereby attest that the above information is true and accurate

Date: 23/10/2017

Would you like assistance with this member?(optional)

Yes  
 No


**Existing Supporting Documents**

List of Supporting Documents uploaded and Submitted in an earlier session

Document Link	Document Type

## Requesting an Exclusion

The provider can request an exclusion for Care Gaps such as the Breast Cancer Screen, Cervical Cancer Screen, and Chlamydia Screen in women. If you are reviewing one of these Care Gaps and need to request an exclusion, click on **Request an exclusion**. The form will populate with the documentation needed based on the selected Care Gap, and you will attach the supporting documentation.

 Please review Quality reviewer's response before resubmitting the response

**Service: Preventive Health Screens - Breast Cancer Screen**

Please select one\*

Confirm Service Delivered  Request an exclusion

Please attach one of the below documents to request for exclusion

Copy of medical record documenting bilateral mastectomy including date of procedures

Please attach document(s) to support reason of exclusion

No file chosen

Add Note (Optional)

Existing Provider/Quality Reviewer's Notes

Date	Entered By	Role	Details
9/25/2017 4:20:59 PM	sa21591	Quality Reviewer	R note 420 PM
9/25/2017 10:21:07 AM	bkaur5	Provider	The breast cancer screen was conducted on time

2 items

Please Attest Below\*

I hereby attest that the above information is true and accurate

Date: 09/28/2017

Would you like assistance with this member?(optional)

Yes  
 No

Existing Supporting Documents

List of Supporting Documents uploaded and submitted in an earlier session

Document Link	Document Type
-CCS.pdf	EXCLUSION: Copy of medical record documenting bilateral mastectomy including date of procedures

1 item

## Reviewing the Status of a Care Gap

Once you have submitted the **Care Gap Response Form**, a Quality Reviewer from our team will review the information provided and return a status of Approved or Rejected based upon the attached documentation. Once the Care Gap Response has been approved, the record or alert will no longer appear in your queue. Any approved record will move to the “up-to-date” section in the **Care Consideration Screen** for that member, while rejected responses will show Rejected in the **Response** column.

The Care Gap status can be reviewed in the **Response** column of the **Care Consideration Detail** screen. This field will display one of the following:

- Saved/not submitted: You have saved your response but did not submit it yet.
- Submitted: You have completed all necessary steps and submitted the information.
- Response Required: You have not yet responded to the Care Gap.
- Rejected: Your response has been rejected by the Quality Reviewer.

The screenshot shows the 'Care Consideration Detail' screen for a member. At the top, it displays member information: 'Member Name: female born on 09/02/1955 (62 yrs old)', 'Member ID', and 'PRIMARY CARE PROVIDER LAST SEEN' with 'Provider Name' and 'NPI:'. A note states '\*\*Claims processed through End of Month August 2017\*\*'. Below this is a 'Care Consideration Detail' section with a 'Response Required' table. The table has columns for Condition, Service, Status, Date of Last Service, Last Known Result, Response, and Frequency. The 'Response' column for the first two rows is circled in red and contains the word 'Rejected'. A 'Resolve Care Gaps' button is located at the bottom right of the table.

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months

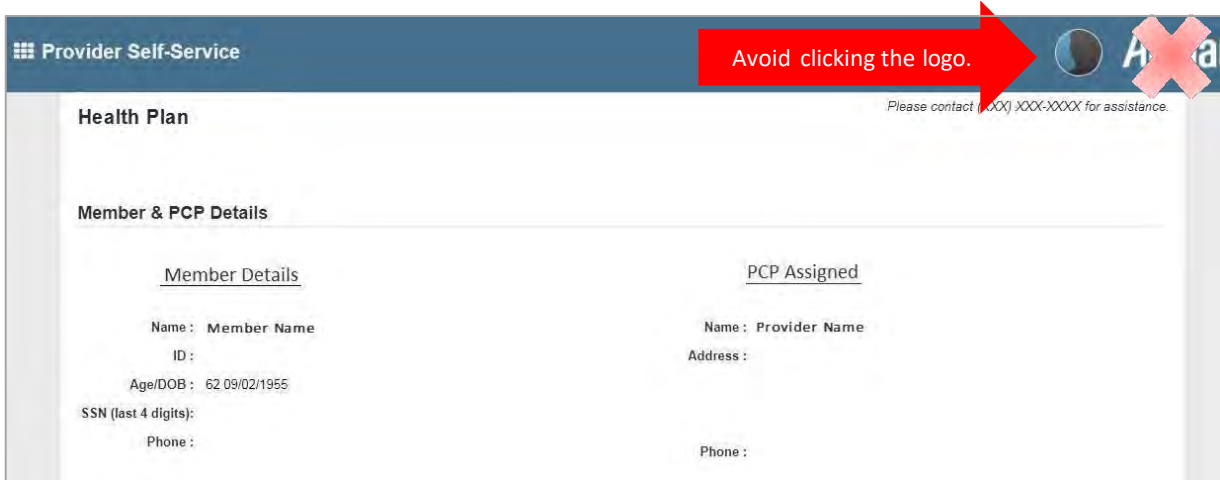
If your Care Gap Response is rejected:

- You will see a new alert in the **Activity** tab in NaviNet.
- On the **Care Consideration Detail** screen for that patient, you will see the status in the **Response** column as **Rejected**.
- Once in the **Care Gap Response Form**, select the rejected Care Gap and read the Quality Reviewer’s notes before resubmitting your response.
- The notes grid in the form will include all previous comments related to the Care Gap from both you and the Quality Reviewer.
- You can click **Resolve Care Gaps** to work that Care Gap again.

The Care Gap will not be removed from your list until approved by the Quality Reviewer.

## Important Notes

- Once the Care Gap Response Form has been completed you can choose to **Submit** or **Save for now**. Responses saved for now will remain active for 30 days only.
- Avoid clicking on the **Appian** logo on the **Care Gap Response Form** as this will cause the the screen to auto-refresh.



The screenshot shows the 'Provider Self-Service' header. A red arrow points to the Appian logo with the text 'Avoid clicking the logo.' A red 'X' is placed over the Appian logo. Below the header, the page is titled 'Health Plan' and includes a sub-section 'Member & PCP Details'. Under 'Member Details', there are fields for Name, ID, Age/DOB (62 09/02/1955), SSN (last 4 digits), and Phone. Under 'PCP Assigned', there are fields for Name, Address, and Phone. A small note at the top right says 'Please contact (XXX) XXX-XXXX for assistance.'

- When the **Care Gap Response Form** remains inactive for more than 60 minutes, a pop-up warning will appear to notify you that your session is about to expire. To remain active, select **Resume** within 5 minutes of the notification to continue to work the Care Gaps.



- The form will time-out within 5 minutes if you do not click **Resume**. The log in screen below will appear once you have timed out. You will need to close this window and instead log into NaviNet.

## Access Care Gap Information via Eligibility and Benefits Inquiry

Alert-related information on a member will be available to the PCP via the **Eligibility and Benefits Inquiry**.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the left side, there is a sidebar menu titled 'Workflows for this Plan'. The 'Eligibility and Benefits Inquiry' option is circled in red, and a red arrow points to it. Other options in the sidebar include Claim Status Inquiry, Claim Submission, Report Inquiry, Provider Directory, Referral Submission, Referral Inquiry, Pre-Authorization Management, Forms & Dashboards, and Provider Data Information Form. Below the sidebar, there are sections for 'FAQs' and 'Practice/Patient Documents Update'. The 'Practice/Patient Documents Update' section contains text about billing entities and an enhanced provider filter. Below this, there is a section for 'Training Videos' with a list of videos: Providers Filter, Claims Investigation, ICM, Care Gaps, and ADT Alerts. On the right side, there are sections for 'Resources' and 'Forms'.

After selecting your health plan, enter the member's ID or search by a combination of name and date of birth.

The screenshot shows the 'Eligibility and Benefits: Patient Search' form. At the top, there is a heading 'Eligibility and Benefits: Patient Search'. Below the heading, there is a paragraph of text: '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.' Below this text, there are two search options. The first option is 'Search by Member ID', which is circled in red. It includes a text input field for 'Member ID' with the placeholder '1111111'. Below this, there is an 'OR' separator. The second option is 'Search by Name', which includes text input fields for 'Last Name', 'First Name', and 'Date of Birth' (with a placeholder 'mm/dd/yyyy').

The resulting **Patient Details** screen will have a section with the Care Gap Alert noted as a **Critical Quality Incentive** for that member. A read only version of the Care Gap worksheet will appear once the pop-up alert is selected. The write and fax functionality will not be available on this worksheet.

Click on **Clinical Documents** to address any Care Gaps for that member. This link will open **the Care Consideration Detail** screen for that member. This link may take some time to appear due to the amount of data located under **the Care Consideration Detail**.

The screenshot shows the NantHealth NaviNet interface for the 'Eligibility and Benefits' section. At the top, there is a navigation bar with 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below this, a breadcrumb trail shows 'Back to Patient Search | Eligibility & Benefits'. The main content area displays 'Eligibility and Benefits' for 'AmeriHealth Caritas Louisiana'. A green status bar indicates the member is 'Active from 03/01/2012 to 12/31/2199'. A red box highlights a '1' in a dropdown menu, with a red arrow pointing to it from a text box that says 'Opens Care Consideration Detail screen where you can work Care Gaps.'. Another red arrow points from a text box 'Opens read-only Care Gap Worksheet.' to a 'Patient Alert Details' pop-up window. The pop-up window lists 'Care Gap for' and 'PCP History for'. The bottom section is titled 'Health Benefit Plan Coverage' and shows 'Benefit Status: Active Coverage' and 'Eligibility Begin Date: 03/01/2012'. A sidebar on the left lists various benefits like 'Brand Name Prescription Drug', 'Chiropractic', etc.



## Access Care Gap Information via Care Gap Query Reports

Login to NaviNet and choose the desired health plan.

NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

Search:  | Can't see the plan you want? Use search to find your plan

**My Plans**

AmeriHealth Caritas Delaware	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus	PerformCare
AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina
AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices	
AmeriHealth Caritas New Hampshire	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
AmeriHealth Caritas North Carolina	Blue Cross Complete of Michigan	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	

Click on the Providers Filter video below, or click [here](#) to access a step-by-step guide, on using the provider filter!

Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for :

**Claims Adjustment Inquiries; Intensive Case Management; Care Gap Response Forms; ADT alerts**

Providers Filter	Claims Investigation	ICM	Care Gaps	ADI Alerts

Forms  
Provider Forms  
Contact Us

View Important Provider Updates.

Select **Report Inquiry** from the left-hand pane and choose **Clinical Reports** from the dropdown menu.

NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

**Workflows for this Plan**

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submissions
- Report Inquiry**
- Provider Directory
- Referral Submission
- Referral Inquiry
- Pre-Authorization Management
- Forms & Dashboards
- Provider Data Information Form

Administrative Reports

- Clinical Reports**
- Financial Reports
- Member Clinical Summary Reports

Planned maintenance to the Care Gaps and Intensive Case Management 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.

Practice/Patient Documents Update:



Single Care Gap Query Each of these reports displays the following columns:

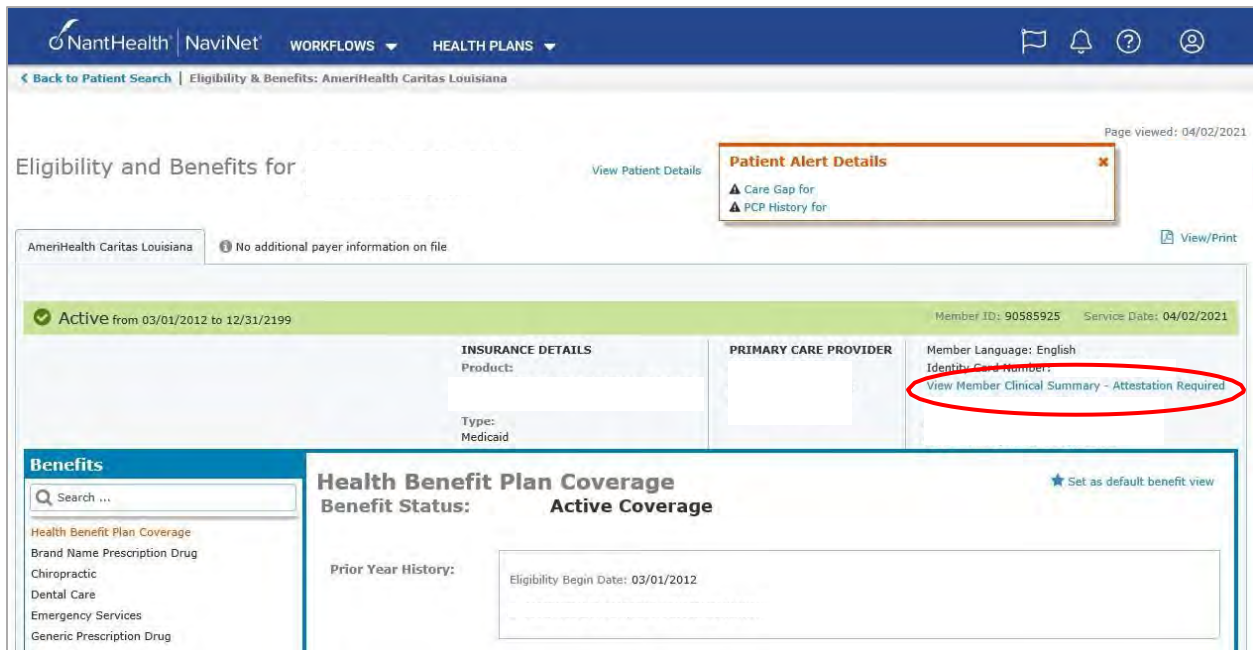
- Provider ID
- Member ID
- Date of Birth
- Member Information
- Service, Status
- Rule of Frequency
- Last Service Date
- Care Gap Update Status

## Access Care Gap Information via the Member Clinical Summary Report

Log-in to NaviNet and select a health plan. Select **Eligibility and Benefits Inquiry** option.



Enter the Member ID. On the **Patient Search** screen, click on **View Member Clinical Summary**.



The **Member Clinical Summary** will show Care Gap statuses as *compliant* and *non-compliant*.

Gaps in Care					
Condition	Service	Status	Last Service	Next Service	Rule
Hypertension	Blood Pressure 140/90	Compliant			Ongoing
Hypertension	Blood Pressure Medication	Compliant	3/18/2017		Ongoing
Preventive Health Screens	Colorectal Cancer Screen	Non-compliant			Once every 1 to 5 years test dependent

**Please Note:** Perform RX care gaps will show additional statuses of *Up-to-date*, *Series Incomplete*, or *Missing*.