



NaviNet Medical Authorizations Participant Guide

Population Health Training

Original Date: 4/14/2022
Updated Date: 5/24/2024
Updated By: Jessica Williams
Next Review Date: 05/24/2025
Review Cycle: Annually

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1 LOGGING IN TO NAVINET

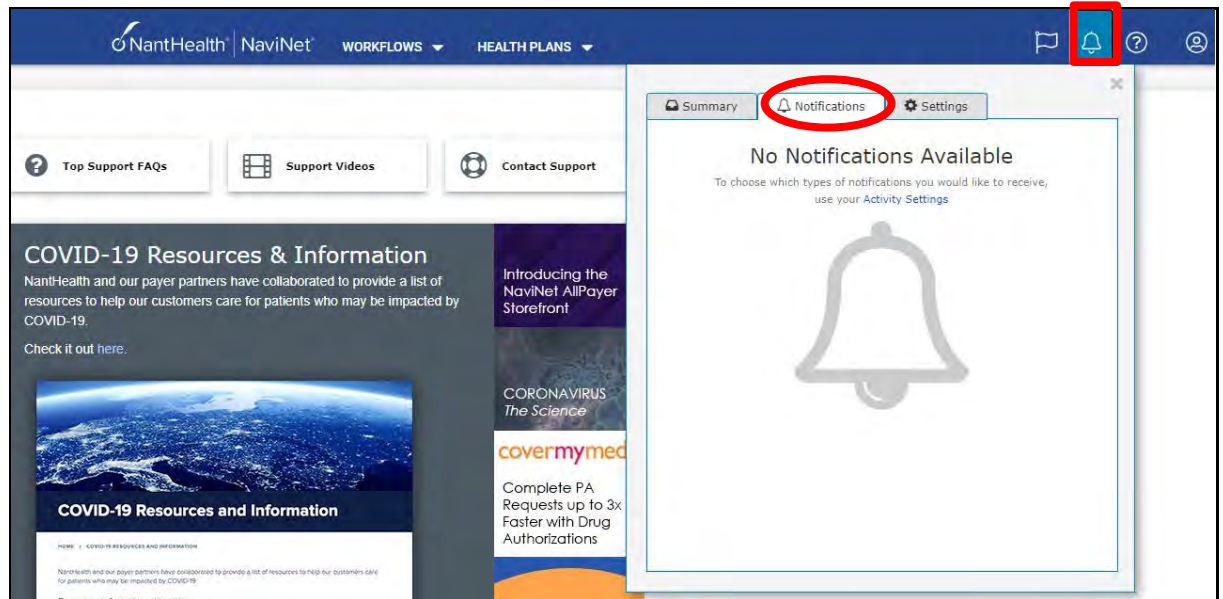
Logging in to NaviNet

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="597 352 1149 1033" 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.)



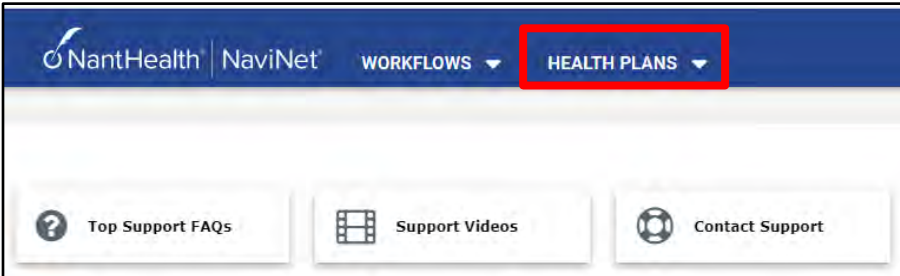

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot shows the NantHealth NaviNet home page. The top navigation bar includes the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there is a bell icon for notifications, a help icon, and a user profile icon. A red box highlights the bell icon. 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 and white image of a city at night. To the right of this banner, there is a vertical sidebar with 'Introducing the NaviNet AllPayer Storefront' and 'CORONAVIRUS The Science' by covermymed. A dialog box is open in the foreground, titled 'No Notifications Available'. The dialog box has tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and circled in red. The dialog box contains a large bell icon and the text: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.'

Logging in to NaviNet (cont.)

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 1563 1119"> <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.


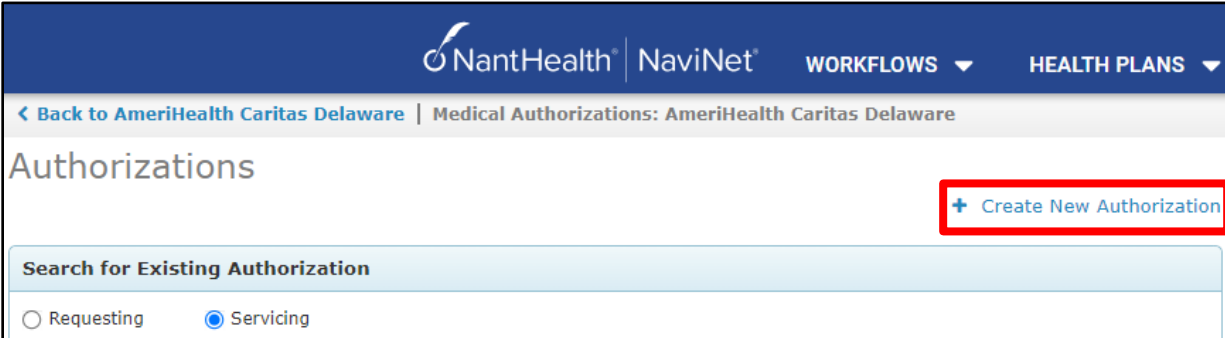
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	<ul style="list-style-type: none"> Instructional videos on system usage.
Latest Updates	Latest News and Updates	<ul style="list-style-type: none"> New functionalities to make your experience more efficient.




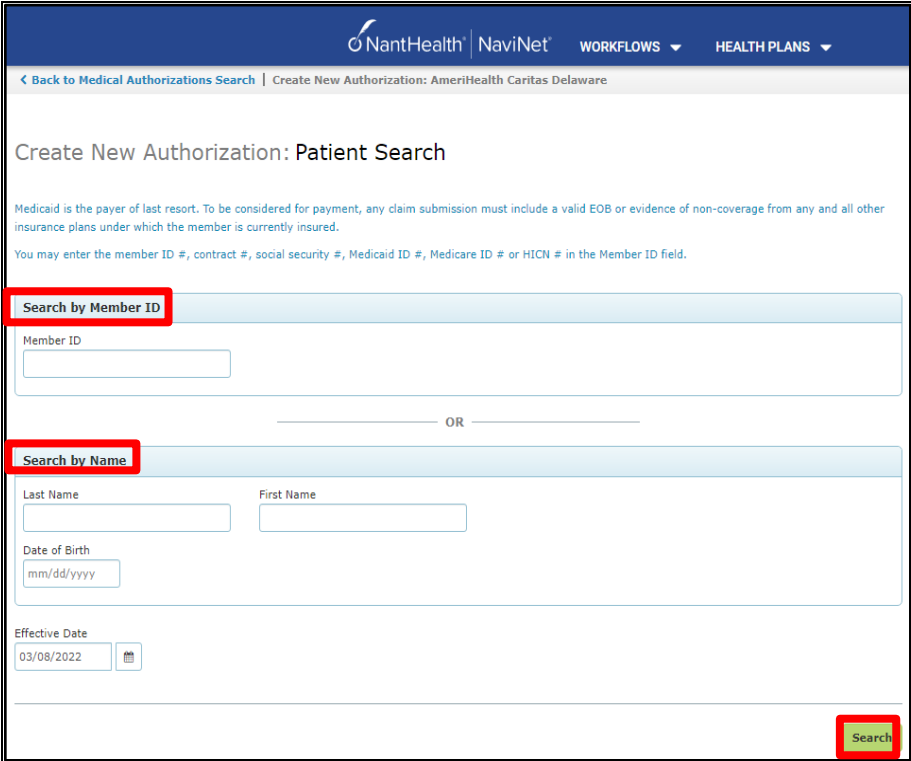
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

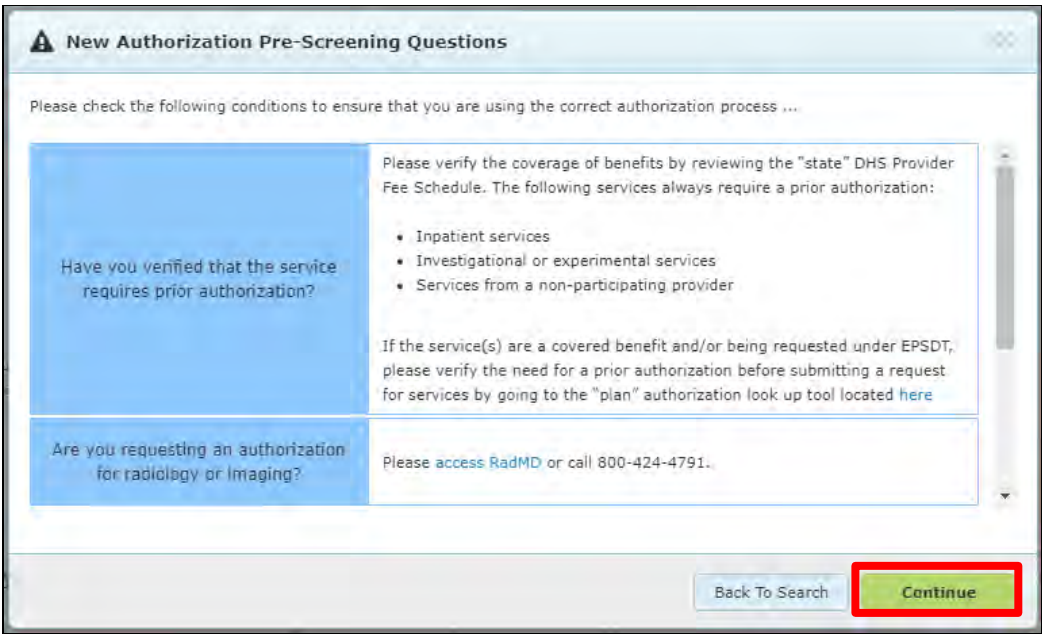
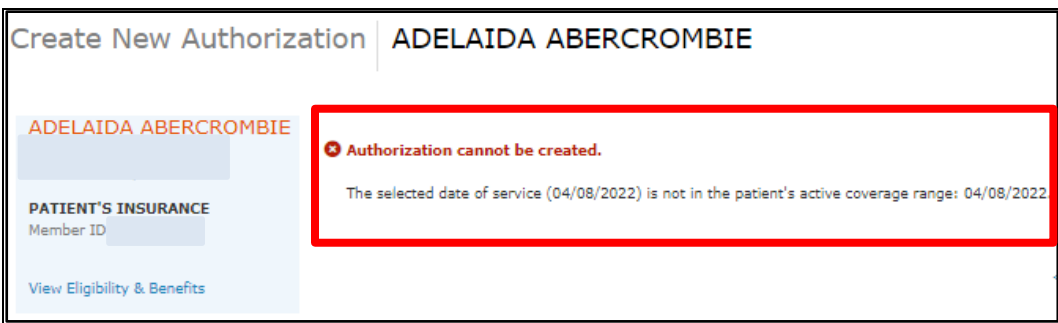
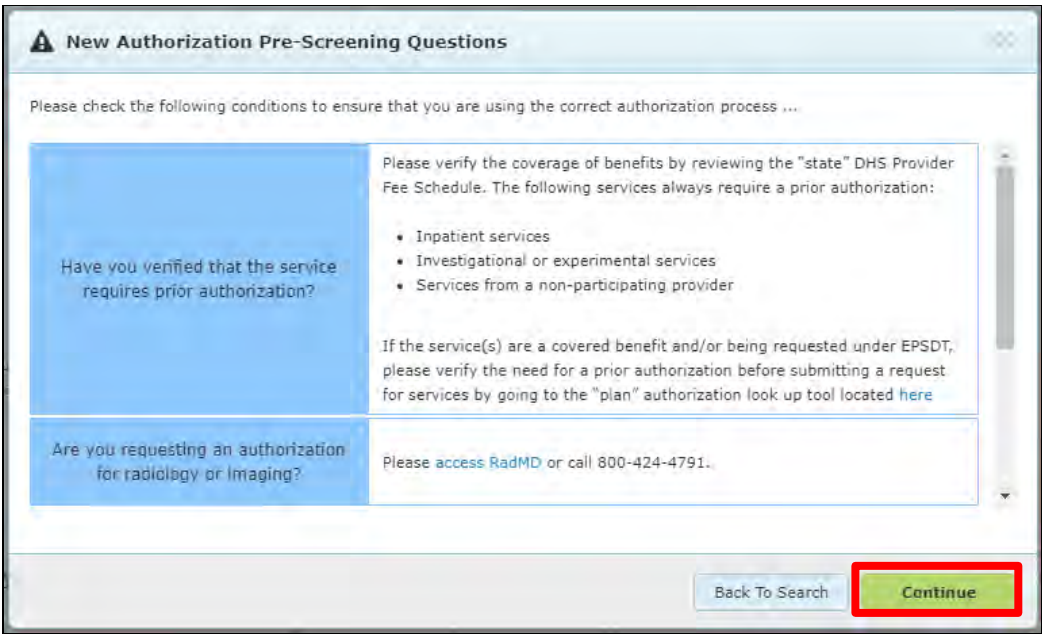
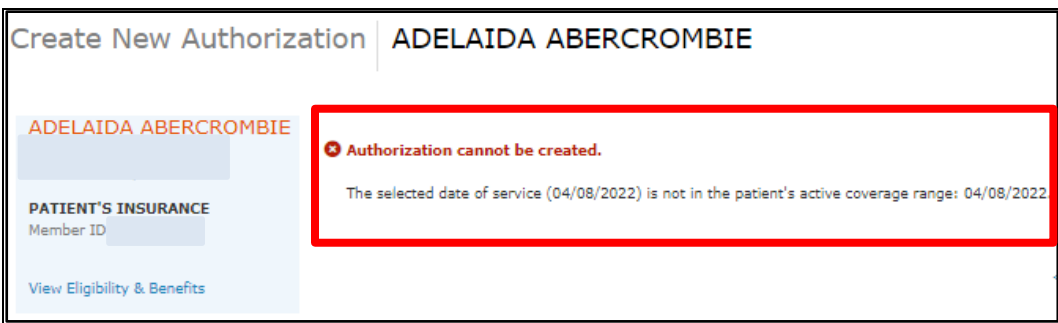
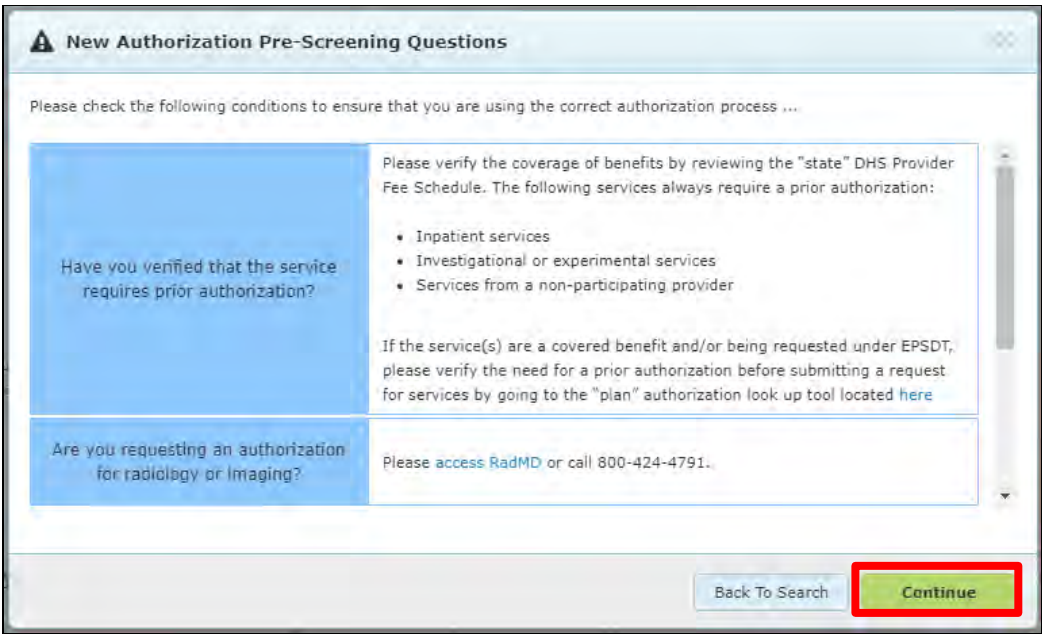
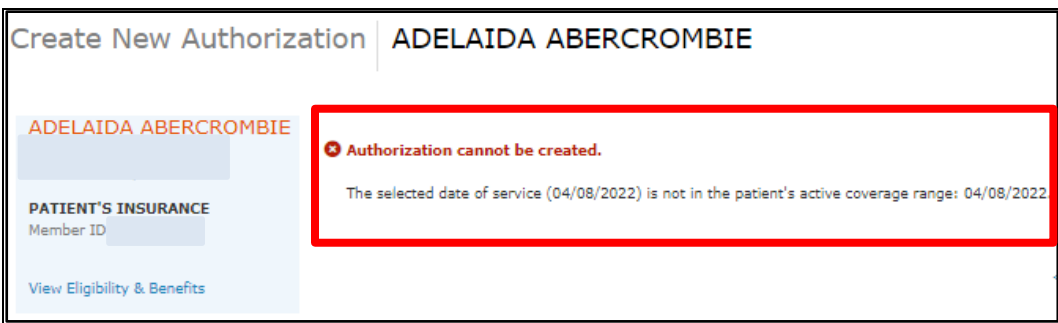
To create a new authorization:

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.)

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="224 380 1552 520" style="border: 1px solid black; padding: 5px;">  <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="217 529 1123 1285" style="border: 1px solid black; padding: 10px;">  </div> <div data-bbox="217 1339 1287 1549" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> <div data-bbox="237 1398 956 1549" style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Create New Authorization: Patient Search</p> <div data-bbox="237 1482 792 1528" style="border: 1px solid red; padding: 2px; margin-top: 5px;"> ✘ Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </div> </div>

Creating a New Authorization (cont.)

Step	Action						
<p>4.</p>	<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> <table border="1" data-bbox="203 352 1559 1241"> <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 1241"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1241"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="406 453 1442 1079">  </div> <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> </td> </tr> <tr> <td data-bbox="203 1241 397 1625"> <p>The member is ineligible</p> </td> <td data-bbox="397 1241 1559 1625"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="406 1302 1458 1619">  </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="406 453 1442 1079">  </div> <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>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="406 1302 1458 1619">  </div>
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Creating a New Authorization (cont.)

Step	Action
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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)

Service Type

Select service type...

Place of Service

Select place of service...

FRANKIE MOCHRIE

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

PRIMARY CARE PHYSICIAN
NPI:

[View Eligibility & Benefits](#)

Eligibility & Benefits
can be viewed here.

Cancel **Next >**

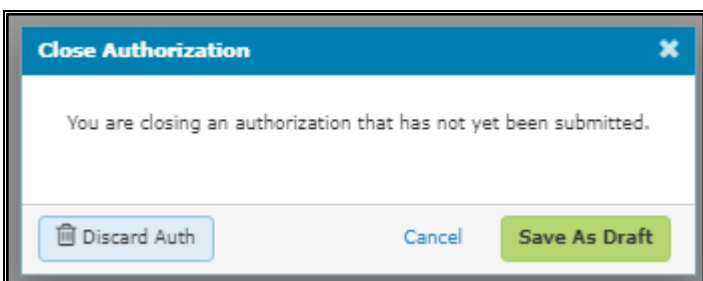
Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the 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.



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" data-bbox="207 289 1550 447"> <tr> <td data-bbox="207 289 467 447">Date of Service</td> <td data-bbox="467 289 1550 447"> This defaults to the current date and is not available to be changed. <div data-bbox="479 346 678 441" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div> </td> </tr> </table> <table border="1" data-bbox="207 447 1550 861"> <tr> <td data-bbox="207 447 467 861">Level of Service</td> <td data-bbox="467 447 1550 861"> Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="479 504 966 661" style="border: 1px solid black; padding: 5px;"> Level of Service ? Elective Select Level of Service ... 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Creating a New Authorization - Outpatient (cont.)

Step	Action										
6.	<p data-bbox="203 220 527 262">Services</p> <table border="1" data-bbox="203 262 1570 1808"> <tr> <td data-bbox="203 262 527 945">From / To</td> <td data-bbox="527 262 1570 945"> <p data-bbox="535 262 966 304">From (start date) / To (end date)</p> <div data-bbox="535 304 868 399"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p data-bbox="535 409 1570 640">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> <div data-bbox="535 651 1485 934"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p>Service Type <input type="text" value="Outpatient Durable Medical Equipment P..."/></p> <p>Place of Service <input type="text" value="Home"/></p> </div> </td> </tr> <tr> <td data-bbox="203 945 527 1228">Procedure Code</td> <td data-bbox="527 945 1570 1228"> <p data-bbox="535 955 1570 1113">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> <div data-bbox="535 1123 738 1218"> <p>Procedure Code <input type="text"/></p> </div> </td> </tr> <tr> <td data-bbox="203 1228 527 1375">Modifiers</td> <td data-bbox="527 1228 1570 1375"> <p data-bbox="535 1239 1104 1270">Free text field. This is not a mandatory field.</p> <div data-bbox="535 1281 812 1365"> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> </div> </td> </tr> <tr> <td data-bbox="203 1375 527 1533">Units</td> <td data-bbox="527 1375 1570 1533"> <p data-bbox="535 1386 852 1417">Free text numeric value.</p> <div data-bbox="535 1428 812 1522"> <p>Units <input type="text" value="1"/> Unit(s)</p> </div> </td> </tr> <tr> <td data-bbox="203 1533 527 1808">Add New Service Line</td> <td data-bbox="527 1533 1570 1808"> <p data-bbox="535 1543 1570 1659">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> <div data-bbox="535 1669 836 1753"> <p><input type="button" value="+ Add New Service Line"/></p> </div> </td> </tr> </table>	From / To	<p data-bbox="535 262 966 304">From (start date) / To (end date)</p> <div data-bbox="535 304 868 399"> <p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p> </div> <p data-bbox="535 409 1570 640">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> <div data-bbox="535 651 1485 934"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> <p>Service Type <input type="text" value="Outpatient Durable Medical Equipment P..."/></p> <p>Place of Service <input type="text" value="Home"/></p> </div>	Procedure Code	<p data-bbox="535 955 1570 1113">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> <div data-bbox="535 1123 738 1218"> <p>Procedure Code <input type="text"/></p> </div>	Modifiers	<p data-bbox="535 1239 1104 1270">Free text field. This is not a mandatory field.</p> <div data-bbox="535 1281 812 1365"> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> </div>	Units	<p data-bbox="535 1386 852 1417">Free text numeric value.</p> <div data-bbox="535 1428 812 1522"> <p>Units <input type="text" value="1"/> Unit(s)</p> </div>	Add New Service Line	<p data-bbox="535 1543 1570 1659">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> <div data-bbox="535 1669 836 1753"> <p><input type="button" value="+ Add New Service Line"/></p> </div>
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Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="219 233 467 264">Attachments</p> <p data-bbox="219 279 467 310">+ Add Document</p> <p data-bbox="548 279 1555 506">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="548 520 1511 751"> <p data-bbox="565 533 691 554">Attachments</p> <p data-bbox="565 579 716 617">+ Add Document</p> <p data-bbox="846 690 1219 722">Drop Documents here to Attach</p> </div> <div data-bbox="548 768 1511 1213"> <p data-bbox="565 781 691 802">Attachments</p> <p data-bbox="565 827 716 865">+ Add Document</p> <p data-bbox="565 890 829 911">  Document 1- for upload.docx </p> <p data-bbox="992 890 1289 911"> Select document type ... </p> <ul data-bbox="992 926 1300 1205" 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 890 1490 932">Delete</p> </div>

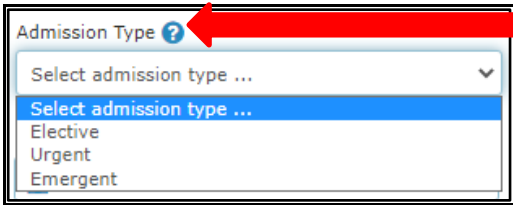
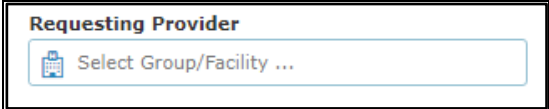

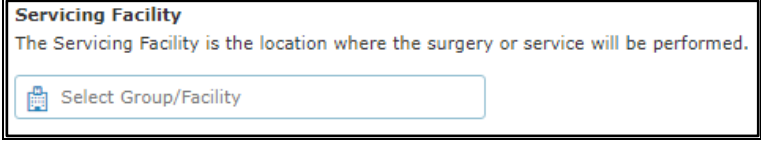
Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<p data-bbox="245 224 553 254">Notes</p> <p data-bbox="245 264 553 294">Notes</p> <p data-bbox="561 264 1547 373">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="561 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p data-bbox="245 569 553 598">Contact Information</p> <p data-bbox="561 569 1547 716">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 data-bbox="561 730 1547 800">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="561 863 1547 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 style="text-align: right;">Cancel << Previous Submit</p> </div> <p data-bbox="245 1331 915 1358">***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="431 310 1068 554" 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 779"> <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="431 877 667 982" 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 1276" 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 1373 1097 1675" 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>				

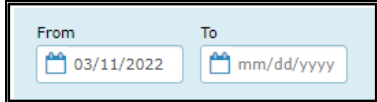
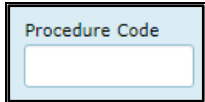

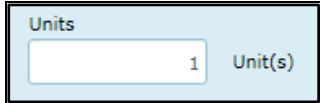
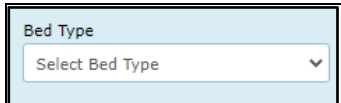
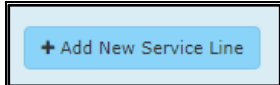
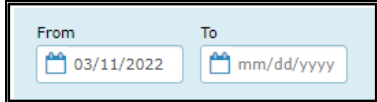
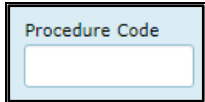

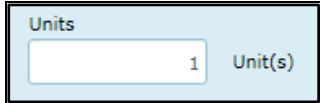
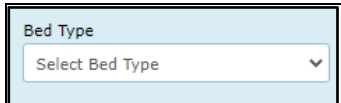
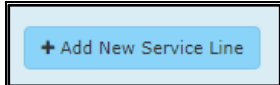
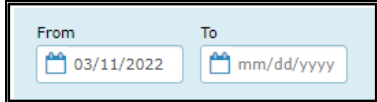
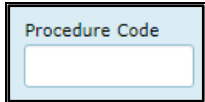

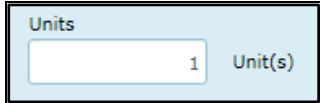
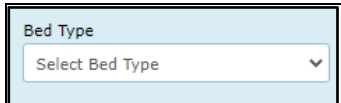
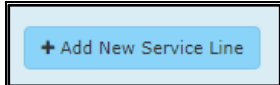
Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	<p data-bbox="217 224 402 300">Admission Type</p> <p data-bbox="418 224 1495 300">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 512">  </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 774"> <thead> <tr> <th data-bbox="423 520 589 552">If</th> <th data-bbox="594 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 589 621">Elective</td> <td data-bbox="594 558 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 589 722">Urgent</td> <td data-bbox="594 627 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="423 728 589 774">Emergent</td> <td data-bbox="594 728 1406 774">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
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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								
	<p data-bbox="217 831 402 907">Requesting Provider</p> <p data-bbox="418 831 1479 907">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 917 961 1026">  </div>								
	<p data-bbox="217 1068 402 1144">Servicing Provider</p> <p data-bbox="418 1068 1528 1144">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 1155 961 1264">  </div>								
	<p data-bbox="217 1278 402 1354">Servicing Facility</p> <p data-bbox="418 1278 1344 1320">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1331 1170 1472">  </div>								



Creating a New Authorization – Inpatient (cont.)

Step	Action									
7.	<p data-bbox="207 226 370 258">Diagnoses</p> <p data-bbox="207 268 370 300">Diagnoses</p> <p data-bbox="537 268 1495 300">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"><p data-bbox="548 321 659 342">Diagnoses</p><input data-bbox="565 363 914 401" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 443 1520 590">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"><p data-bbox="548 611 659 632">Diagnoses</p><input data-bbox="565 653 906 690" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="548 701 1531 772"><tbody><tr><td data-bbox="557 709 573 730">1</td><td data-bbox="605 709 654 730">(Primary)</td><td data-bbox="678 709 743 730">M62.81</td><td data-bbox="800 709 1044 730">Muscle weakness (generalized)</td><td data-bbox="1450 701 1531 743" rowspan="2"></td></tr><tr><td data-bbox="557 741 573 762">2</td><td></td><td data-bbox="678 741 760 762">T67.01XA</td><td data-bbox="800 741 1133 762">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
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2		T67.01XA	Heatstroke and sunstroke, initial encounter							

Creating a New Authorization – Inpatient (cont.)

Step	Action												
7.	<p data-bbox="207 226 326 254">Services</p> <table border="1" data-bbox="207 254 1471 1635"> <tr> <td data-bbox="207 254 529 457">From / To</td> <td data-bbox="529 254 1471 457"> <p data-bbox="540 262 1459 331">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="540 348 914 449">  </div> </td> </tr> <tr> <td data-bbox="207 457 529 814">Procedure Code</td> <td data-bbox="529 457 1471 814"> <p data-bbox="540 470 1459 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="540 707 743 808">  </div> </td> </tr> <tr> <td data-bbox="207 814 529 968">Modifiers</td> <td data-bbox="529 814 1471 968"> <p data-bbox="540 827 1117 854">This is a free text field and is not mandatory.</p> <div data-bbox="540 869 818 959">  </div> </td> </tr> <tr> <td data-bbox="207 968 529 1171">Units</td> <td data-bbox="529 968 1471 1171"> <p data-bbox="540 980 1455 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1163">  </div> </td> </tr> <tr> <td data-bbox="207 1171 529 1375">Bed Type</td> <td data-bbox="529 1171 1471 1375"> <p data-bbox="540 1184 1378 1253">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1266 878 1367">  </div> </td> </tr> <tr> <td data-bbox="207 1375 529 1635">+ Add New Service Line</td> <td data-bbox="529 1375 1471 1635"> <p data-bbox="540 1388 1446 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 1512 818 1596">  </div> </td> </tr> </table>	From / To	<p data-bbox="540 262 1459 331">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="540 348 914 449">  </div>	Procedure Code	<p data-bbox="540 470 1459 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="540 707 743 808">  </div>	Modifiers	<p data-bbox="540 827 1117 854">This is a free text field and is not mandatory.</p> <div data-bbox="540 869 818 959">  </div>	Units	<p data-bbox="540 980 1455 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1163">  </div>	Bed Type	<p data-bbox="540 1184 1378 1253">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1266 878 1367">  </div>	+ Add New Service Line	<p data-bbox="540 1388 1446 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 1512 818 1596">  </div>
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Units	<p data-bbox="540 980 1455 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1163">  </div>												
Bed Type	<p data-bbox="540 1184 1378 1253">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1266 878 1367">  </div>												
+ Add New Service Line	<p data-bbox="540 1388 1446 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 1512 818 1596">  </div>												

Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<p data-bbox="201 224 521 254">Attachments</p> <p data-bbox="201 260 521 289">Add Document</p> <p data-bbox="526 260 1563 411">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="537 426 1484 659" style="border: 1px solid black; padding: 5px;"> <p data-bbox="558 443 678 464">Attachments</p> <div data-bbox="553 485 716 520" style="border: 1px solid red; padding: 2px;">+ Add Document</div> <div data-bbox="829 600 1195 625" style="text-align: center; color: gray;">Drop Documents here to Attach</div> </div> <div data-bbox="537 674 1484 1108" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p data-bbox="558 690 678 711">Attachments</p> <div data-bbox="553 732 716 768" style="border: 1px solid red; padding: 2px;">+ Add Document</div> <div data-bbox="558 789 813 814" style="border: 1px solid gray; padding: 2px;">  Document 1- for upload.docx </div> <div data-bbox="980 789 1260 1100" style="border: 1px solid red; padding: 2px;"> <div data-bbox="980 789 1260 831" style="border: 1px solid red; padding: 2px;">Select document type ...</div> <div data-bbox="980 831 1260 1100" style="border: 1px solid gray; padding: 2px;"> 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 </div> </div> <div data-bbox="1300 800 1446 835" style="border: 1px solid red; padding: 2px; text-align: center;">  Delete </div> </div>

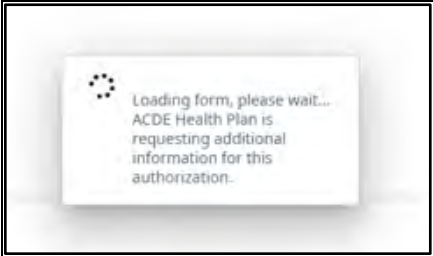
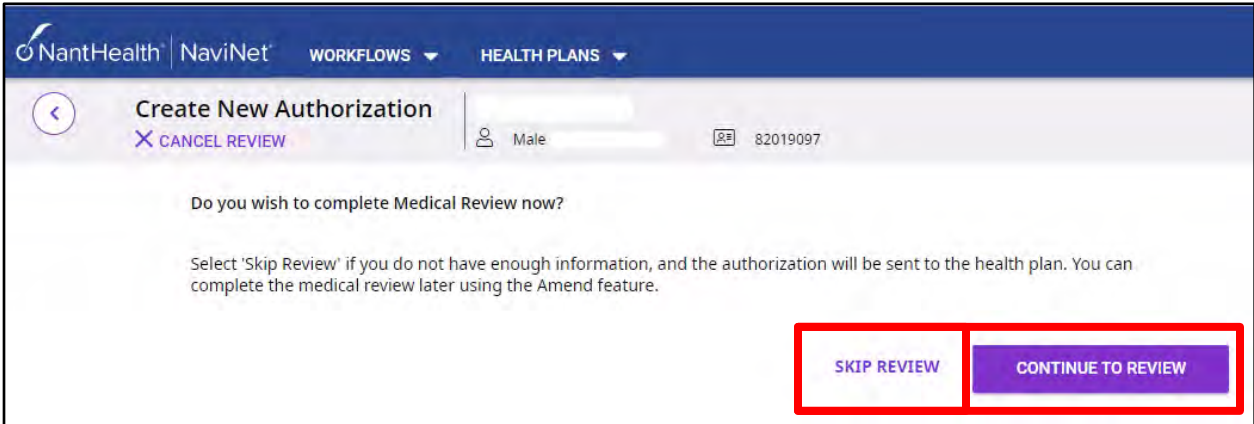
Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	<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="537 401 1533 575"> <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="537 842 1533 1276"> <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



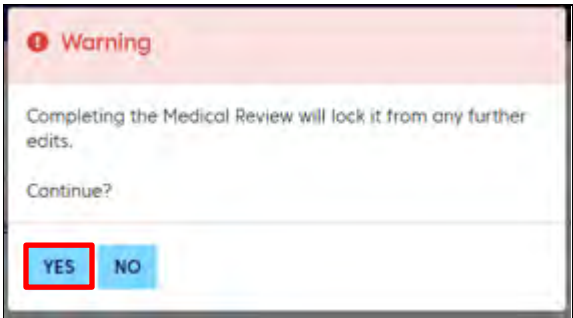
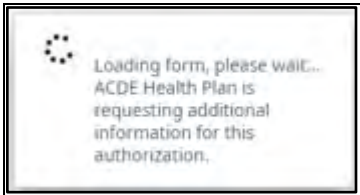
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	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.						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> 						
10.	<p>Once routed to InterQual, users will have two options 'Skip Review' or 'Continue to Review.'</p>  <table border="1" data-bbox="206 1398 1471 1917"> <thead> <tr> <th>If....</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Skip Review</td> <td> <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: 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.</p> </td> </tr> <tr> <td>Continue to Review</td> <td> <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: If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</p> </td> </tr> </tbody> </table>	If....	Then...	Skip Review	<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: 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.</p>	Continue to Review	<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: If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</p>
If....	Then...						
Skip Review	<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: 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.</p>						
Continue to Review	<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: If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</p>						

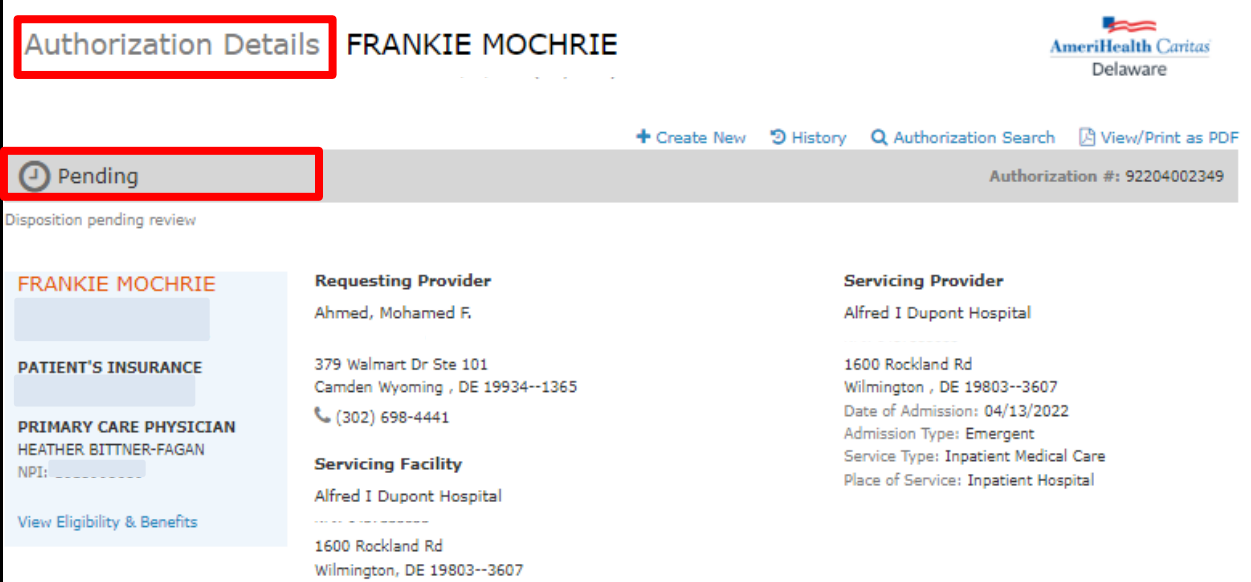
Creating a New Authorization - InterQual (cont.)

Step	Action						
11.	<table border="1"><thead><tr><th data-bbox="237 254 415 302">If...</th><th data-bbox="415 254 1401 302">Then...</th></tr></thead><tbody><tr><td data-bbox="237 302 415 579">Outpatient</td><td data-bbox="415 302 1401 579"><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 data-bbox="237 579 415 932">Inpatient</td><td data-bbox="415 579 1401 932"><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.)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1557 634"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="703 264 1557 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 310 703 432">Q&A criteria is used (outpatient)</td> <td data-bbox="703 310 1557 432">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 432 703 634">Decision tree is used (inpatient)</td> <td data-bbox="703 432 1557 634">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.
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.						
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 progress indicator. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "authorization.".</p>						




Creating a New Authorization - InterQual (cont.)

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.</p> <table border="1"> <thead> <tr> <th data-bbox="219 562 490 588">Patient Information</th> <th data-bbox="516 562 1023 588">Requesting Provider</th> <th data-bbox="1042 562 1435 588">Servicing Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="219 588 490 640"> FRANKIE MOCHRIE [Redacted] </td> <td data-bbox="516 588 1023 640"> Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming, DE 19934--1365 (302) 698-4441 </td> <td data-bbox="1042 588 1435 640"> Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607 </td> </tr> <tr> <td data-bbox="219 640 490 693"> PATIENT'S INSURANCE [Redacted] </td> <td data-bbox="516 640 1023 693"> [Redacted] </td> <td data-bbox="1042 640 1435 693"> Date of Admission: 04/13/2022 Admission Type: Emergent </td> </tr> <tr> <td data-bbox="219 693 490 766"> PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [Redacted] </td> <td data-bbox="516 693 1023 766"> Servicing Facility Alfred I Dupont Hospital [Redacted] </td> <td data-bbox="1042 693 1435 766"> Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital </td> </tr> </tbody> </table> <p>Additional details from the screenshot include: 'Disposition pending review', 'Authorization #': 92204002349, and a 'View Eligibility & Benefits' link.</p>	Patient Information	Requesting Provider	Servicing Provider	FRANKIE MOCHRIE [Redacted]	Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming, DE 19934--1365 (302) 698-4441	Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607	PATIENT'S INSURANCE [Redacted]	[Redacted]	Date of Admission: 04/13/2022 Admission Type: Emergent	PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [Redacted]	Servicing Facility Alfred I Dupont Hospital [Redacted]	Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital
Patient Information	Requesting Provider	Servicing Provider											
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PATIENT'S INSURANCE [Redacted]	[Redacted]	Date of Admission: 04/13/2022 Admission Type: Emergent											
PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI: [Redacted]	Servicing Facility Alfred I Dupont Hospital [Redacted]	Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital											

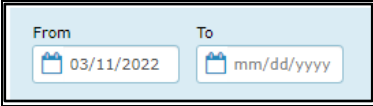
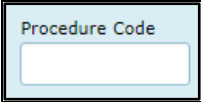

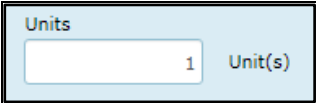
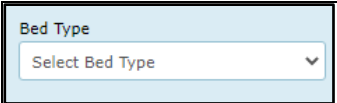
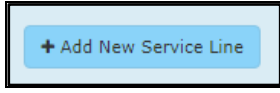
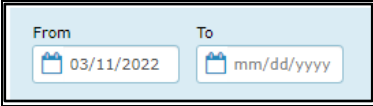
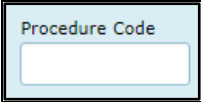

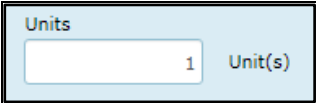
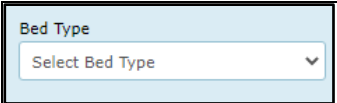
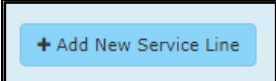
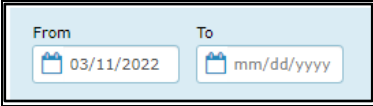
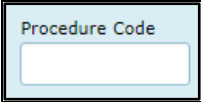

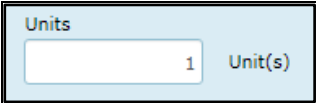
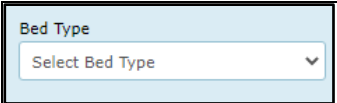
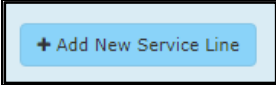
Creating a New Authorization – Inpatient Emergent Admission Notification

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="207 321 521 695"> <p>Service Type</p> </td> <td data-bbox="521 321 1547 695"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 527"> </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 688"> </div> </td> </tr> <tr> <td data-bbox="207 695 521 911"> <p>Date of Admission/ Date of Discharge</p> </td> <td data-bbox="521 695 1547 911"> <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="207 911 521 1220"> <p>Admission Type</p> </td> <td data-bbox="521 911 1547 1220"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167"> </div> <div data-bbox="1062 968 1516 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1220 521 1388"> <p>Requesting Provider</p> </td> <td data-bbox="521 1220 1547 1388"> <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 1388 521 1598"> <p>Servicing Provider</p> </td> <td data-bbox="521 1388 1547 1598"> <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 1598 521 1820"> <p>Servicing Facility</p> </td> <td data-bbox="521 1598 1547 1820"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797"> </div> </td> </tr> </table>	<p>Service Type</p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 415 1159 527"> </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 688"> </div>	<p>Date of Admission/ Date of Discharge</p>	<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>	<p>Admission Type</p>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167"> </div> <div data-bbox="1062 968 1516 1104"> <p>The question mark provides information regarding the types of admissions.</p> </div>	<p>Requesting Provider</p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381"> </div>	<p>Servicing Provider</p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591"> </div>	<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797"> </div>
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<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797"> </div>												

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

Step	Action										
6.	<p data-bbox="219 226 381 258">Diagnoses</p> <p data-bbox="219 268 381 300">Diagnoses</p> <p data-bbox="548 268 1494 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 352 941 462"><p data-bbox="560 363 673 384">Diagnoses</p><input data-bbox="560 405 922 441" 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="548 640 1559 829"><p data-bbox="560 651 673 672">Diagnoses</p><input data-bbox="560 693 922 728" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="560 735 1542 808"><tbody><tr><td data-bbox="560 745 584 766">1</td><td data-bbox="609 745 673 766">(Primary)</td><td data-bbox="690 745 755 766">M62.81</td><td data-bbox="812 745 1055 766">Muscle weakness (generalized)</td><td data-bbox="1453 724 1542 787"></td></tr><tr><td data-bbox="560 777 576 798">2</td><td></td><td data-bbox="690 777 771 798">T67.01XA</td><td data-bbox="812 777 1144 798">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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2		T67.01XA	Heatstroke and sunstroke, initial encounter								

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

Step	Action												
6.	<p data-bbox="207 226 326 254">Services</p> <table border="1" data-bbox="207 254 1471 1602"> <tr> <td data-bbox="207 254 529 457">From / To</td> <td data-bbox="529 254 1471 457"> <p data-bbox="540 262 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="540 348 914 449">  </div> </td> </tr> <tr> <td data-bbox="207 457 529 814">Procedure Code</td> <td data-bbox="529 457 1471 814"> <p data-bbox="540 470 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="540 709 743 810">  </div> </td> </tr> <tr> <td data-bbox="207 814 529 968">Modifiers</td> <td data-bbox="529 814 1471 968"> <p data-bbox="540 827 1203 854">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 869 818 961">  </div> </td> </tr> <tr> <td data-bbox="207 968 529 1171">Units</td> <td data-bbox="529 968 1471 1171"> <p data-bbox="540 980 1459 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1064 857 1165">  </div> </td> </tr> <tr> <td data-bbox="207 1171 529 1339">Bed Type</td> <td data-bbox="529 1171 1471 1339"> <p data-bbox="540 1184 1390 1211">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1226 878 1327">  </div> </td> </tr> <tr> <td data-bbox="207 1339 529 1602">+ Add New Service Line</td> <td data-bbox="529 1339 1471 1602"> <p data-bbox="540 1352 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="540 1474 818 1566">  </div> </td> </tr> </table>	From / To	<p data-bbox="540 262 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="540 348 914 449">  </div>	Procedure Code	<p data-bbox="540 470 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="540 709 743 810">  </div>	Modifiers	<p data-bbox="540 827 1203 854">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 869 818 961">  </div>	Units	<p data-bbox="540 980 1459 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1064 857 1165">  </div>	Bed Type	<p data-bbox="540 1184 1390 1211">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1226 878 1327">  </div>	+ Add New Service Line	<p data-bbox="540 1352 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="540 1474 818 1566">  </div>
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="207 224 386 256">Attachments</p> <p data-bbox="217 262 431 294">Add Document</p> <p data-bbox="537 262 1534 411">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="537 426 1481 659"><p data-bbox="558 443 678 464">Attachments</p><p data-bbox="574 491 704 512">+ Add Document</p><p data-bbox="829 600 1195 625">Drop Documents here to Attach</p></div> <div data-bbox="537 674 1481 1108"><p data-bbox="558 690 678 711">Attachments</p><p data-bbox="574 739 704 760">+ Add Document</p><p data-bbox="558 793 813 814">Document 1- for upload.docx</p><p data-bbox="992 800 1252 821">Select document type ...</p><p data-bbox="1365 806 1435 827">Delete</p><ul data-bbox="992 831 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</div>

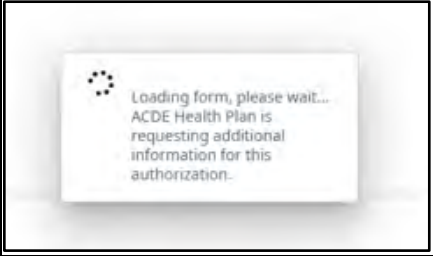
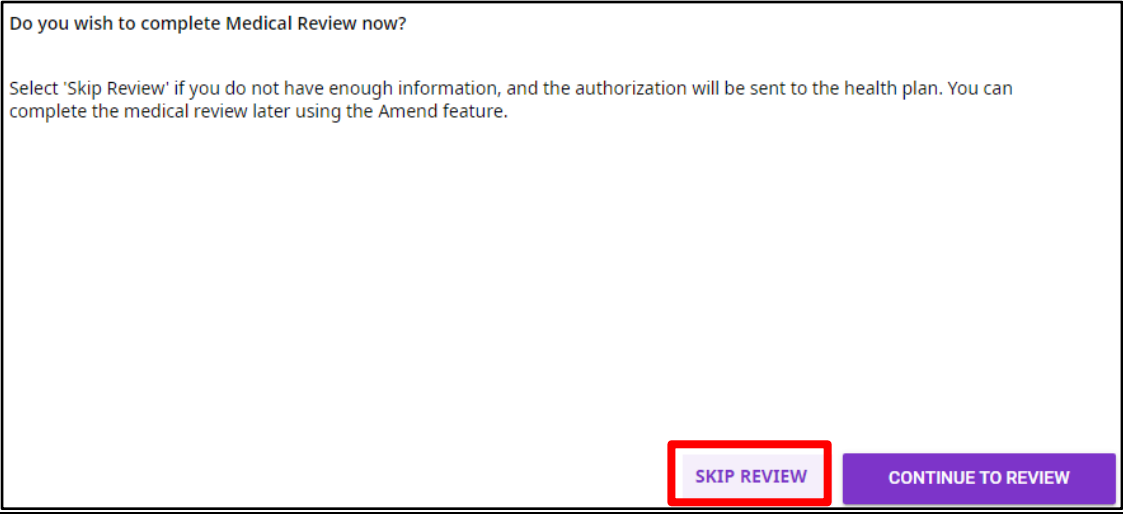
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	<p data-bbox="207 224 521 254">Notes</p> <p data-bbox="207 260 521 569">Notes</p> <p data-bbox="537 260 1549 373">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="537 390 1549 569"> <p data-bbox="548 401 597 422">Notes</p> <p data-bbox="565 432 732 453">Enter Clinical Notes ...</p> <p data-bbox="1393 537 1528 558">264 characters left</p> </div> <p data-bbox="207 575 521 604">Contact Information</p> <p data-bbox="537 575 1549 730">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 data-bbox="537 737 1549 814">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 831 1549 1241"> <p data-bbox="548 842 760 863">▼ Contact Information</p> <p data-bbox="548 873 634 894">First Name</p> <p data-bbox="548 957 634 978">Last Name</p> <p data-bbox="548 1041 659 1062">Email Address</p> <p data-bbox="548 1073 618 1094">Optional</p> <p data-bbox="1057 873 1179 894">Phone Number</p> <p data-bbox="1057 957 1154 978">Fax Number</p> <p data-bbox="1057 989 1130 1010">Optional</p> <p data-bbox="1057 1031 1365 1083"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p data-bbox="565 1115 691 1136">DECLARATION</p> <p data-bbox="565 1146 1252 1167"><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p data-bbox="1211 1209 1268 1230">Cancel</p> <p data-bbox="1308 1209 1390 1230">« Previous</p> <p data-bbox="1446 1209 1511 1230">Submit</p> </div>

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


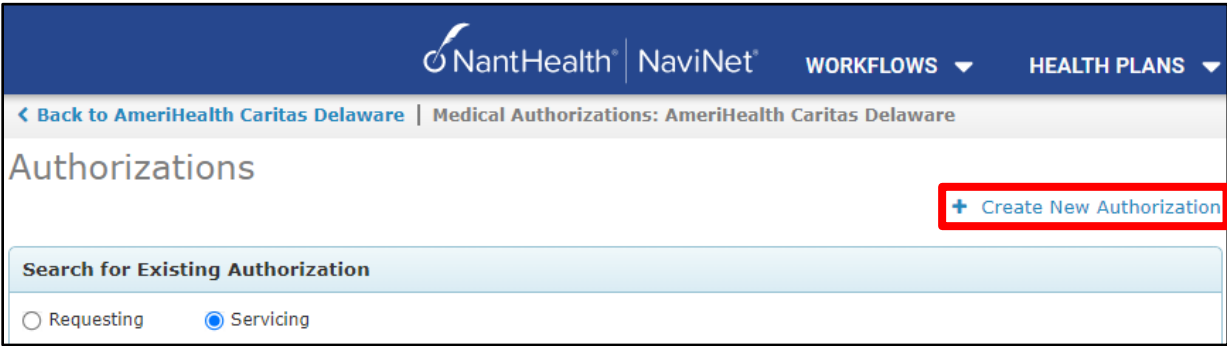


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


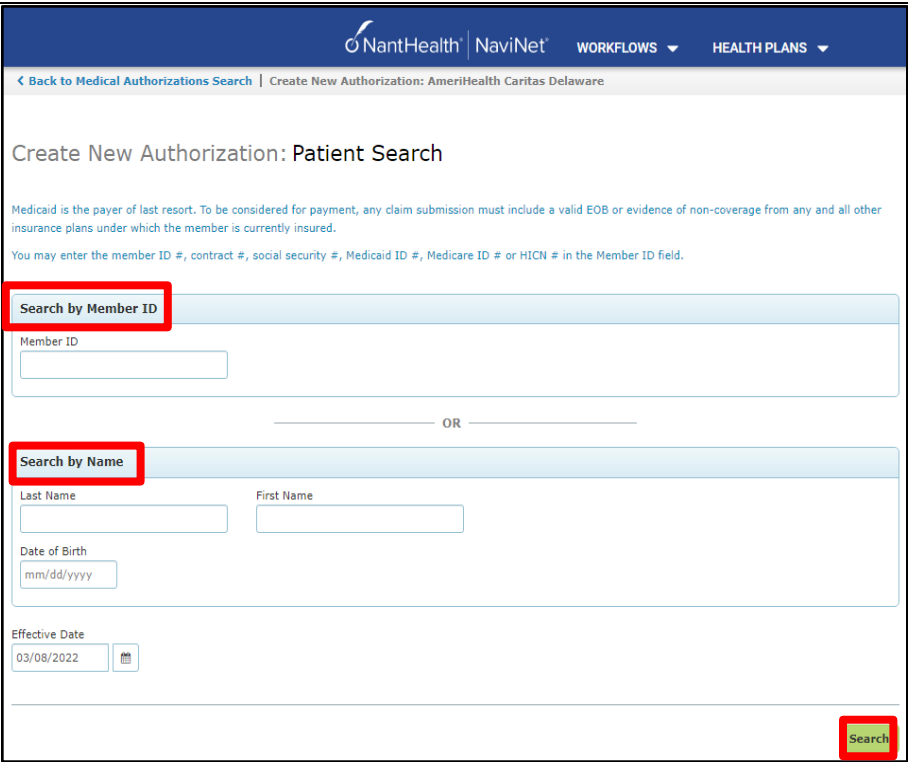

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a thin black border. It contains a circular loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional 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 with a white background and a black border. The text reads: "Do you wish to complete Medical Review now?" followed by "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

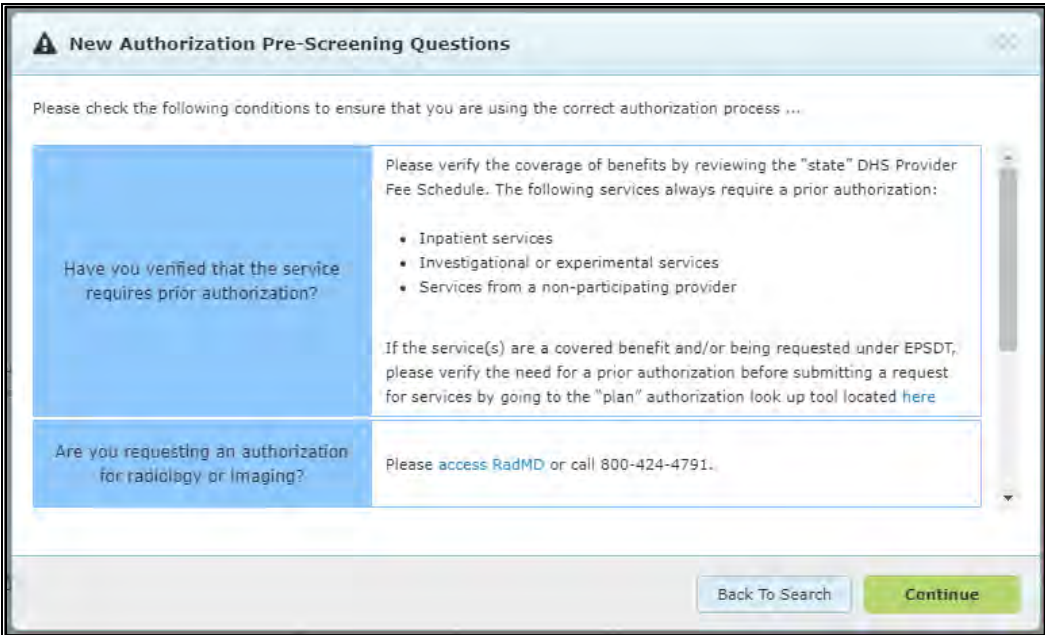
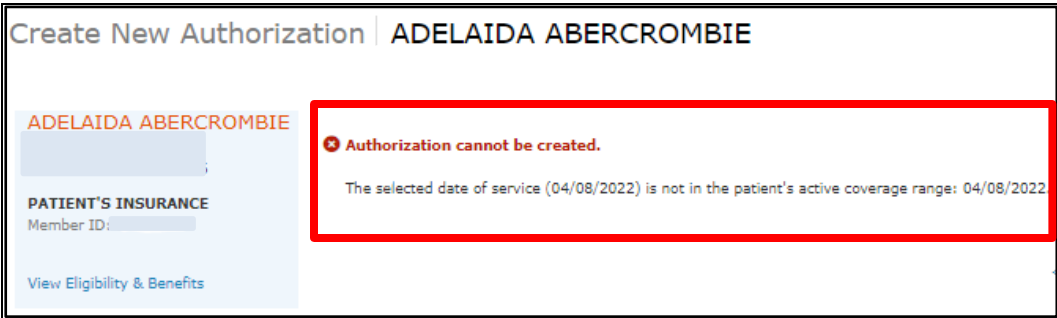
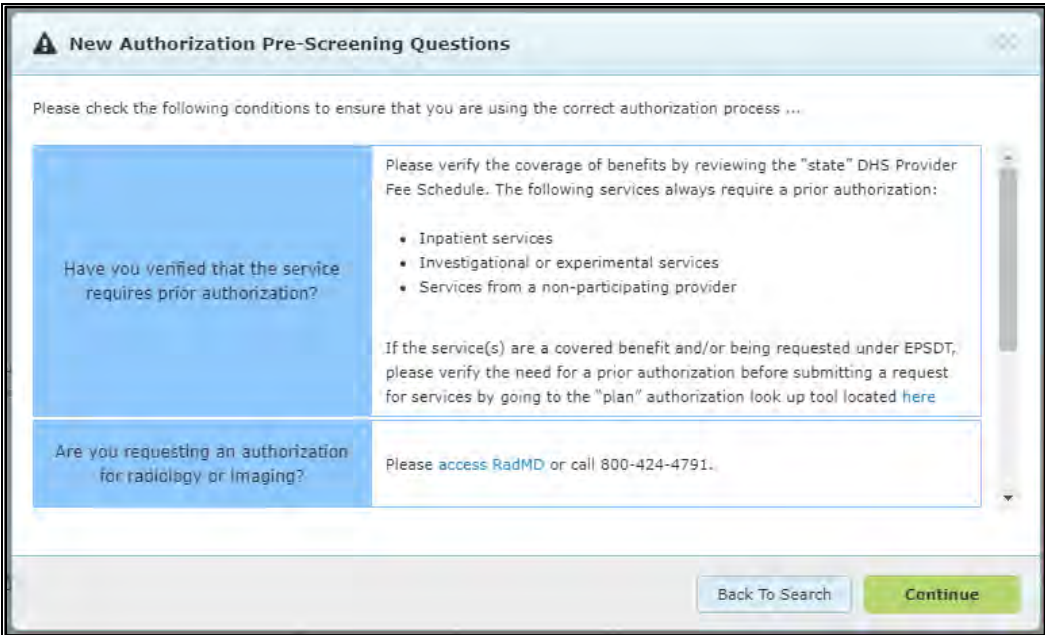
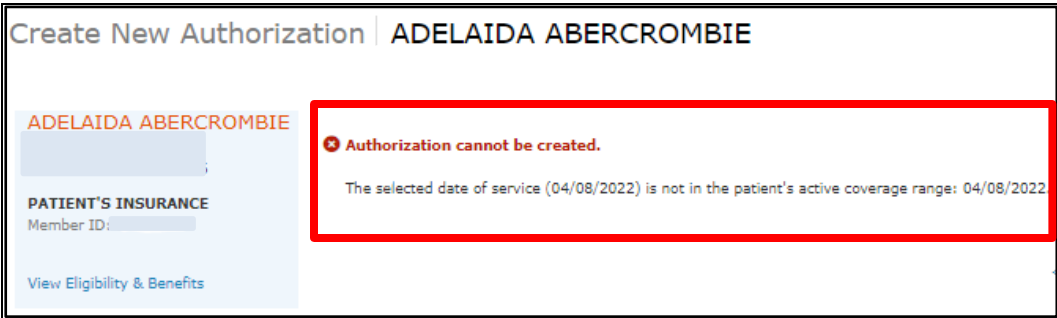
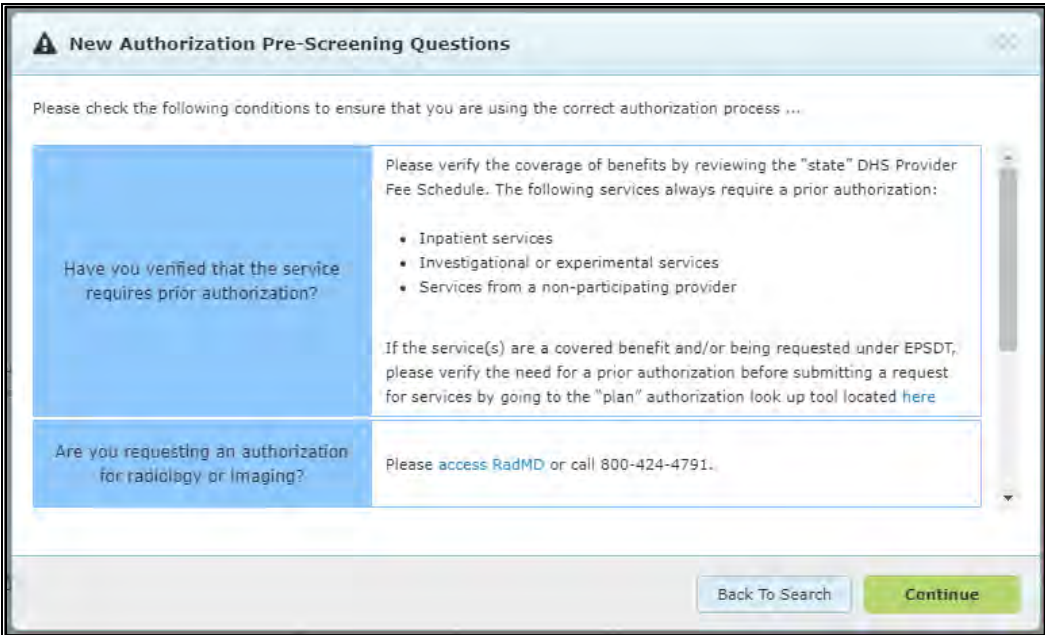
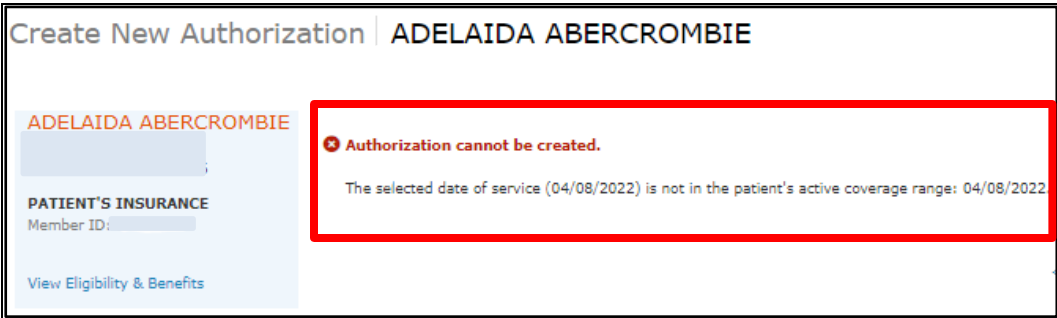
To create an Inpatient Delivery Notification:

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>

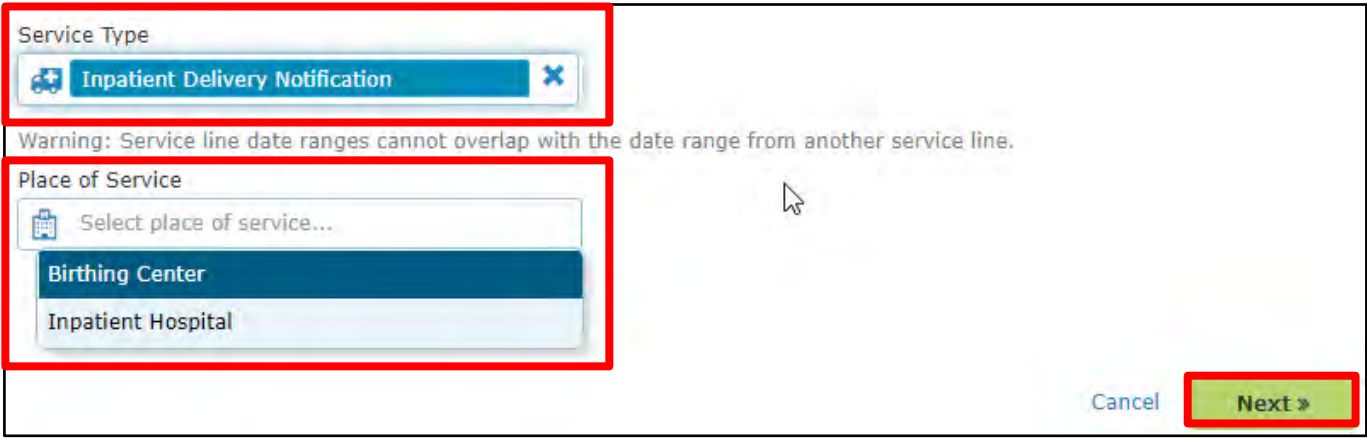
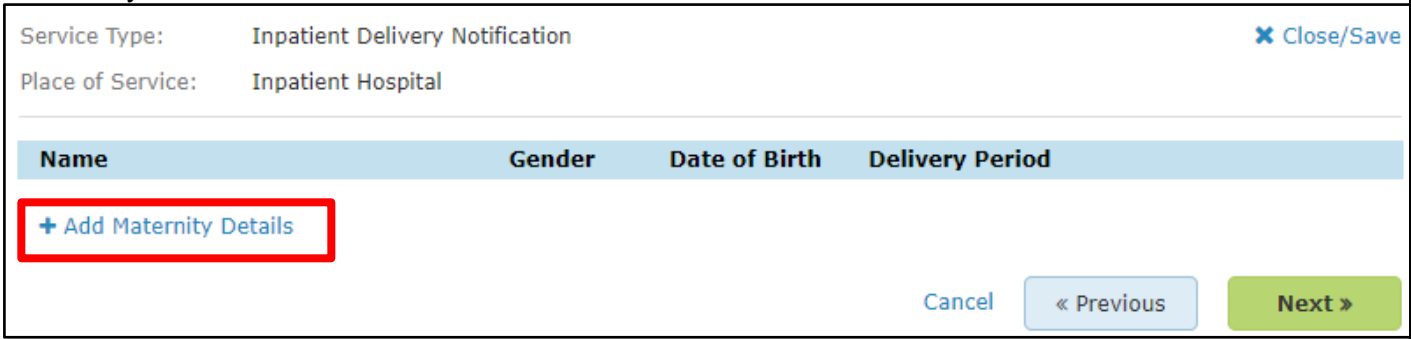
Creating a New Authorization – Inpatient Delivery Notification (cont.)

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="220 344 1552 485" style="border: 1px solid black; padding: 5px;"><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 1123 1251" style="border: 1px solid black; padding: 5px;"></div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472" style="border: 1px solid black; padding: 5px;"><p>Create New Authorization: Patient Search</p><div data-bbox="220 1402 797 1455" style="border: 2px solid red; padding: 2px;"><p> Subscriber / Insured Not Found. Please Correct and Resubmit.</p></div></div>

Creating a New Authorization – Inpatient Delivery Notification (cont.)

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="203 352 397 394">If...</th> <th data-bbox="397 352 1562 394">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 394 397 1255"> <p>The member has active coverage</p> </td> <td data-bbox="397 394 1562 1255"> <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 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 1255 397 1629"> <p>The member is ineligible</p> </td> <td data-bbox="397 1255 1562 1629"> <p>The provider will receive the authorization cannot be created message.</p>  </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>  <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> 
If...	Then...						
<p>The member has active coverage</p>	<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 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> 						



Creating a New Authorization – Inpatient Delivery Notification (cont.)

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> 
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> 






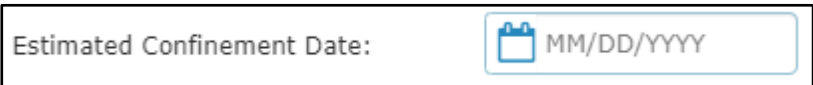
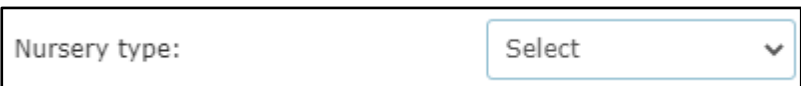
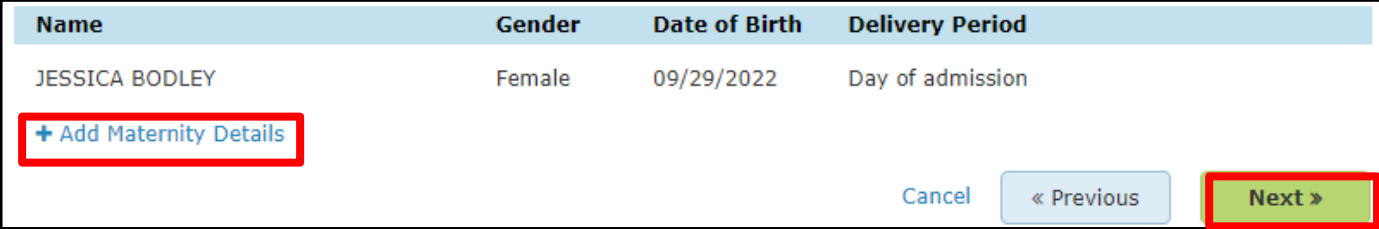
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action
6.	<div data-bbox="207 226 1182 1165"><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.)

Step	Action	
6.	Baby's Last Name	Free text field. Enter the baby's last name. Baby's Last Name: <input type="text"/>
	Baby's First Name	Free text field. Enter the baby's first name. Baby's First Name: <input type="text"/>
	Gender	Drop down field. The options are Male, Female, Unknown Gender: <input type="text" value="Select"/> ▼
	Date Of Birth	Select a date from the calendar Date Of Birth: <input type="text" value="MM/DD/YYYY"/>
	Weight in Grams	Free text field. Enter the weight in grams Weight in Grams: <input type="text"/>
	1 Minute Apgar	Drop down field - select 1-10. Click on the question mark for clarification. 1 Minute Apgar <input type="text" value="Select"/> ▼  1 Minute Apgar:  The Apgar score measures five things to check a baby's health. Each is scored on a scale of 0 to 2, with 2 being the best score. <ol style="list-style-type: none">1. Appearance (skin color)2. Pulse (heart rate)3. Grimace response (reflexes)4. Activity (muscle tone)5. Respiration (breathing rate and effort)

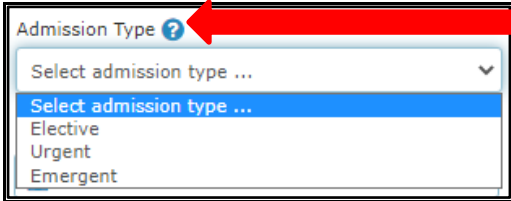


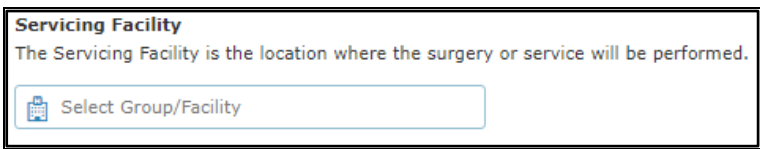
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action								
6.	5 Minute Apgar Drop down field - select 1-10. 								
	Delivery Outcome Drop down field – select live birth or non live birth. 								
	Delivery Method Drop down field – select c-section or normal vaginal delivery. 								
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. 								
	Estimated Gestational Age Select the appropriate values from the drop down fields. 								
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. 								
	Nursery type Drop down field – select well baby or NICU. 								
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" data-bbox="201 1453 1572 1680"> <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> + Add Maternity Details Cancel « Previous 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.)

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="423 359 667 394">Date Of Admission</td><td data-bbox="711 359 943 394">Date of Discharge</td></tr><tr><td data-bbox="423 394 667 449"> 03/09/2022</td><td data-bbox="711 394 943 449"> Optional</td></tr></table></div> <p data-bbox="418 485 1536 518">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 533 1385 621"><ul style="list-style-type: none"><li data-bbox="483 562 1338 596">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission	Date of Discharge	 03/09/2022	 Optional
Date Of Admission	Date of Discharge				
 03/09/2022	 Optional				

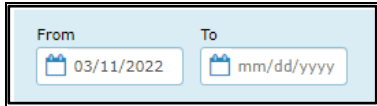
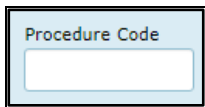

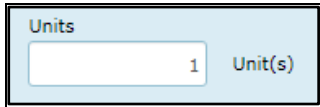
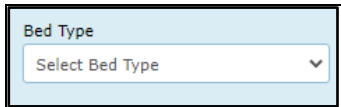
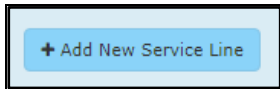
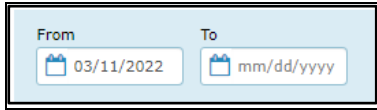
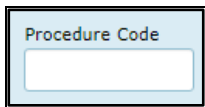

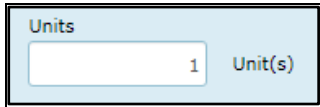
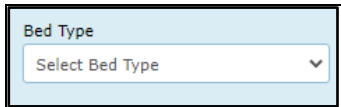
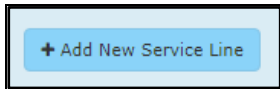
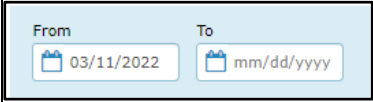
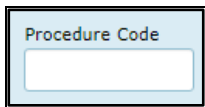

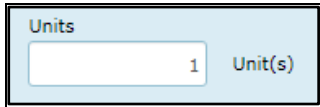
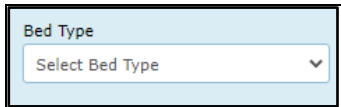
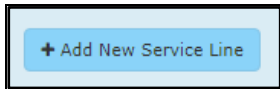
Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<p data-bbox="217 224 448 260">Admission Type</p> <p data-bbox="537 224 1289 260">Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1045 474">  </div> <div data-bbox="1143 275 1531 443" 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="537 527 1531 785"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="711 527 1531 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="711 562 1531 632">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 632 711 732">Urgent</td> <td data-bbox="711 632 1531 732">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="537 732 711 785">Emergent</td> <td data-bbox="711 732 1531 785">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								
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								
	<p data-bbox="217 791 509 827">Requesting Provider</p> <p data-bbox="537 791 1484 869">Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 879 1081 989">  </div>								
	<p data-bbox="217 1031 480 1066">Servicing Provider</p> <p data-bbox="537 1031 1531 1108">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 data-bbox="537 1119 1081 1228">  </div>								
	<p data-bbox="217 1241 461 1276">Servicing Facility</p> <p data-bbox="537 1241 1463 1276">The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1287 1292 1434">  </div>								


Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action							
9.	<p data-bbox="203 224 370 256">Diagnoses</p> <p data-bbox="203 262 370 294">Diagnoses</p> <p data-bbox="537 262 1479 331">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> <p data-bbox="565 407 735 432">Add Diagnoses ...</p> </div> <p data-bbox="537 478 1536 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="537 638 1547 821"> <p data-bbox="548 648 659 674">Diagnoses</p> <p data-bbox="565 697 735 722">Add Diagnoses ...</p> <table border="1" data-bbox="553 737 1536 814"> <tbody> <tr> <td data-bbox="553 743 570 768">1</td> <td data-bbox="586 743 651 768">(Primary) M62.81</td> <td data-bbox="802 743 1040 768">Muscle weakness (generalized)</td> <td data-bbox="1446 743 1536 779" rowspan="2">  </td> </tr> <tr> <td data-bbox="553 779 570 804">2</td> <td data-bbox="678 779 760 804">T67.01XA</td> <td data-bbox="802 779 1133 804">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
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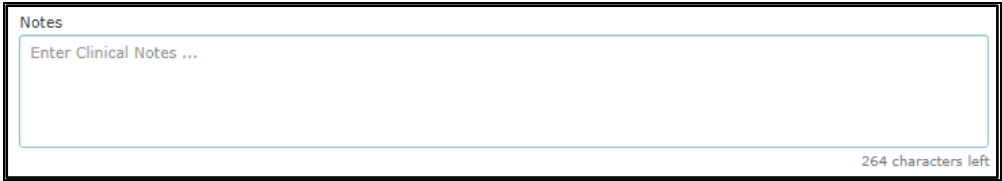
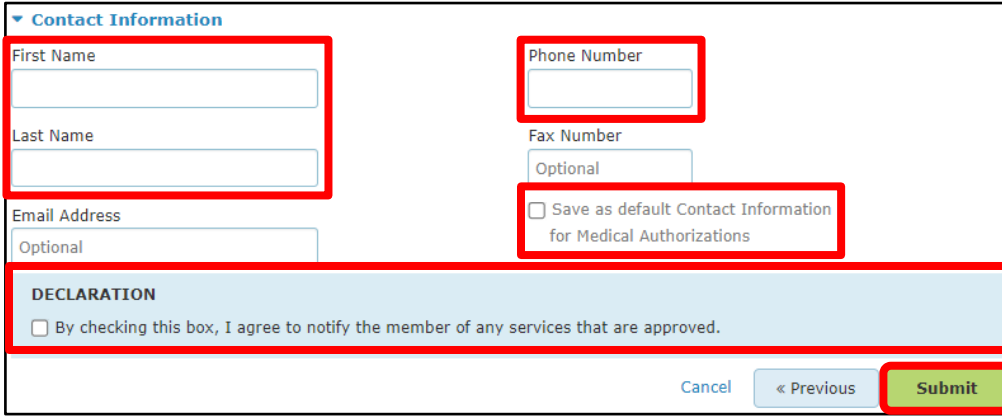
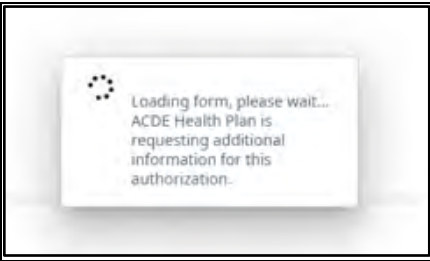
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action												
9.	<p>Services</p> <table border="1"> <tr> <td data-bbox="207 260 527 499">From / To</td> <td data-bbox="527 260 1469 499"> <p>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="207 499 527 856">Procedure Code</td> <td data-bbox="527 499 1469 856"> <p>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="207 856 527 1010">Modifiers</td> <td data-bbox="527 856 1469 1010"> <p>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="527 1010 1469 1213"> <p>Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1213 527 1423">Bed Type</td> <td data-bbox="527 1213 1469 1423"> <p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1423 527 1680">+ Add New Service Line</td> <td data-bbox="527 1423 1469 1680"> <p>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>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>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>This is a free text field and is not mandatory.</p> 	Units	<p>Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p>Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p>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.)

Step	Action
9.	<p data-bbox="203 226 381 258">Attachments</p> <p data-bbox="219 268 430 300">Add Document</p> <p data-bbox="535 268 1550 415">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="535 430 1485 661"> <p data-bbox="560 445 673 466">Attachments</p> <p data-bbox="560 493 714 525">+ Add Document</p> <p data-bbox="828 604 1193 636">Drop Documents here to Attach</p> </div> <div data-bbox="535 682 1485 1113"> <p data-bbox="560 697 673 718">Attachments</p> <p data-bbox="560 745 714 777">+ Add Document</p> <p data-bbox="560 798 812 829">  Document 1- for upload.docx </p> <p data-bbox="990 802 1258 829">Select document type ...</p> <p data-bbox="1307 808 1453 840">Delete</p> <ul data-bbox="982 835 1274 1102" 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 </div>

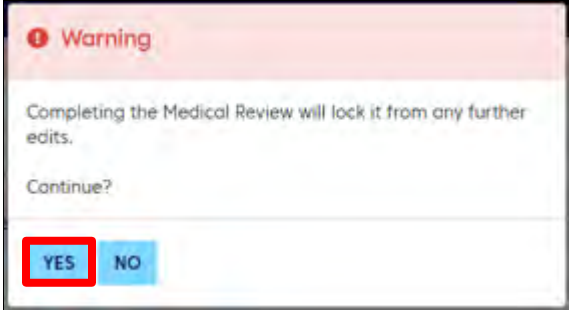
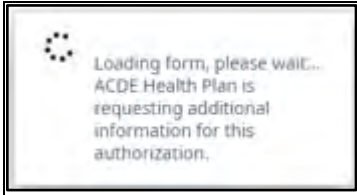
Creating a New Authorization – Inpatient Delivery Notification(cont.)

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>  <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> 
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> 

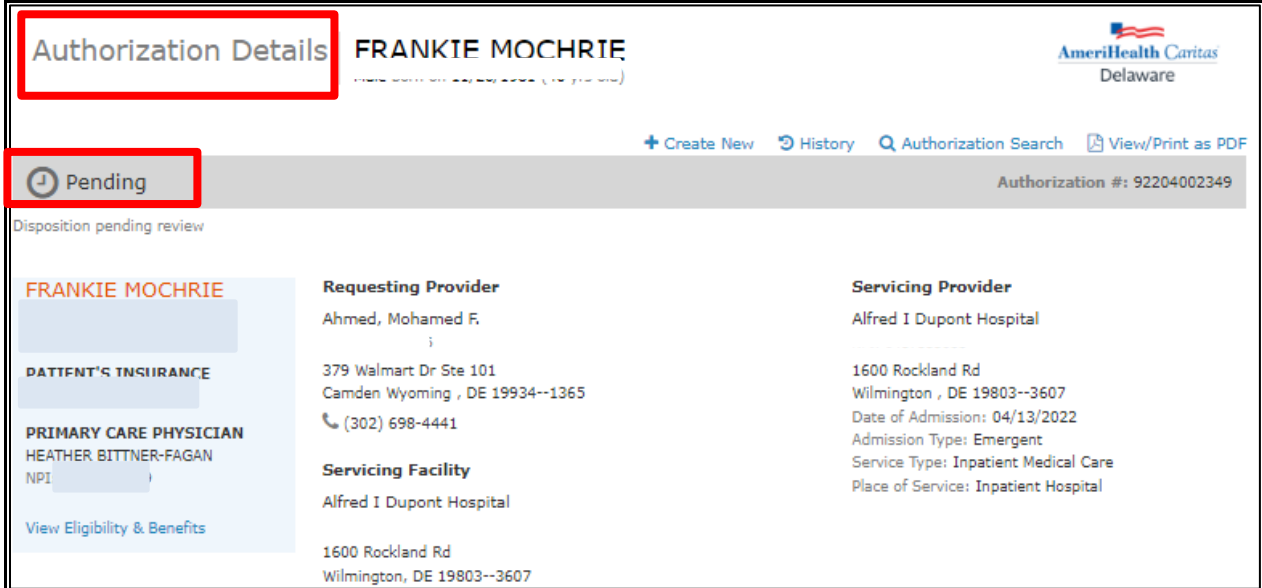
Creating a New Authorization – Inpatient Delivery Notification(cont.)

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.)

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 box 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."


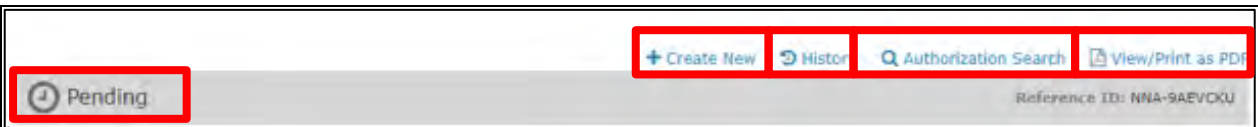
Creating a New Authorization - Inpatient Delivery Notification (cont.)

Step	Action																		
15.	<p data-bbox="203 226 1356 262">Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <div data-bbox="203 294 1458 877"><p data-bbox="227 325 828 367">Authorization Details FRANKIE MOCHRIE</p><p data-bbox="1250 315 1412 378">AmeriHealth Caritas Delaware</p><p data-bbox="836 420 1445 451">+ Create New History Authorization Search View/Print as PDF</p><p data-bbox="219 451 397 493">Pending Authorization #: 92204002349</p><p data-bbox="211 504 406 535">Disposition pending review</p><table border="1" data-bbox="211 556 1445 871"><tr><td>FRANKIE MOCHRIE</td><td>Requesting Provider</td><td>Servicing Provider</td></tr><tr><td>PATIENT'S INSURANCE</td><td>Ahmed, Mohamed F.</td><td>Alfred I Dupont Hospital</td></tr><tr><td>PRIMARY CARE PHYSICIAN</td><td>379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</td><td>1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</td></tr><tr><td>HEATHER BITTNER-FAGAN NPI</td><td>Servicing Facility</td><td></td></tr><tr><td>View Eligibility & Benefits</td><td>Alfred I Dupont Hospital</td><td></td></tr><tr><td></td><td>1600 Rockland Rd Wilmington, DE 19803--3607</td><td></td></tr></table></div>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	PATIENT'S INSURANCE	Ahmed, Mohamed F.	Alfred I Dupont Hospital	PRIMARY CARE PHYSICIAN	379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441	1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital	HEATHER BITTNER-FAGAN NPI	Servicing Facility		View Eligibility & Benefits	Alfred I Dupont Hospital			1600 Rockland Rd Wilmington, DE 19803--3607	
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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>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>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
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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>Note: Submissions with a pending status will require medical review by the health plan. Requests with a pending status cannot be amended.</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1215 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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View/Print as PDF	View and print authorization status request as PDF										



4 AMENDING AN AUTHORIZATION

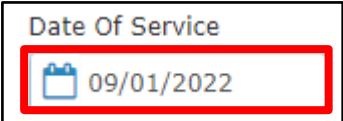
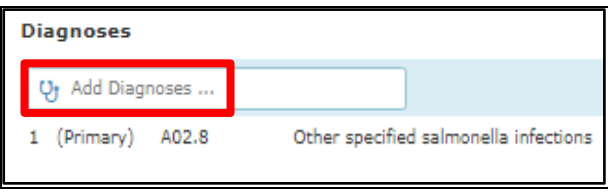
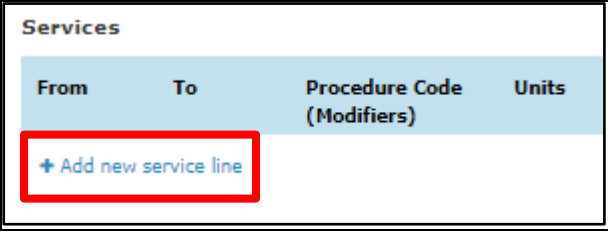
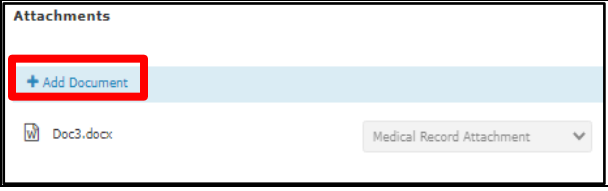
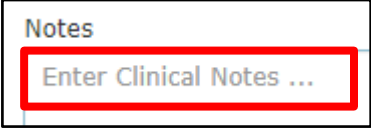
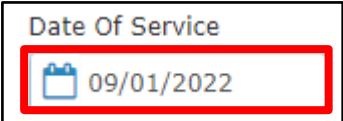
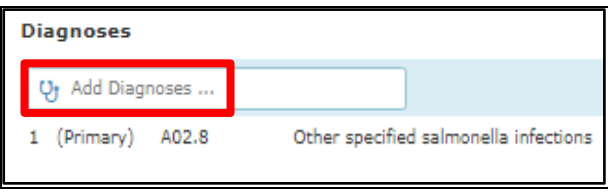
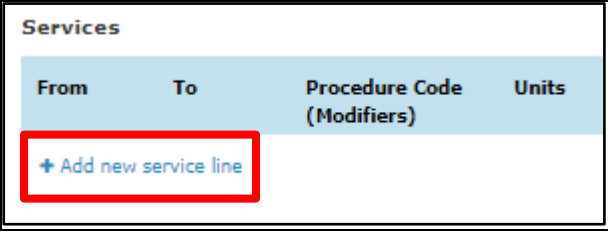
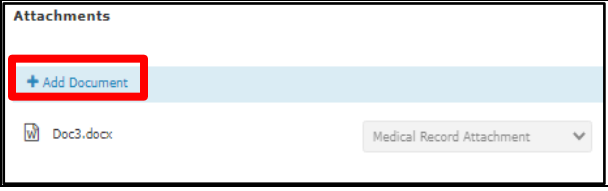
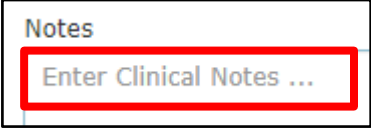
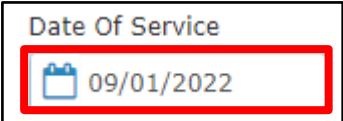
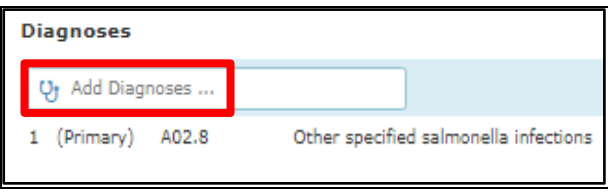
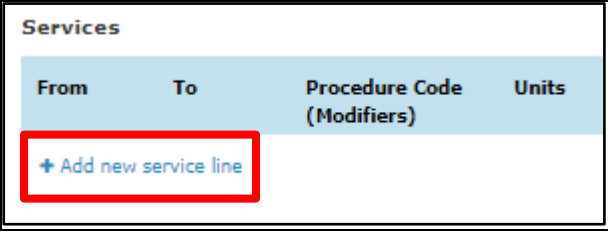
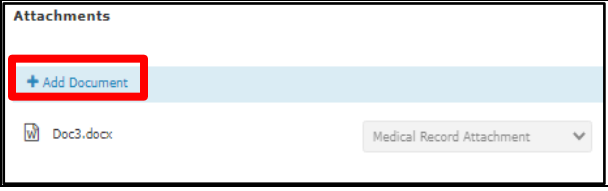
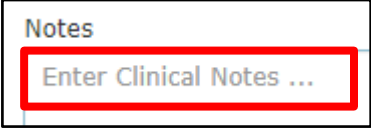
Amending an Authorization Request

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="240 604 597 747" 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="240 751 1555 972"> <thead> <tr> <th data-bbox="240 751 894 804">If...</th> <th data-bbox="894 751 1555 804">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 804 894 850">The request was created in NaviNet</td> <td data-bbox="894 804 1555 850">Select Medical Authorizations Log</td> </tr> <tr> <td data-bbox="240 850 894 972">The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td data-bbox="894 850 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)						
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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)												
<p>2.</p>	<p>Select Auth Details on the request that needs to be amended.</p> <div data-bbox="240 1031 1360 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: 20%;">Date of Service: 03/18/2022</td> <td style="width: 20%;">Date of Submission: 03/18/2022</td> <td style="width: 30%; text-align: right;"> ✔ Approved as of 03/18/2022 </td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td colspan="2"></td> </tr> <tr> <td colspan="4" 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: 03/18/2022	✔ Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350			Auth Details + Create New History Attach Refresh Status			
GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: 03/18/2022	✔ Approved as of 03/18/2022										
AmeriHealth Caritas	Auth #: 92203003350												
Auth Details + Create New History Attach Refresh Status													
<p>3.</p>	<p>Select Amend.</p> <div data-bbox="240 1251 1539 1381" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;"> Amend + Create New History Attach Authorization Search View/Print as PDF </td> </tr> <tr> <td style="width: 30%; text-align: left;">✔ Approved</td> <td style="width: 40%; text-align: center;">Authorization #: 92203003026</td> <td colspan="2" 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					
Amend + Create New History Attach Authorization Search View/Print as PDF													
✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022											

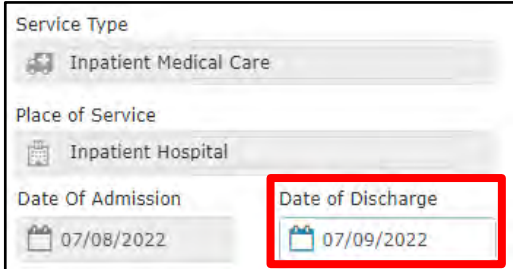
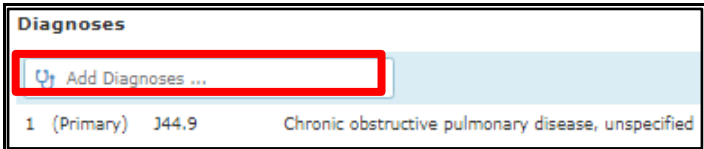
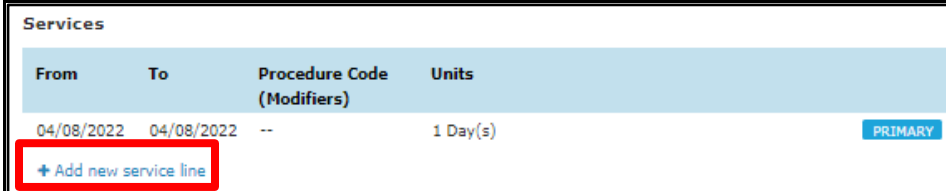
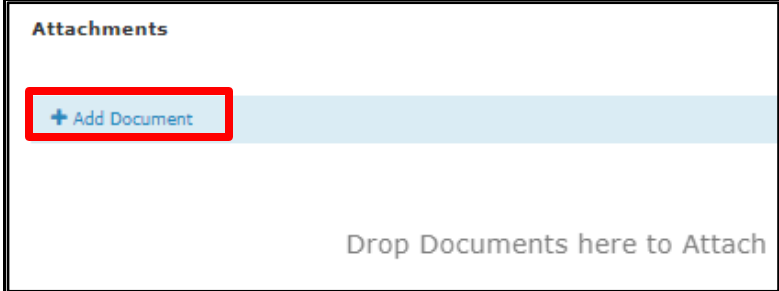
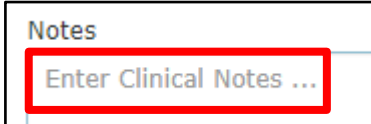
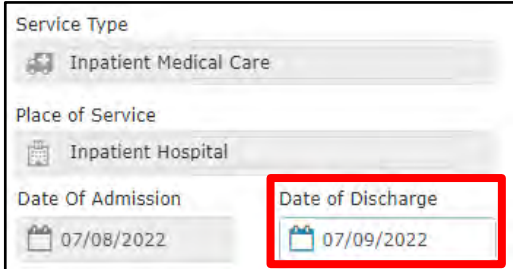
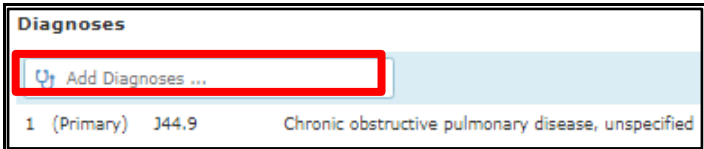
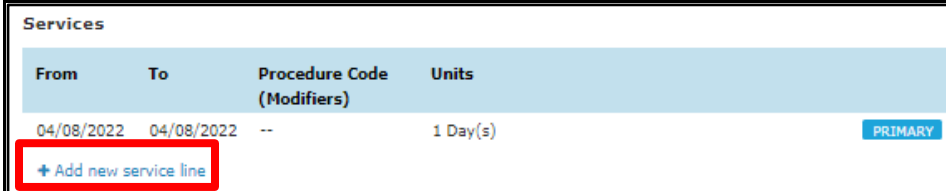
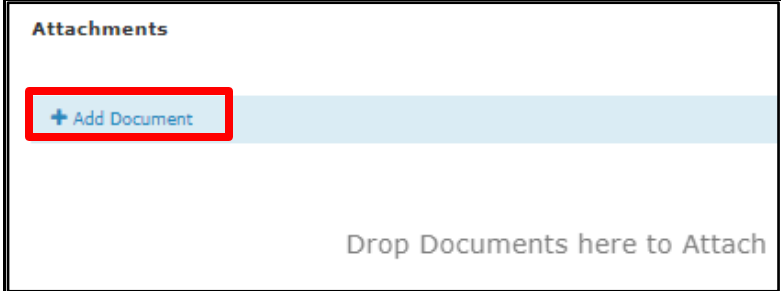
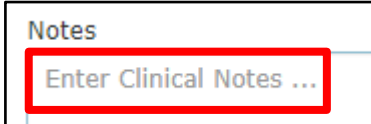
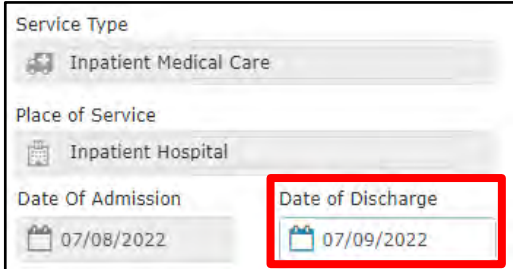
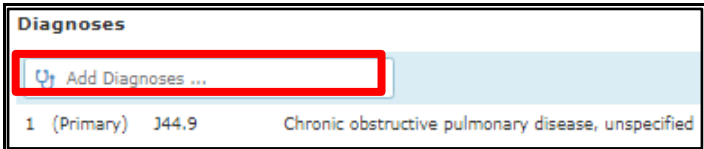
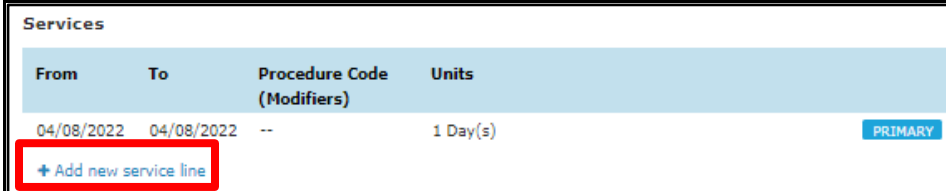
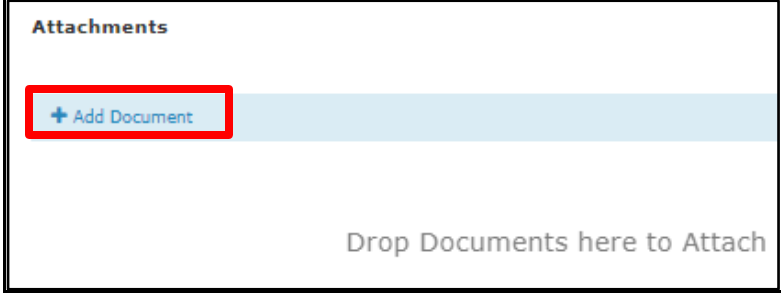
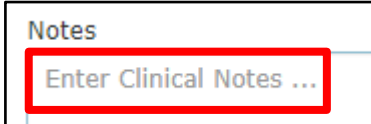
Amending an Authorization Request (cont.)

Step	Action														
4.	<table border="1"> <thead> <tr> <th data-bbox="240 268 548 315">If...</th> <th data-bbox="548 268 1563 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 548 405">Amending an outpatient request</td> <td data-bbox="548 315 1563 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> <tr> <td data-bbox="240 451 667 583">Address the Date of Service</td> <td data-bbox="667 451 1563 583">  </td> </tr> <tr> <td data-bbox="240 583 667 785">Add additional diagnoses if applicable</td> <td data-bbox="667 583 1563 785">  </td> </tr> <tr> <td data-bbox="240 785 667 1031">Add new service line</td> <td data-bbox="667 785 1563 1031">  </td> </tr> <tr> <td data-bbox="240 1031 667 1232">Add attachments if applicable</td> <td data-bbox="667 1031 1563 1232">  </td> </tr> <tr> <td data-bbox="240 1232 667 1377">Add notes if applicable</td> <td data-bbox="667 1232 1563 1377">  </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.	Address the Date of Service		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
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Amending an Authorization Request (cont.)

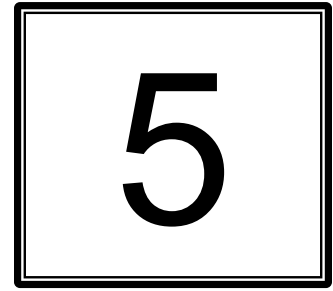
Step	Action												
4. (cont.)	<p data-bbox="251 233 690 268">Amending an outpatient request</p> <p data-bbox="251 279 690 401">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 321 1563 695"><p data-bbox="711 331 893 352">▼ Contact Information</p><table data-bbox="711 359 1559 556"><tr><td data-bbox="711 359 974 380">First Name</td><td data-bbox="1141 359 1297 380">Phone Number</td></tr><tr><td data-bbox="711 386 974 407">Beth</td><td data-bbox="1141 386 1297 407">(843) 999-9999</td></tr><tr><td data-bbox="711 428 974 449">Last Name</td><td data-bbox="1141 428 1297 449">Fax Number</td></tr><tr><td data-bbox="711 455 974 476">Williams</td><td data-bbox="1141 455 1297 476">Optional</td></tr><tr><td data-bbox="711 497 974 518">Email Address</td><td data-bbox="1141 497 1559 535"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr><tr><td data-bbox="711 525 974 546">Optional</td><td></td></tr></table><p data-bbox="727 577 836 598">DECLARATION</p><p data-bbox="727 604 1315 625"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1274 657 1550 678">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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Amending an Authorization Request (cont.)

Step	Action														
5.	<p>Amending an inpatient request</p> <table border="1" data-bbox="240 268 1559 405"> <thead> <tr> <th data-bbox="240 268 488 315">If...</th> <th data-bbox="488 268 1559 315">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 315 488 405">Amending an inpatient request</td> <td data-bbox="488 315 1559 405">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="240 451 1559 737"> <tr> <td data-bbox="240 451 597 737">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="597 451 1559 737">  </td> </tr> </table> <table border="1" data-bbox="240 737 1559 905"> <tr> <td data-bbox="240 737 597 905">Add additional diagnoses if applicable</td> <td data-bbox="597 737 1559 905">  </td> </tr> </table> <table border="1" data-bbox="240 905 1559 1157"> <tr> <td data-bbox="240 905 597 1157">Add new service line</td> <td data-bbox="597 905 1559 1157">  </td> </tr> </table> <table border="1" data-bbox="240 1157 1559 1465"> <tr> <td data-bbox="240 1157 597 1465">Add attachments if applicable</td> <td data-bbox="597 1157 1559 1465">  </td> </tr> </table> <table border="1" data-bbox="240 1465 1559 1610"> <tr> <td data-bbox="240 1465 597 1610">Add notes if applicable</td> <td data-bbox="597 1465 1559 1610">  </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.		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
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Amending an Authorization Request (cont.)

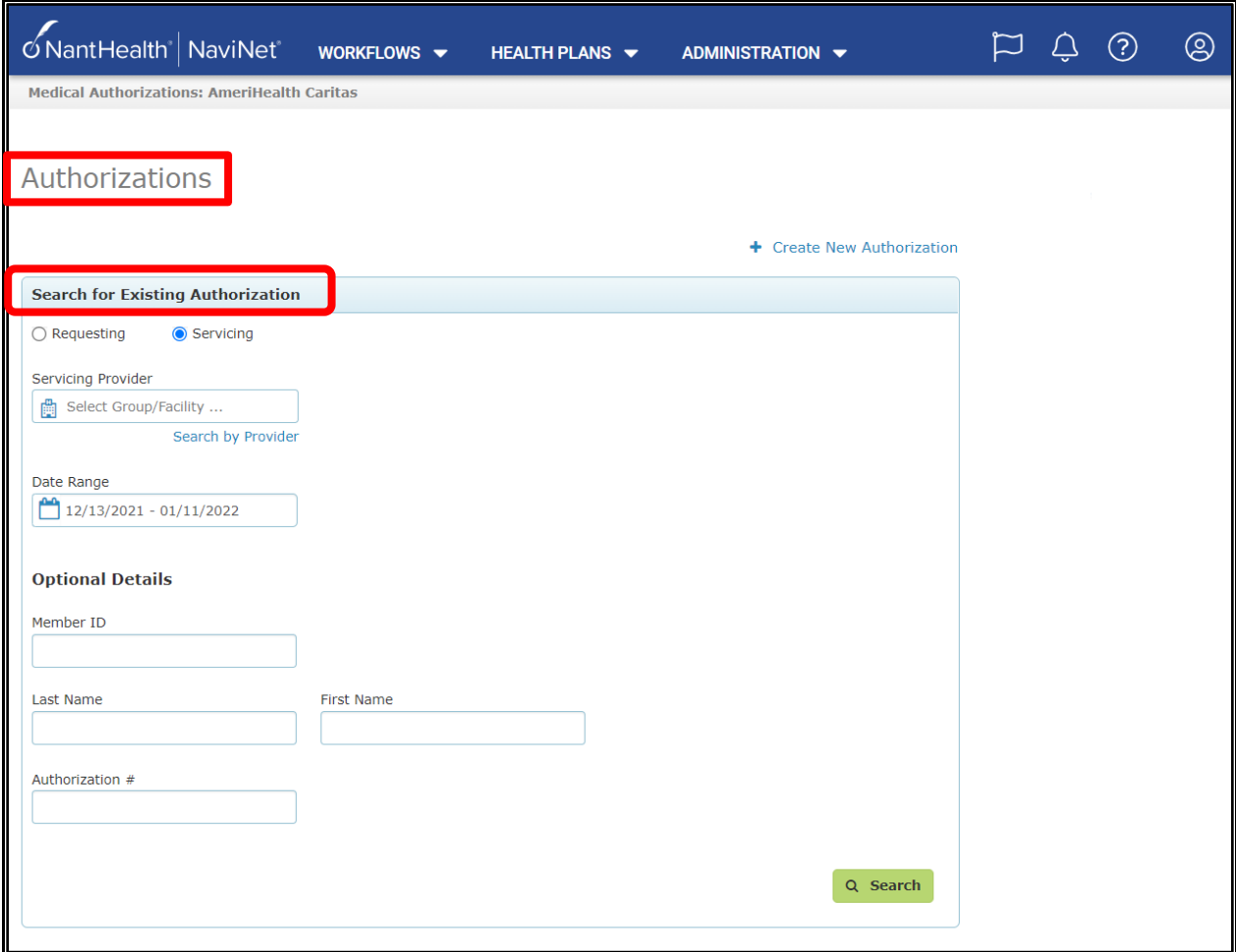
Step	Action						
5. (cont.)	<p data-bbox="251 233 651 268">Amending an inpatient request</p> <div data-bbox="251 275 548 737"><p data-bbox="264 281 529 428">Enter contact information, check the Declaration box, and Submit</p></div> <div data-bbox="553 275 1568 737"><p data-bbox="565 289 781 312">Contact Information</p><table data-bbox="565 317 1568 548"><tr><td data-bbox="565 317 894 390">First Name Beth</td><td data-bbox="1068 317 1256 390">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="565 394 894 468">Last Name Williams</td><td data-bbox="1068 394 1243 468">Fax Number Optional</td></tr><tr><td data-bbox="565 472 894 546">Email Address Optional</td><td data-bbox="1068 472 1398 525"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><div data-bbox="565 552 1568 636"><p data-bbox="576 562 716 585">DECLARATION</p><p data-bbox="576 590 1276 621"><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 653 1533 678">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
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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.

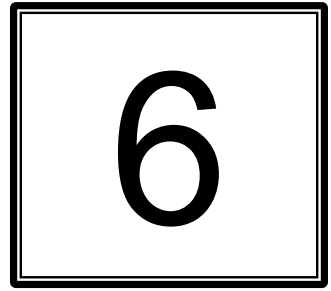
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 390 634 487"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div> <div data-bbox="240 554 1495 1520"><p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'NantHealth NaviNet', 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The page title is 'Medical Authorizations: AmeriHealth Caritas'. The 'Authorizations' tab is highlighted. Below the tab is a '+ Create New Authorization' link. The 'Search for Existing Authorization' form is active, featuring radio buttons for 'Requesting' and 'Servicing', a 'Servicing Provider' dropdown menu, a 'Date Range' field with a calendar icon, and 'Optional Details' for Member ID, Last Name, First Name, and Authorization #. A green 'Search' button is located at the bottom right of the form.</p></div>

Search: Search for an Existing Authorization (cont.)

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 262 1453 1234" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Search for Existing Authorization</p> <p> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> <p>Optional Details</p> <p>Member ID</p> <p><input type="text"/></p> <p>Last Name First Name</p> <p><input type="text"/> <input type="text"/></p> <p>Authorization #</p> <p><input type="text"/></p> <p style="text-align: right;"><input type="button" value="Q Search"/></p> </div> </div>																					
3.	<p>Select the authorization that you wish to view.</p> <div data-bbox="243 1312 1442 1598" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="Filter Results ..."/></p> <table border="1"> <thead> <tr> <th>Authorization #</th> <th>Patient (Member ID) ^</th> <th>Status</th> <th>Requesting Provider</th> <th>Servicing Provider</th> <th>Proc.</th> <th>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
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																

Search: Search for an Existing Authorization (cont.)


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="240 310 1515 573" 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="240 682 1544 961"> <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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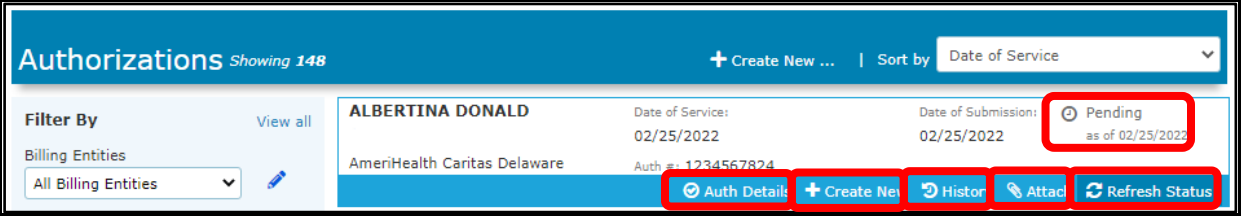
6 MEDICAL AUTHORIZATION LOG

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).

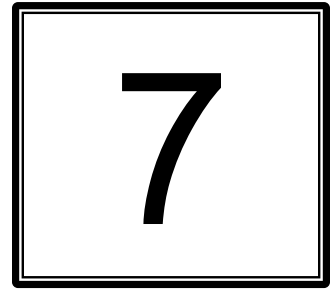
Step	Action																																						
1.	<p>Select Medical Authorization Log under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 426 667 590" style="border: 1px solid black; padding: 5px;"> <p>Workflows 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="240 716 1565 1339" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070c0; color: white; padding: 5px;"> Authorizations <i>Showing 148</i> <input type="button" value="+ Create New ..."/> Sort by Date of Service </div> <table border="0" style="width: 100%; border-top: 1px solid #ccc;"> <tr> <td style="width: 25%; vertical-align: top; border-right: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">Filter By</div> <div style="margin-bottom: 5px;"> View all </div> <div style="margin-bottom: 5px;"> Billing Entities All Billing Entities </div> <div style="margin-bottom: 5px;"> Patient Details <input style="width: 100%;" type="text" value="Search for name or ID..."/> </div> <div style="margin-bottom: 5px;"> Authorization # <input style="width: 100%;" type="text"/> </div> <div style="margin-bottom: 5px;"> Servicing Provider <input style="width: 100%;" type="text" value="Search for name or ID..."/> </div> <div style="margin-bottom: 5px;"> Date of service <input style="width: 100%;" type="text" value="12/11/2021-03/10/2022"/> </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Authorizations Created By Me </div> <div style="margin-bottom: 5px;"> Status </div> </td> <td style="width: 75%; 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Search: Medical Authorization Log (cont.)

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> <div data-bbox="240 338 1474 552" style="border: 1px solid black; padding: 5px;">  <p>The screenshot shows the 'Authorizations' section with 'Showing 148' items. The user 'ALBERTINA DONALD' is selected. The status is 'Pending as of 02/25/2022'. Action buttons for 'Auth Details', '+ Create New', 'History', 'Attach', and 'Refresh Status' are visible and highlighted with red boxes.</p> </div> <table border="1" data-bbox="240 596 1526 982"> <thead> <tr> <th data-bbox="240 596 472 638">Field</th> <th data-bbox="472 596 1526 638">Function</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 638 472 695">Auth Details</td> <td data-bbox="472 638 1526 695">Details related to the authorization</td> </tr> <tr> <td data-bbox="240 695 472 764">+ Create New</td> <td data-bbox="472 695 1526 764">Create New Authorization for the member</td> </tr> <tr> <td data-bbox="240 764 472 835">History</td> <td data-bbox="472 764 1526 835">Provides detailed history of the request</td> </tr> <tr> <td data-bbox="240 835 472 907">Attach</td> <td data-bbox="472 835 1526 907">Ability to attach documents</td> </tr> <tr> <td data-bbox="240 907 472 982">Refresh Status</td> <td data-bbox="472 907 1526 982">Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function	Auth Details	Details related to the authorization	+ Create New	Create New Authorization for the member	History	Provides detailed history of the request	Attach	Ability to attach documents	Refresh Status	Allows the user to refresh the status for any updates.
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Attach	Ability to attach documents												
Refresh Status	Allows the user to refresh the status for any updates.												

Search: Medical Authorization Log (cont.)

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="256 323 1546 512" 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="256 558 1546 877" 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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7 REQUEST FOR MORE INFORMATION (RFMI)

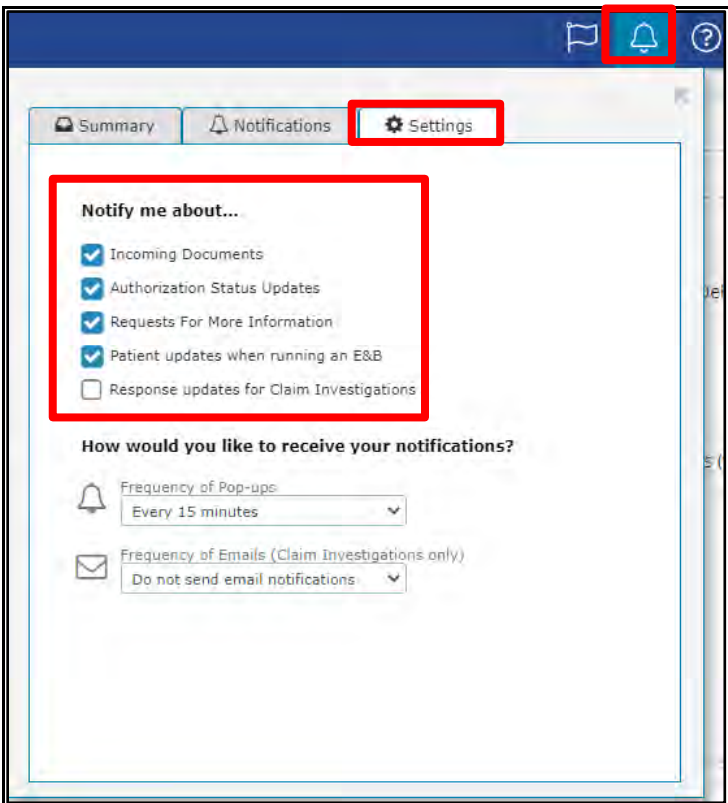
Request for More Information (RFMI)

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.

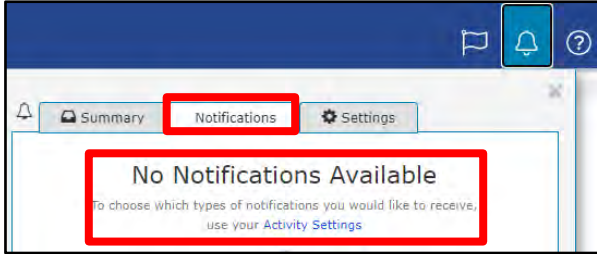
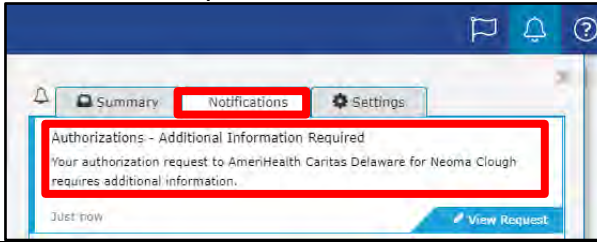
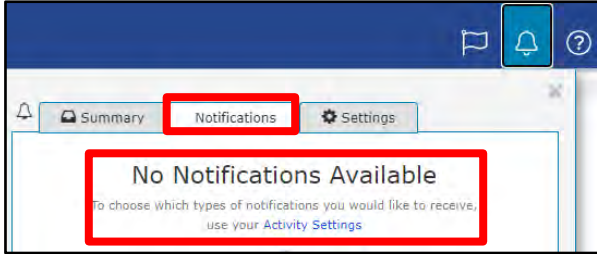
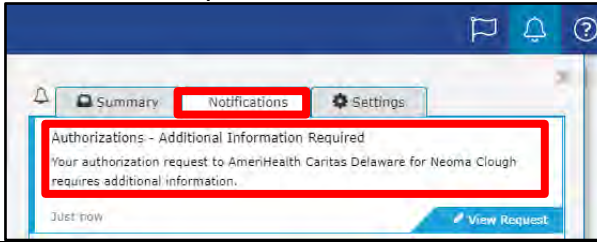
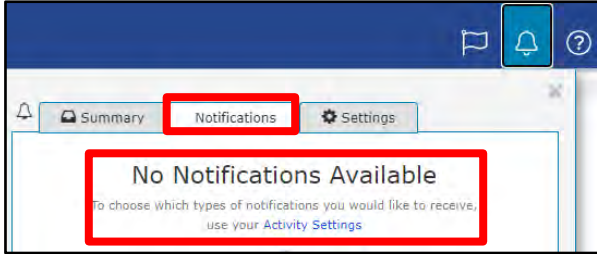
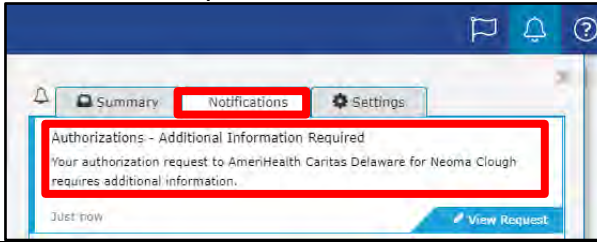
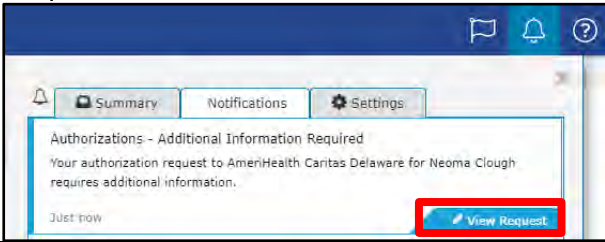
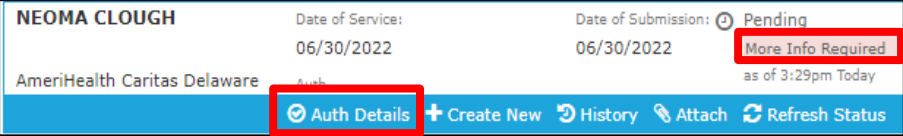


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


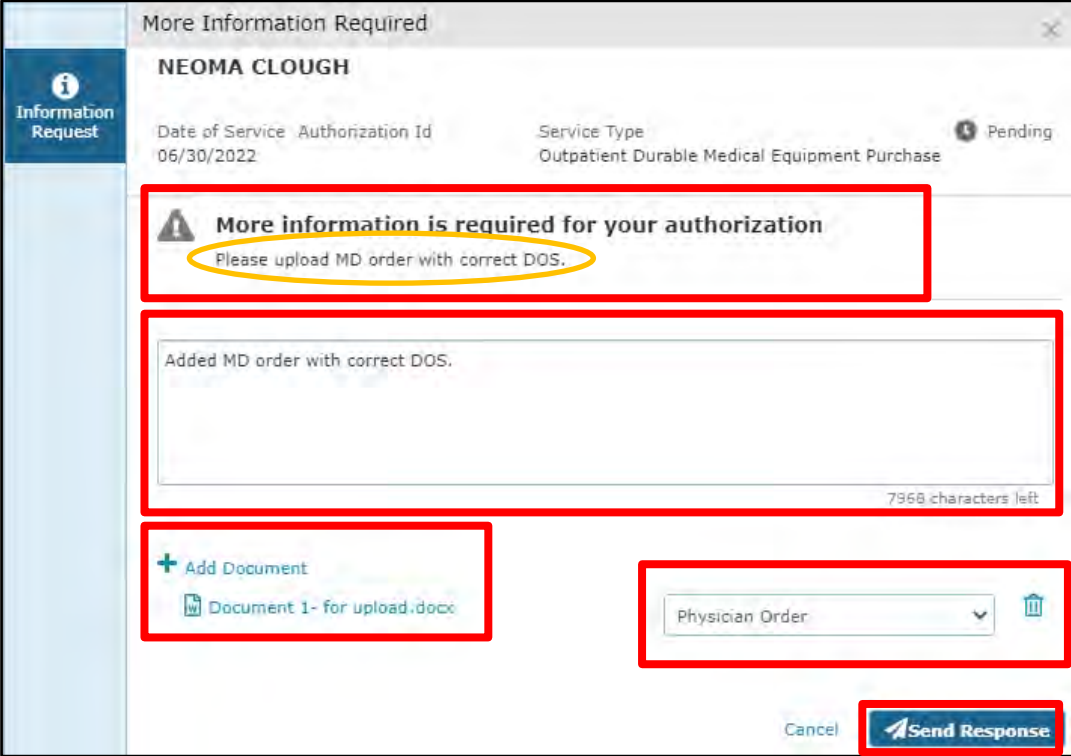
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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.)

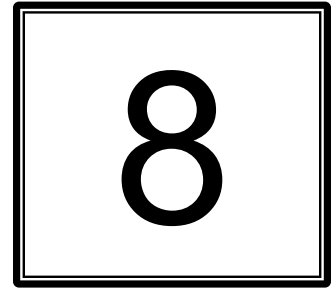
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 281 1312 951"> <thead> <tr> <th data-bbox="240 281 618 317">If...</th> <th data-bbox="618 281 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 642">No notifications exist</td> <td data-bbox="618 317 1312 642"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 642 618 951">Notifications are available</td> <td data-bbox="618 642 1312 951"> <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> 
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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="250 1056 1528 1360"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="250 1360 1528 1642"> <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.)

Step	Action
<p>3. (cont.)</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. The status is 'Pending'. A red box highlights the 'More Information Required »' link. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons. Authorization #: 92206016951, Effective: 06/30/2022, 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. The status is 'Pending'. A red box highlights the warning message: 'More information is required for your authorization. Please upload MD order with correct DOS.' Another red box highlights the text input field containing 'Added MD order with correct DOS.' A third red box highlights the 'Add Document' section with a file named 'Document 1- for upload.docx'. A fourth red box highlights the 'Physician Order' dropdown menu. A final red box highlights the 'Send Response' button.</p>

Request for More Information (RFMI) (cont.)

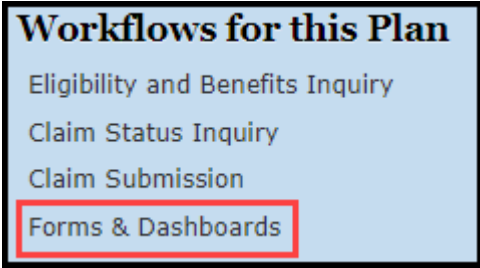
Step	Action															
5.	<p>To see that the requested information has been sent back to the health plan, select History.</p>  <p>The screenshot displays the 'Authorization Details' for NEOMA CLOUGH. The status is 'Pending'. The 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <table border="1"><thead><tr><th>Event</th><th>By</th><th>Time</th></tr></thead><tbody><tr><td>Attached Physician Order</td><td>by Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>Response Sent</td><td>by Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>More Information Required</td><td>from Health Plan</td><td>07/27/2022 3:16pm</td></tr><tr><td>Pending</td><td>from Health Plan</td><td>06/30/2022 9:10am</td></tr></tbody></table> <p>The 'Response Sent' event is also highlighted with a red box.</p>	Event	By	Time	Attached Physician Order	by Jessica Williams	07/27/2022 7:35pm	Response Sent	by Jessica Williams	07/27/2022 7:35pm	More Information Required	from Health Plan	07/27/2022 3:16pm	Pending	from Health Plan	06/30/2022 9:10am
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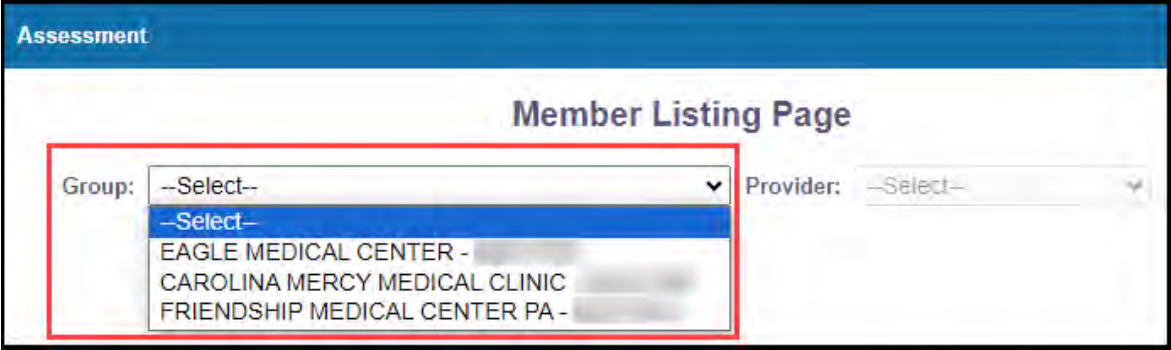
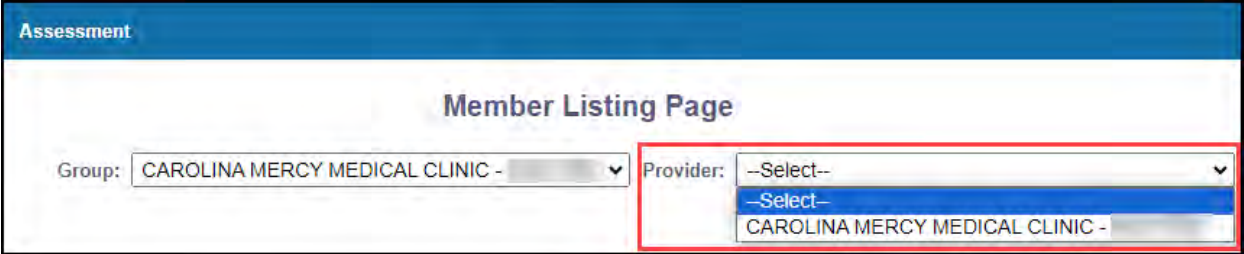
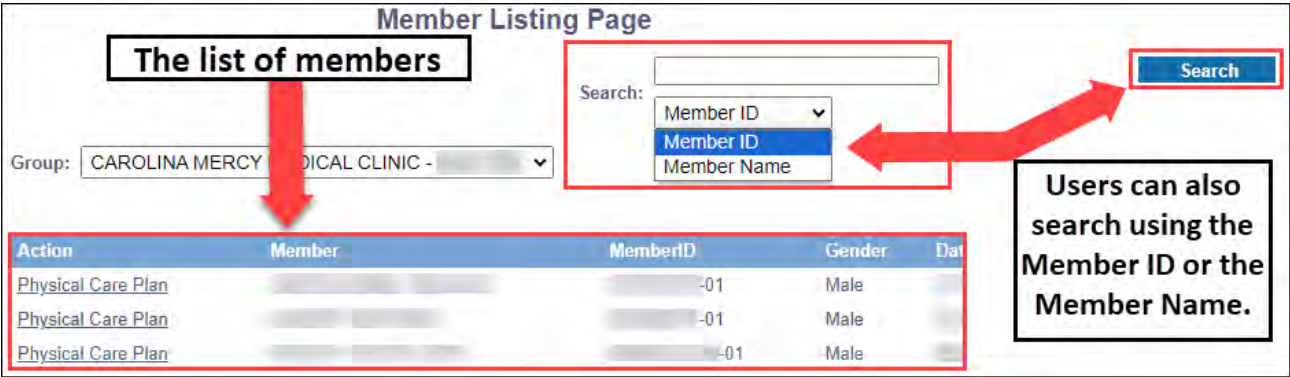
8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet



Providers may want to view assessments for their patients.

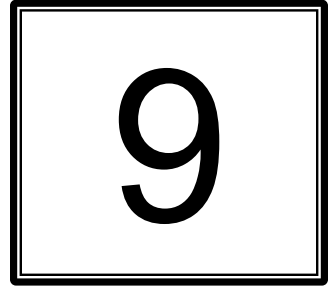
Step	Action
<i>From the health plan specific homepage...</i>	
1.	<p>Select Forms & Dashboards under Workflows for this Plan.</p>  <p>The screenshot shows a light blue box titled "Workflows for this Plan" containing a list of options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim Submission", and "Forms & Dashboards". The "Forms & Dashboards" option is highlighted with a red rectangular border.</p>
2.	<p>Select View Health Risk Assessment Form under Health Risk Assessment.</p>  <p>The screenshot shows a blue box titled "Health Risk Assessment" containing a list of options. The option "View Health Risk Assessment Form" is highlighted with a red rectangular border.</p>
3.	<p>Select Assessment.</p>  <p>The screenshot shows the AmeriHealth Caritas logo with the tagline "Care is the heart of our work". Below the logo is a blue button labeled "Assessment", which is highlighted with a red rectangular border.</p> <p>Result: The Member Listing page will display.</p>

Locating Assessments in NaviNet (cont.)

Step	Action																				
4.	<p>Select the Group from the drop-down.</p> 																				
5.	<p>Select the Provider from the drop-down.</p>  <p>Result: After the Group and the Provider are selected, users will also be able to search for members.</p>																				
6.	<p>Members are listed, but users can also search for members by Member ID or Member Name. Select Member ID or Member Name from the drop-down, enter the Member ID or Member Name in the search box, and then select Search.</p>  <p>The list of members</p> <table border="1" data-bbox="228 1392 1187 1535"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <p>Users can also search using the Member ID or the Member Name.</p>	Action	Member	MemberID	Gender	Date	Physical Care Plan		-01	Male		Physical Care Plan		-01	Male		Physical Care Plan		-01	Male	
Action	Member	MemberID	Gender	Date																	
Physical Care Plan		-01	Male																		
Physical Care Plan		-01	Male																		
Physical Care Plan		-01	Male																		

Locating Assessments in NaviNet (cont.)

Step	Action												
7.	<p>Once the member is located, select Physical Care Plan under Action.</p> <table border="1" data-bbox="228 275 1516 401"> <thead> <tr> <th>Action</th> <th>Member</th> <th>MemberID</th> <th>Gender</th> <th>Date Of Birth</th> </tr> </thead> <tbody> <tr> <td>Physical Care Plan</td> <td></td> <td>-01</td> <td>Male</td> <td></td> </tr> </tbody> </table> <div data-bbox="228 428 1560 562">  <p>If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.</p> </div>	Action	Member	MemberID	Gender	Date Of Birth	Physical Care Plan		-01	Male			
Action	Member	MemberID	Gender	Date Of Birth									
Physical Care Plan		-01	Male										
8.	<p>The Assessment Summary is displayed. Users can select the assessment they wish to view.</p> <table border="1" data-bbox="228 659 1255 957"> <thead> <tr> <th colspan="2">Assessment Summary</th> </tr> <tr> <th>Assessment</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Initial Assessment-PEDS</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment-PEDS</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment - Adult</td> <td>02/28/2024</td> </tr> <tr> <td>Initial Assessment - Adult</td> <td>02/28/2024</td> </tr> </tbody> </table> <p><i>Result:</i> The assessment questions and answers will be displayed.</p> <div data-bbox="228 1045 1560 1180">  <p>If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.</p> </div>	Assessment Summary		Assessment	Date	Initial Assessment-PEDS	02/28/2024	Initial Assessment-PEDS	02/28/2024	Initial Assessment - Adult	02/28/2024	Initial Assessment - Adult	02/28/2024
Assessment Summary													
Assessment	Date												
Initial Assessment-PEDS	02/28/2024												
Initial Assessment-PEDS	02/28/2024												
Initial Assessment - Adult	02/28/2024												
Initial Assessment - Adult	02/28/2024												



9 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