

NaviNet Medical Authorizations Participant Guide

Population Health Training

Original Date: 4/14/2022

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Review Cycle: Annually

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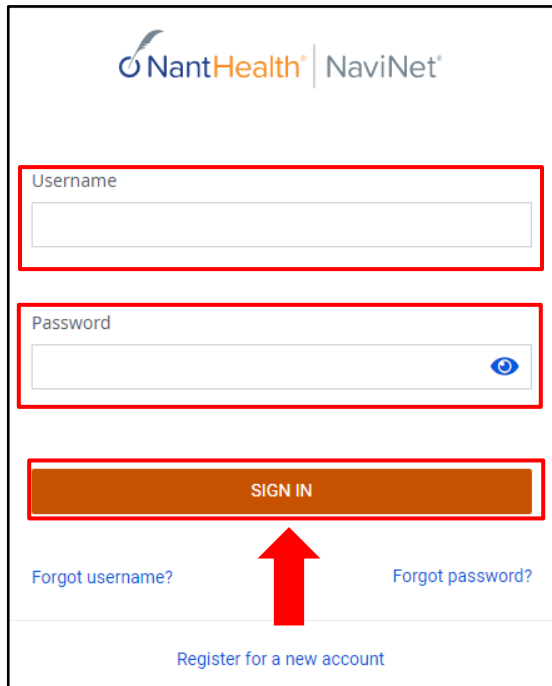
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1 LOGGING IN TO NAVINET


Logging in to NaviNet

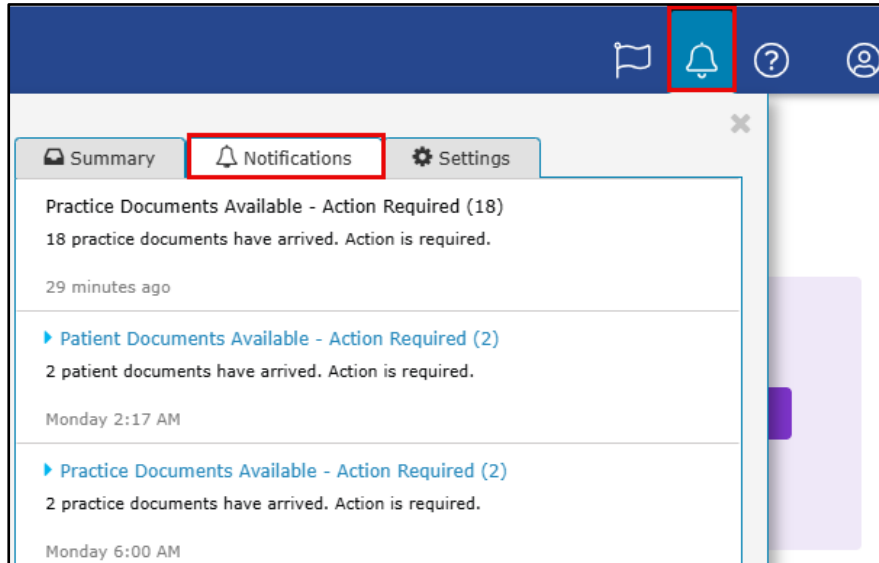
Step	Action
1.	<p>Access NaviNet using the following address: https://identity.navinet.net/Account/Login. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="596 350 1144 1031"></div>
2.	Enter your Username .
3.	Enter your Password .
4.	<p>Select Sign In.</p> <p>Result: The NaviNet Home screen will be displayed.</p>

Logging in to NaviNet (cont.)



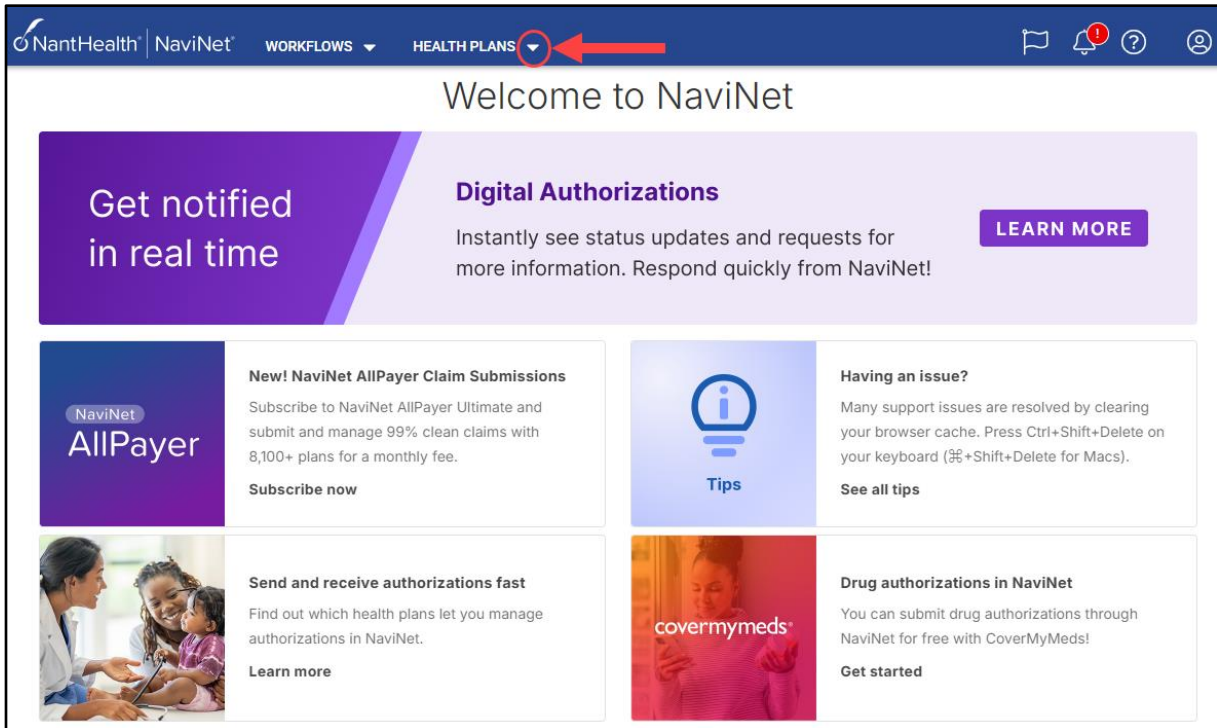
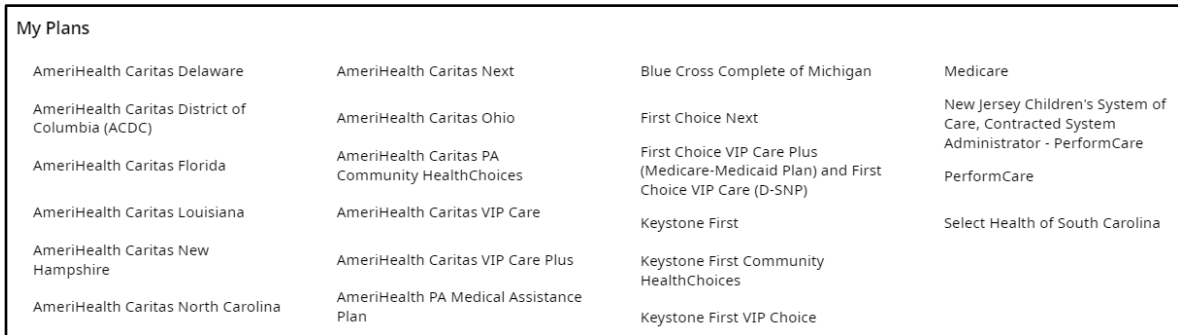
Notifications are an important part of the communication process between the health plan and the provider.

- 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.



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>Select the HEALTH PLANS drop down in the top navigation bar.</p> <div></div>																												
2.	<p>Select the appropriate health plan from the displayed list.</p> <ul style="list-style-type: none">Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details. <div><table><tr><th colspan="4">My Plans</th></tr><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></table></div>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Medical Authorizations
- Medical Authorizations Log
- Report Inquiry
- Provider Directory
- Claim Submission
- Provider Data Information Form
- Forms & Dashboards

Training Videos

- Tutorial — Authorization Inquiry Process
- Tutorial — Authorization Submission Process
- Providers Filter
- Claims Adjustment Inquiries
- Care Gap Response Forms
- ADT alerts
- The Condition Optimization Program

Latest Updates

- [EVV UPDATE - The new EVV go-live date is July 1, 2021](#) (PDF)
- [Providence Announces New Name – ModivCare](#) (PDF)
- [Your work is essential! Protect yourself and others from flu and COVID-19 this fall and winter](#) (PDF)

Hours of Availability

Mon-Fri: 8:00am-6:00pm ET
Sat-Sun: 9:00am-5:00pm ET

Resources

- [NaviNet Medical Authorizations Participant Guide](#)
- [NaviNet Medical Authorizations Frequently Asked Questions](#)
- [Submit Medical Records to Optum](#)

Contact Us

AmeriHealth Caritas Delaware
P.O. Box 406
Essington, PA 19029
Provider Services
1-855-707-5818
[AmeriHealth Caritas Delaware Website](#)

Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> Various functionalities are available e.g., checking eligibility and benefits, claims status inquiries, initiating medical authorizations, and report inquiries.
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.	<div>Launch Medical Authorizations under Workflows for this Plan.</div> <div><div>Workflows for this Plan</div><div>Eligibility and Benefits Inquiry</div><div>Claim Status Inquiry</div><div>Medical Authorizations</div><div>Medical Authorizations Log</div></div>
2.	<div>Select + Create New Authorization</div> <div><div>NantHealth NaviNet</div><div>WORKFLOWS</div><div>HEALTH PLANS</div><div>Authorizations</div><div>+ Create Authorization</div></div> <div>Result: The Authorization Requirements page will display.</div>

Creating a New Authorization (cont.)

Step	Action						
3.	<p>Select Continue.</p> <p>Note: Each healthplan has different Authorization Requirements. Please refer to your specific healthplan.</p> <div> <p>Authorization Requirements</p> <p>Have you verified that the service requires prior authorization?</p> <p>Please verify the coverage of benefits. The following services always require a prior authorization:</p> <ul style="list-style-type: none"> • Inpatient services • Investigational or experimental services • Services from a non-participating provider <p>Please verify the coverage of benefits by reviewing the Medicaid Provider Fee Schedule.</p> <p>EPSDT</p> <p>If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the authorization look up tool</p> <p>Are you requesting an authorization for one of the following?</p> <ul style="list-style-type: none"> • Radiology or Imaging Please access Evolent or call 1-800-424-4895 • Dental Please contact Dentaquest or call 1-888-307-6552 • Pharmacy Services Please contact PerformRx Pharmacy services at 1-866-610-2773 or Fax to 866-610-2775 <p>Are you requesting to extend or amend an existing authorization?</p> <p>You may extend or amend existing authorizations</p> <div> <input type="checkbox"/> Only show this screen if there have been changes. </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>CANCEL</div> <div>CONTINUE</div> </div> </div> <table> <tr> <td>1</td><td>The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.</td></tr> <tr> <td>2</td><td>Cancel takes users back to the previous screen.</td></tr> <tr> <td>3</td><td>Advances users to the next screen.</td></tr> </table>	1	The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.	2	Cancel takes users back to the previous screen.	3	Advances users to the next screen.
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Creating a New Authorization (cont.)

Step	Action								
4.	<div><div><div><div><div>Enter patient search criteria information, then select Search.</div><div><div><div>The patient search screen allows users to search by Member ID or Search by Name.</div><div>If searching by name, the member's first name, last name, and date of birth (DOB) are required.</div></div></div></div><div><div><div><div><div></div><div>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.</div></div></div></div></div><div><div><div>Create Authorization: Patient Search</div><div><div><div>Search by Member ID</div><div>Member ID</div><div></div></div><div>OR</div><div><div>Search by Name</div><div><div>Last Name</div><div>First Name</div></div><div><div>Date of Birth</div><div>mm/dd/yyyy</div></div></div><div><div>Date of Service</div><div>11/05/2024</div><div></div></div><div>Search</div></div></div></div></div><div><div>Result: Users will arrive at the Create Authorization screen.</div><table><tr><th>If...</th><th>Then...</th></tr><tr><td>The member has active coverage</td><td>Users will advance to the Create Authorization screen.</td></tr><tr><td>The member cannot be located</td><td><div><div><div>✖</div><div>Subscriber / Insured Not Found. Please Correct and Resubmit.</div></div></div></td></tr><tr><td>The member is ineligible</td><td><div><div><div>✖</div><div>Authorization cannot be created.</div></div><div>The selected date of service () is not in the patient's active coverage range: </div></div></td></tr></table><div><div><div><div><div></div><div>Note</div></div><div>If a member is not active with the health plan, you will not be advanced.</div></div></div></div></div></div></div>	If...	Then...	The member has active coverage	Users will advance to the Create Authorization screen.	The member cannot be located	<div><div><div>✖</div><div>Subscriber / Insured Not Found. Please Correct and Resubmit.</div></div></div>	The member is ineligible	<div><div><div>✖</div><div>Authorization cannot be created.</div></div><div>The selected date of service () is not in the patient's active coverage range: </div></div>
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Creating a New Authorization (cont.)

Step	Action						
5.	<p>Enter service type and place of service, then select Next.</p> <div> </div> <p>Service Type – Select the appropriate service type.</p> <ul style="list-style-type: none"> Based on the service type selected the user may or may not be prompted to enter the place of service. If the request is for home health care, the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, or office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen. <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Creating an outpatient episode</td> <td>Continue to the next step (step 6)</td> </tr> <tr> <td>Creating an inpatient episode</td> <td>Continue to step 5 at Creating a New Authorization – Inpatient</td> </tr> </tbody> </table> <p>Note: At any time while creating an authorization if you wish to close or save the request select Close/Save which enables the following pop up and allows the user to Discard Auth, Cancel, or Save As Draft.</p> <div> </div> <ul style="list-style-type: none"> 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. 	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 5 at Creating a New Authorization – Inpatient
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Creating a New Authorization - Outpatient

Step	Action																
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1"> <tr> <td>Date of Service</td><td> <p>This defaults to the current date and is not available to be changed.</p> <div> Date Of Service 01/31/2025 </div> </td></tr> <tr> <td>Level of Service</td><td> <p>Choose the appropriate selection from the drop-down list – elective or urgent.</p> <div> Level of Service ? Select Level of Service ... Select Level of Service ... Elective Urgent </div> <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Elective</td><td>Services scheduled in advance that do not involve a medical emergency</td></tr> <tr> <td>Urgent</td><td>An unexpected illness or injury that needs prompt medical attention but is not an immediate threat to the patient's health</td></tr> </tbody> </table> </td></tr> <tr> <td>Requesting Provider</td><td> <p>Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div> Requesting Provider <div>Select Group/Facility ...</div> Search by Provider </div> </td></tr> <tr> <td>Servicing Provider</td><td> <p>Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service.</p> <div> Servicing Provider <div>Select Provider ...</div> </div> </td></tr> <tr> <td>Diagnoses</td><td> <p>This is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div> Diagnoses <div>Add Diagnoses ...</div> </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trash icon) the diagnosis.</p> <div> Diagnoses <div>Add Diagnoses ...</div> <div> R69 Illness, unspecified M62.81 Muscle weakness (generalized) </div> <div> (Priority) A1 ↑ 🗑️ </div> </div> </td></tr> </table>	Date of Service	<p>This defaults to the current date and is not available to be changed.</p> <div> Date Of Service 01/31/2025 </div>	Level of Service	<p>Choose the appropriate selection from the drop-down list – elective or urgent.</p> <div> Level of Service ? Select Level of Service ... Select Level of Service ... Elective Urgent </div> <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Elective</td><td>Services scheduled in advance that do not involve a medical emergency</td></tr> <tr> <td>Urgent</td><td>An unexpected illness or injury that needs prompt medical attention but is not an immediate threat to the patient's health</td></tr> </tbody> </table>	If...	Then...	Elective	Services scheduled in advance that do not involve a medical emergency	Urgent	An unexpected illness or injury that needs prompt medical attention but is not an immediate threat to the patient's health	Requesting Provider	<p>Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div> Requesting Provider <div>Select Group/Facility ...</div> Search by Provider </div>	Servicing Provider	<p>Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service.</p> <div> Servicing Provider <div>Select Provider ...</div> </div>	Diagnoses	<p>This is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div> Diagnoses <div>Add Diagnoses ...</div> </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trash icon) the diagnosis.</p> <div> Diagnoses <div>Add Diagnoses ...</div> <div> R69 Illness, unspecified M62.81 Muscle weakness (generalized) </div> <div> (Priority) A1 ↑ 🗑️ </div> </div>
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Creating a New Authorization - Outpatient (cont.)

Step	Action						
6.	<div><div>Services</div><div><div>Procedures</div><table><tr><th>Step</th><th>Action</th></tr><tr><td>1</td><td>Select + Add Procedure Result: A popout box will display</td></tr><tr><td>2</td><td>Complete any necessary fields, then select Save.<div><div><div><div>Add Service Line</div><div><div><div>From</div><div><div>02/10/2025</div></div></div><div><div>To</div><div><div>mm/dd/yyyy</div></div></div><div><div>Procedure Code</div><div></div></div><div><div>Modifiers</div><div><div></div><div></div><div></div><div></div></div></div><div><div>Units</div><div><div>1</div><div>Unit(s)</div></div></div><div><div>Cancel</div><div>Save</div></div></div></div></div><div><div>Result: After selecting save, users will see the entry under +Add Procedure.<ul style="list-style-type: none">Entries can be edited using the edit icon or deleted using the trash icon.<div><div><div>Procedures</div><div><div>+ Add Procedure</div><div><div>02/17/2025 - 05/17/2025</div><div>S9131</div><div>12 Visit(s)</div><div><div>Edit</div><div></div></div></div></div></div></div></div></div></div></td></tr></table></div></div>	Step	Action	1	Select + Add Procedure Result: A popout box will display	2	Complete any necessary fields, then select Save . <div><div><div><div>Add Service Line</div><div><div><div>From</div><div><div>02/10/2025</div></div></div><div><div>To</div><div><div>mm/dd/yyyy</div></div></div><div><div>Procedure Code</div><div></div></div><div><div>Modifiers</div><div><div></div><div></div><div></div><div></div></div></div><div><div>Units</div><div><div>1</div><div>Unit(s)</div></div></div><div><div>Cancel</div><div>Save</div></div></div></div></div><div><div>Result: After selecting save, users will see the entry under +Add Procedure.<ul style="list-style-type: none">Entries can be edited using the edit icon or deleted using the trash icon.<div><div><div>Procedures</div><div><div>+ Add Procedure</div><div><div>02/17/2025 - 05/17/2025</div><div>S9131</div><div>12 Visit(s)</div><div><div>Edit</div><div></div></div></div></div></div></div></div></div></div>
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Creating a New Authorization – Outpatient (cont.)


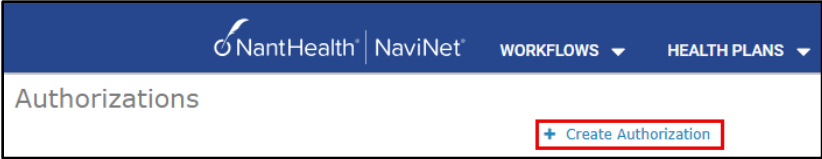
Step	Action
6.	<div data-bbox="203 268 381 1207"> <p>+ Add Document</p> </div> <div data-bbox="389 268 1432 1207"> <p>Select +Add Document</p> <ul style="list-style-type: none"> • Users may attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). • Users may attach up to 10 documents. • Users can identify the document type based on the drop down list. • If a document is attached, the document type is mandatory. • Users can delete any document attached in error using the trash icon. <div data-bbox="397 604 1201 808"> <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p> </div> <div data-bbox="397 823 1201 1197"> <p>Attachments</p> <p>+ Add Document</p> <div> <div>  <p>Document 1- for upload.docx</p> </div> <div> <p>Select document type ...</p> <p>Select document type ...</p> <ul style="list-style-type: none"> Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment </div> <div>  </div> </div> </div> </div> <div data-bbox="203 1243 1442 1417"> <div>  </div> <div> <p>Ensure 3 points of verification are located on all pages of clinical documentation submitted. The HIPAA 3 points of verification are:</p> <ul style="list-style-type: none"> • Member name • Date of birth (DOB) • Member ID (either the plan ID or Medicaid ID) </div> </div>

Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	<div data-bbox="243 252 1550 598"> <p>Notes</p> <p>Add pertinent notes.</p> <ul style="list-style-type: none"> • 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. <div data-bbox="454 451 966 598"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> </div> <div data-bbox="243 630 1550 1764"> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields.</p> <ul style="list-style-type: none"> • 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. <div data-bbox="454 903 1526 1029">  <p>Check Save as default Contact Information for Medical Authorizations to save time in the future. Checking this box saves your contact information so you will not have to re-enter it with every request.</p> </div> <div data-bbox="454 1081 1380 1596"> <p>▼ Contact Information</p> <p>First Name: John Last Name: Smith</p> <p>Email Address: Optional</p> <p>Phone Number: (999) 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> <div data-bbox="454 1648 1526 1753">  <p>Failure to provide complete contact information may delay the processing of your prior authorization request.</p> </div> </div> <p>***Proceed to Step 6 for InterQual instructions in the Creating a New Authorization – InterQual – Outpatient and Inpatient section. ***</p>

Creating a New Authorization - Inpatient









To create a new authorization:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p> 
2.	<p>+ Create New Authorization</p>  <p>Result: The Authorization Requirements page will display.</p>



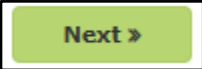


Creating a New Authorization – Inpatient (cont.)

Step	Action						
3.	<p>Select Continue.</p> <p>Note: Each healthplan has different Authorization Requirements. Please refer to your specific healthplan.</p> <div> <p>Authorization Requirements</p> <p>Have you verified that the service requires prior authorization?</p> <p>Please verify the coverage of benefits. The following services always require a prior authorization:</p> <ul style="list-style-type: none"> • Inpatient services • Investigational or experimental services • Services from a non-participating provider <p>Please verify the coverage of benefits by reviewing the Medicaid Provider Fee Schedule.</p> <p>EPSDT</p> <p>If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the authorization look up tool</p> <p>Are you requesting an authorization for one of the following?</p> <ul style="list-style-type: none"> • Radiology or Imaging Please access Evolent or call 1-800-424-4895 • Dental Please contact Dentaquest or call 1-888-307-6552 • Pharmacy Services Please contact PerformRx Pharmacy services at 1-866-610-2773 or Fax to 866-610-2775 <p>Are you requesting to extend or amend an existing authorization?</p> <p>You may extend or amend existing authorizations</p> <div> <input type="checkbox"/> Only show this screen if there have been changes. </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>CANCEL</div> <div>CONTINUE</div> </div> </div> <table> <tr> <td>1</td><td>The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.</td></tr> <tr> <td>2</td><td>Cancel takes users back to the previous screen.</td></tr> <tr> <td>3</td><td>Advances users to the next screen.</td></tr> </table>	1	The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.	2	Cancel takes users back to the previous screen.	3	Advances users to the next screen.
1	The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.						
2	Cancel takes users back to the previous screen.						
3	Advances users to the next screen.						

Creating a New Authorization – Inpatient (cont.)

Step	Action								
4.	<p>Enter patient search criteria information. then select Search.</p> <ul style="list-style-type: none"> The patient search screen allows users 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. <div>  <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.</p> </div> <div> <p>Create Authorization: Patient Search</p> <div> <div>Search by Member ID</div> <div>Member ID</div> <div></div> </div> <div>OR</div> <div> <div>Search by Name</div> <div> <div>Last Name</div> <div></div> </div> <div> <div>First Name</div> <div></div> </div> <div> <div>Date of Birth</div> <div>mm/dd/yyyy</div> </div> </div> <div> <div>Date of Service</div> <div>11/05/2024</div> <div></div> </div> <div>Search</div> </div> <p>Result: Users will arrive at the Create Authorization screen.</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>The member has active coverage</td><td>Users will advance to the Create Authorization screen.</td></tr> <tr> <td>The member cannot be located</td><td> <div>  Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </td></tr> <tr> <td>The member is ineligible</td><td> <div>  Authorization cannot be created. </div> <div> The selected date of service () is not in the patient's active coverage range: </div> </td></tr> </table> <div>  <p>Note</p> <p>If a member is not active with the health plan, you will not be advanced.</p> </div>	If...	Then...	The member has active coverage	Users will advance to the Create Authorization screen.	The member cannot be located	<div>  Subscriber / Insured Not Found. Please Correct and Resubmit. </div>	The member is ineligible	<div>  Authorization cannot be created. </div> <div> The selected date of service () is not in the patient's active coverage range: </div>
If...	Then...								
The member has active coverage	Users will advance to the Create Authorization screen.								
The member cannot be located	<div>  Subscriber / Insured Not Found. Please Correct and Resubmit. </div>								
The member is ineligible	<div>  Authorization cannot be created. </div> <div> The selected date of service () is not in the patient's active coverage range: </div>								






Creating a New Authorization – Inpatient (cont.)

Step	Action				
5.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <div> <div> Service Type <p>Select the appropriate service type and place of service according to the request.</p> <div> <p>Service Type</p> <div>  Select service type... </div> <p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p> <p>Place of Service</p> <div>  Select place of service... </div> </div> <table> <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 selected, select Next to continue.</p> <div>  </div> </div> <div> <div> Date of Admission/ Date of Discharge <p>Date of admission is a mandatory field. This needs to be verified as the date the member was admitted to the hospital or facility.</p> <ul style="list-style-type: none"> Date of discharge is optional because it may not be known at the time the request is initiated. Providers can record the members discharge date by amending the inpatient authorization request later (refer to Amending an Authorization chapter). <div> <div> <p>Date Of Admission</p> <div>  02/04/2025 </div> </div> <div> <p>Date of Discharge</p> <div>  Optional </div> </div> </div> </div> </div> </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.				

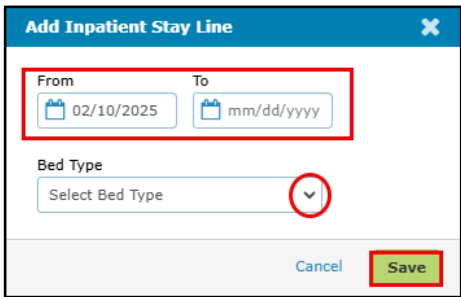
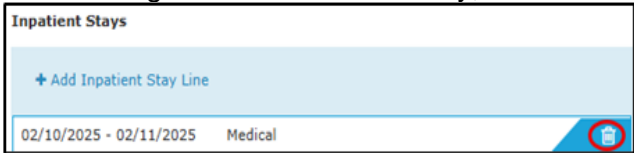
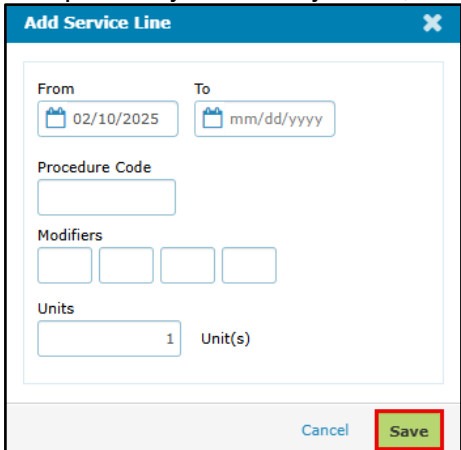
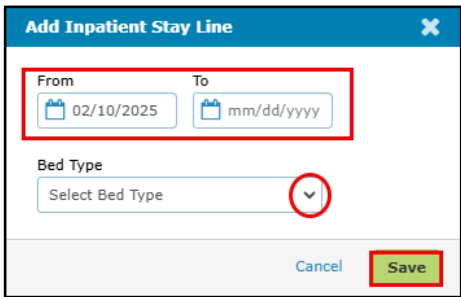
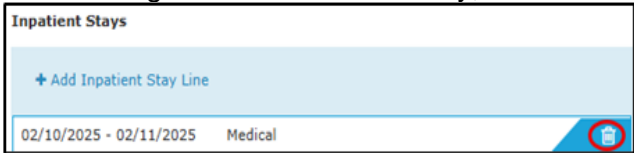
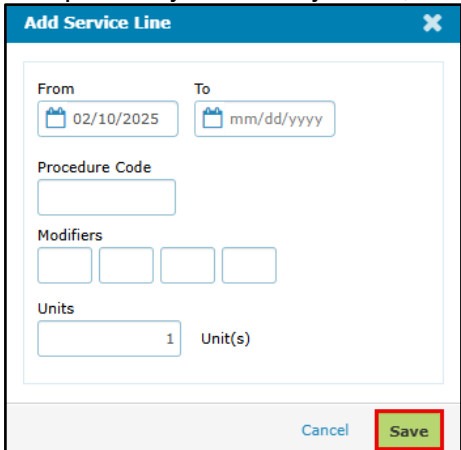
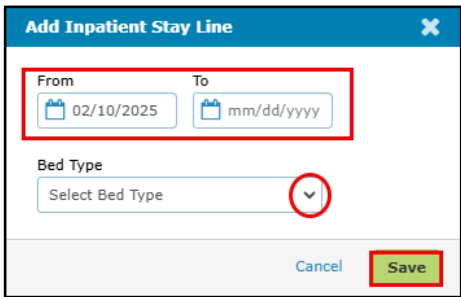
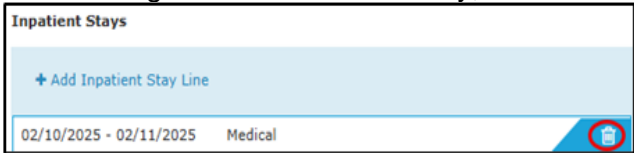
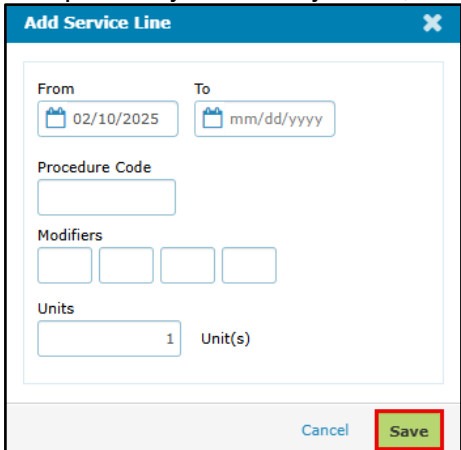
Creating a New Authorization – Inpatient (cont.)

Step	Action								
5.	<div> <div> Admission Type <p>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div> <div>Admission Type ?</div> <div> Select admission type ... Select admission type ... Elective Urgent Emergent </div> </div> <div> The question mark beside admission type provides information regarding the types of admissions. </div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Elective</td><td>Potential admission for illness/injury, enrollee not currently admitted</td></tr> <tr> <td>Urgent</td><td>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>Emergent</td><td>Concurrent review, enrollee is currently admitted</td></tr> </table> </div> </div>	If...	Then...	Elective	Potential admission for illness/injury, enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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								
	<div> Requesting Provider <p>Select the appropriate provider from the drop-down list.</p> <ul style="list-style-type: none"> Requesting provider is the provider that is requesting the service. <div> <div>Requesting Provider</div> <div> Select Group/Facility ... Search by Provider </div> </div> </div>								
	<div> Servicing Provider <p>Select the appropriate servicing provider from the drop-down list.</p> <ul style="list-style-type: none"> Servicing provider is the provider completing the service (also known as the attending provider). <div> <div>Servicing Provider</div> <div> Select Provider ... </div> </div> </div>								
	<div> Servicing Facility <p>The servicing facility is the location where the service will be performed.</p> <div> <div>Servicing Provider</div> <div> Select Provider ... </div> </div> </div>								


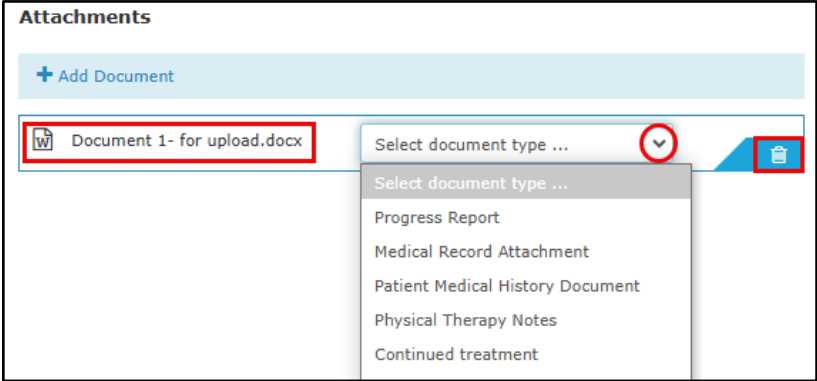

Creating a New Authorization – Inpatient (cont.)

Step	Action
5.	<div><div>Diagnoses</div><p>This is a look up field (max number of diagnosis codes that can be attached is 12).</p><div><div>Diagnoses</div><div> Add Diagnoses ...</div></div><p>Note: The user can change the primary diagnosis, add additional diagnosis if more than 1 diagnosis exists, and delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trash icon) the diagnosis.</p><div><div>Diagnoses</div><div><div><div><div> Add Diagnoses ...</div></div></div><div><div>R69 Illness, unspecified</div><div>(Primary)</div></div><div><div>M62.81 Muscle weakness (generalized)</div><div>  </div></div></div></div></div>

Creating a New Authorization – Inpatient (cont.)

Step	Action														
5.	<p>Services</p> <p>Inpatient Stays</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1</td><td> <p>Select + Add In patient Stay Line.</p> <p>Result: A popout box will display.</p>  </td></tr> <tr> <td>2</td><td> <p>Complete From, To, and Bed Type, then select Save.</p> <p>Result: A line will appear with the previously entered details.</p> </td></tr> <tr> <td>3</td><td> <p>If something was entered incorrectly, select the trash icon to delete the line.</p>  </td></tr> </table> <p>Procedures</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1</td><td> <p>Select + Add Procedure.</p> <p>Result: A popout box will display</p> </td></tr> <tr> <td>2</td><td> <p>Complete any necessary fields, then select Save.</p>  </td></tr> </table>	Step	Action	1	<p>Select + Add In patient Stay Line.</p> <p>Result: A popout box will display.</p> 	2	<p>Complete From, To, and Bed Type, then select Save.</p> <p>Result: A line will appear with the previously entered details.</p>	3	<p>If something was entered incorrectly, select the trash icon to delete the line.</p> 	Step	Action	1	<p>Select + Add Procedure.</p> <p>Result: A popout box will display</p>	2	<p>Complete any necessary fields, then select Save.</p> 
Step	Action														
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Step	Action														
1	<p>Select + Add Procedure.</p> <p>Result: A popout box will display</p>														
2	<p>Complete any necessary fields, then select Save.</p> 														

Creating a New Authorization – Inpatient (cont.)

Step	Action
5.	<div> <div> + Add Document </div> <div> <p>Select +Add Document</p> <ul style="list-style-type: none"> Users may attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Users may attach up to 10 documents. Users can identify the document type based on the drop down list. If a document is attached, the document type is mandatory. Users can delete any document attached in error using the trash icon. </div> </div> <div>  <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p> </div> <div>  <p>Attachments</p> <p>+ Add Document</p> <p>Document 1- for upload.docx</p> <p>Select document type ...</p> <p>Select document type ...</p> <p>Progress Report</p> <p>Medical Record Attachment</p> <p>Patient Medical History Document</p> <p>Physical Therapy Notes</p> <p>Continued treatment</p> </div>
	<div>  </div> <div> <p>Ensure 3 points of verification are located on all pages of clinical documentation submitted. The HIPAA 3 points of verification are:</p> <ul style="list-style-type: none"> Member name Date of birth (DOB) Member ID (either the plan ID or Medicaid ID) </div>

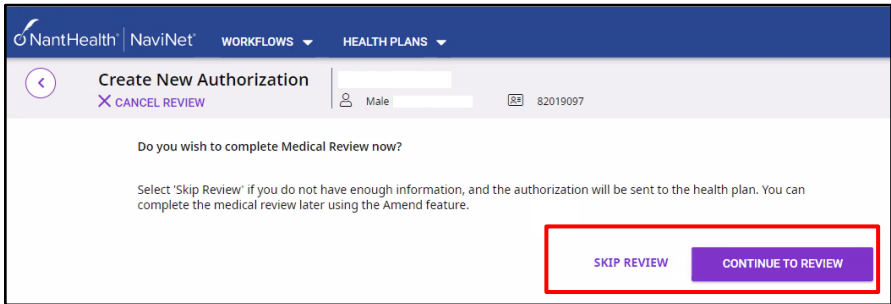
Creating a New Authorization – Inpatient (cont.)

Step	Action
5.	<div> <div>Notes</div> <div> <p>Add pertinent notes.</p> <ul style="list-style-type: none"> There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user cannot add additional characters. <div> <div>Notes</div> <div>Enter Clinical Notes ...</div> <div>264 characters left</div> </div> </div> </div> <div> <div>Contact Information</div> <div> <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> <p>Enter your contact information. First name, last name and phone number are required.</p> <ul style="list-style-type: none"> Fax number and email address are optional fields. The Declaration check box is <u>mandatory</u> and must be checked to submit the request. Select Submit when the request is complete. <div> <div>Note</div> <div>Check Save as default Contact Information for Medical Authorizations to save time in the future. Checking this box saves your contact information so you will not have to re-enter it with every request.</div> </div> <div> <div> <div>▼ Contact Information</div> <div> <div> <div>First Name</div> <div>John</div> </div> <div> <div>Last Name</div> <div>Smith</div> </div> </div> <div> <div>Email Address</div> <div>Optional</div> </div> <div> <div>Phone Number</div> <div>(999) 999-9999</div> </div> <div> <div>Fax Number</div> <div>Optional</div> </div> <div> <input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations </div> <div> <div>DECLARATION</div> <div> <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved. </div> </div> <div> <div>Cancel</div> <div>« Previous</div> <div>Submit</div> </div> </div> </div> <div> <div>!</div> <div>Failure to provide complete contact information may delay the processing of your prior authorization request.</div> </div> </div></div>


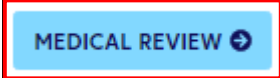
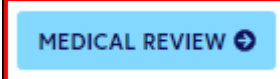



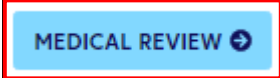
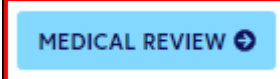


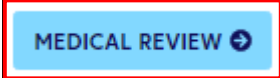
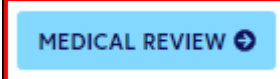


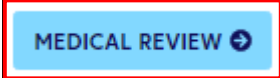
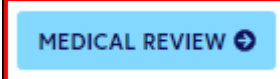


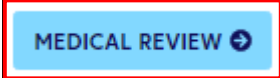
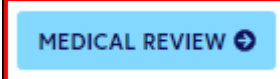

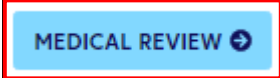
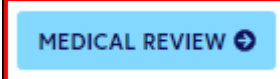

Creating a New Authorization – InterQual – Outpatient and Inpatient



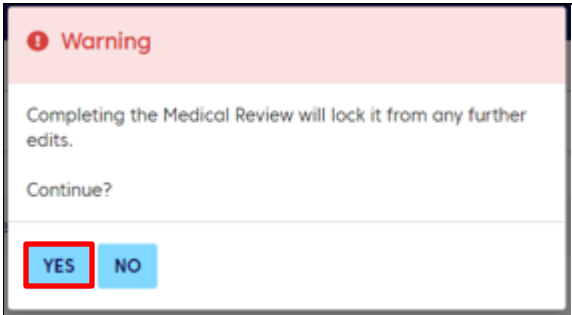
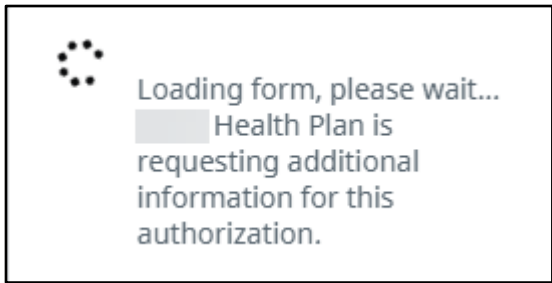
If training is needed related to InterQual or there are questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action				
6.	<p>After completion of the previous steps, when the user selects Submit, InterQual criteria may or may not launch.</p> <ul style="list-style-type: none"> 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. <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>InterQual criteria is not launched after the user submits the request</td><td>the user may receive a status of pending or an automatic approval</td></tr> </tbody> </table>	If...	Then...	InterQual criteria is not launched after the user submits the request	the user may receive a status of pending or an automatic approval
If...	Then...				
InterQual criteria is not launched after the user submits the request	the user may receive a status of pending or an automatic approval				
7.	<p>Once routed to InterQual, users will have two options 'Skip Review' or 'Continue to Review.'</p> 				

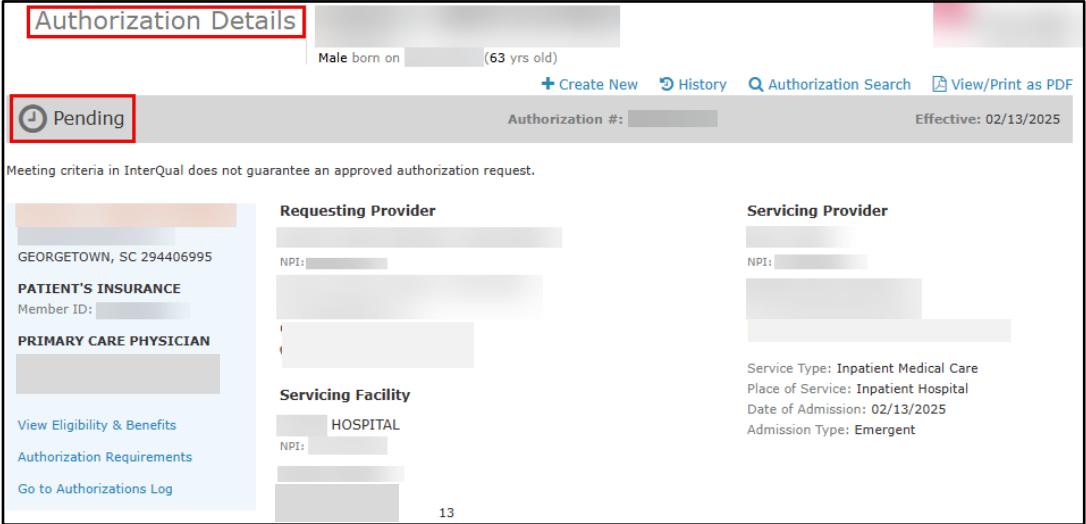
Creating a New Authorization - InterQual (cont.)

Step	Action												
8.	<table> <tr> <th>If the user selects...</th><th>Then...</th></tr> <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> <div>  <ul style="list-style-type: none"> 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. </div> </td></tr> <tr> <td>Continue to Review</td><td> <p>The user may or may not be advanced to the InterQual Subset. If advanced to the subset, users should complete the clinical questions/medical review prior to submission.</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Outpatient</td><td> <p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, select medical review at the bottom of the screen.</p> <div>  </div> <p>Answer the questions as they relate to the patient/member.</p> <ul style="list-style-type: none"> After all questions have been answered the no remaining questions message will display. <p>Select View Recommendations to continue.</p> </td></tr> <tr> <td>Inpatient</td><td> <p>The system will direct the user to a guideline selection page. 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Creating a New Authorization - InterQual (cont.)

Step	Action
9.	<p>When the review is complete, select Complete, then select YES.</p>  A warning dialog box with a red header bar containing a warning icon and the word "Warning". The text inside reads: "Completing the Medical Review will lock it from any further edits." followed by "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red border) and "NO".
10.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  A loading notice box with a circular loading icon on the left. The text reads: "Loading form, please wait..." followed by a gray rectangular placeholder and "Health Plan is requesting additional information for this authorization."

Creating a New Authorization - InterQual (cont.)

Step	Action
11.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p>  <p>Authorization Details</p> <p>Male born on [redacted] (63 yrs old)</p> <p>+ Create New History Authorization Search View/Print as PDF</p> <p>Pending Authorization #: [redacted] Effective: 02/13/2025</p> <p>Meeting criteria in InterQual does not guarantee an approved authorization request.</p> <p>Requesting Provider</p> <p>GEORGETOWN, SC 294406995</p> <p>PATIENT'S INSURANCE</p> <p>Member ID: [redacted]</p> <p>PRIMARY CARE PHYSICIAN</p> <p>[redacted]</p> <p>View Eligibility & Benefits</p> <p>Authorization Requirements</p> <p>Go to Authorizations Log</p> <p>Servicing Provider</p> <p>NPI: [redacted]</p> <p>[redacted]</p> <p>Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date of Admission: 02/13/2025 Admission Type: Emergent</p> <p>Servicing Facility</p> <p>HOSPITAL</p> <p>NPI: [redacted]</p> <p>[redacted]</p> <p>13</p>










Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>The screenshot shows a dropdown menu titled "Workflows for this Plan". It contains four items: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Medical Authorizations" (which is highlighted with a red box and a red arrow points to it from the right), and "Medical Authorizations Log".</p>
2.	<p>+ Create New Authorization.</p>  <p>The screenshot shows the top navigation bar of the NantHealth NaviNet system. It includes the NantHealth logo, the text "NaviNet", and two dropdown menus labeled "WORKFLOWS" and "HEALTH PLANS". Below the navigation bar, the word "Authorizations" is displayed. In the bottom right corner of the page, a button labeled "+ Create Authorization" is highlighted with a red box.</p> <p>Result: The Authorization Requirements page will display.</p>

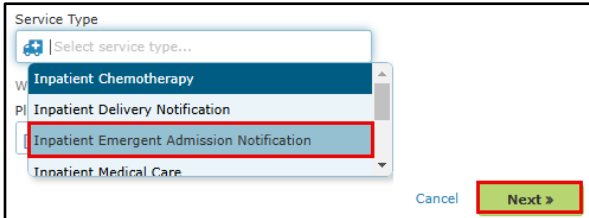

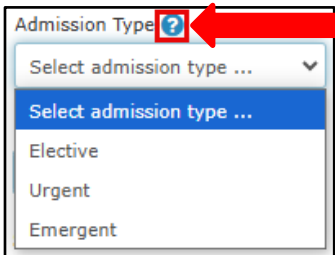
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
3.	<p>Select Continue.</p> <p>Note: Each healthplan has different Authorization Requirements. Please refer to your specific healthplan.</p> <div data-bbox="230 426 1102 1329"> <p>Authorization Requirements</p> <p>Have you verified that the service requires prior authorization?</p> <p>Please verify the coverage of benefits. The following services always require a prior authorization:</p> <ul style="list-style-type: none"> • Inpatient services • Investigational or experimental services • Services from a non-participating provider <p>Please verify the coverage of benefits by reviewing the [redacted] Medicaid Provider Fee Schedule.</p> <p>EPSDT</p> <p>If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the [redacted] authorization look up tool</p> <p>Are you requesting an authorization for one of the following?</p> <ul style="list-style-type: none"> • Radiology or Imaging Please access Evolent or call 1-800-424-4895 • Dental Please contact Dentaquest or call 1-888-307-6552 • Pharmacy Services Please contact PerformRx Pharmacy services at 1-866-610-2773 or Fax to 866-610-2775 <p>Are you requesting to extend or amend an existing authorization?</p> <p>You may extend or amend existing authorizations</p> <div data-bbox="243 1197 685 1255"> <input type="checkbox"/> Only show this screen if there have been changes. </div> <div data-bbox="243 1260 292 1312">1</div> <div data-bbox="824 1218 933 1329"> <div data-bbox="857 1218 901 1270">2</div> <div data-bbox="824 1270 933 1329">CANCEL</div> </div> <div data-bbox="954 1218 1102 1329"> <div data-bbox="998 1218 1042 1270">3</div> <div data-bbox="954 1270 1102 1329">CONTINUE</div> </div> </div>
1	The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.
2	Cancel takes users back to the previous screen.
3	Advances users to the next screen.




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

Step	Action								
4.	<p>Enter the patient search criteria information, then select Search.</p> <ul style="list-style-type: none"> The patient search screen allows users 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. <div>  <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.</p> </div> <div> <p>Create Authorization: Patient Search</p> <div> <p>Search by Member ID</p> <p>Member ID</p> <input type="text"/> </div> <p>OR</p> <div> <p>Search by Name</p> <p>Last Name <input type="text"/> First Name <input type="text"/></p> <p>Date of Birth <input type="text" value="mm/dd/yyyy"/></p> <p>Date of Service <input type="text" value="11/05/2024"/> </p> <p>Search</p> </div> </div> <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>The member has active coverage</td><td>Users will advance to the Create Authorization screen.</td></tr> <tr> <td>The member cannot be located</td><td> Subscriber / Insured Not Found. Please Correct and Resubmit.</td></tr> <tr> <td>The member is ineligible</td><td>  Authorization cannot be created. The selected date of service (<input type="text"/>) is not in the patient's active coverage range: <input type="text"/> </td></tr> </tbody> </table> <div>  <p>If a member is not active with the health plan, you will not be advanced.</p> </div>	If...	Then...	The member has active coverage	Users will advance to the Create Authorization screen.	The member cannot be located	 Subscriber / Insured Not Found. Please Correct and Resubmit.	The member is ineligible	 Authorization cannot be created. The selected date of service (<input type="text"/>) is not in the patient's active coverage range: <input type="text"/>
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action							
5.	<div> <div>Service Type</div> <div>Select Inpatient Emergent Admission Notification for the Service Type. Then select Next.</div> <div>  </div> </div>							
	<div> <div>Date of Admission/ Date of Discharge</div> <div>Date of Admission is a mandatory field.</div> <ul style="list-style-type: none"> Date of Discharge is optional because it may not be known at the time the request is initiated. <div> <div>Date Of Admission</div> <div>Date of Discharge</div> <div>  </div> </div> </div>							
	<div> <div>Admission Type</div> <div>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</div> <div>  <div> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> </div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Elective</td><td>Potential admission for illness/injury, enrollee not currently admitted</td></tr> <tr> <td>Urgent</td><td>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>Emergent</td><td>Concurrent review, enrollee is currently admitted</td></tr> </table> </div>	If...	Then...	Elective	Potential admission for illness/injury, enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent
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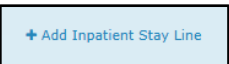
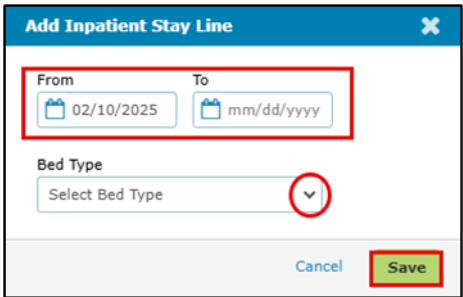
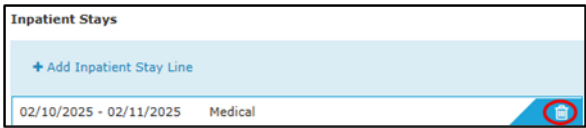
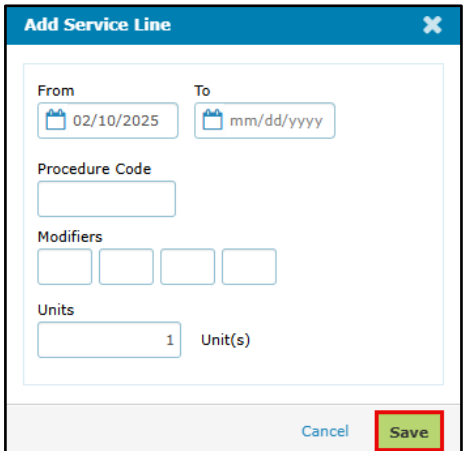
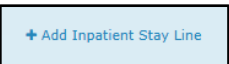
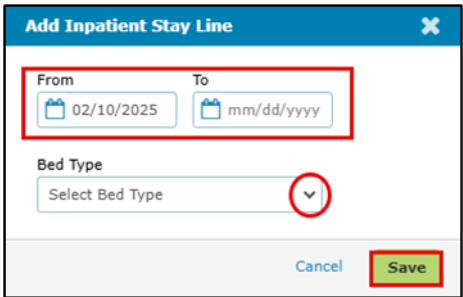
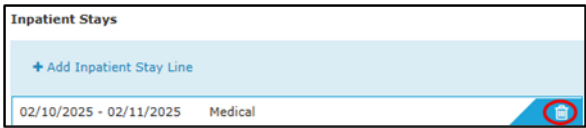
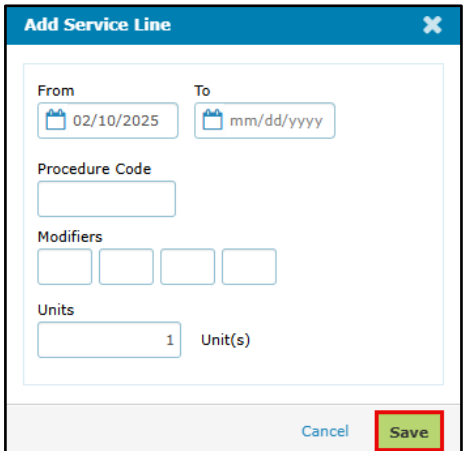
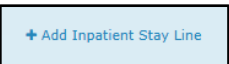
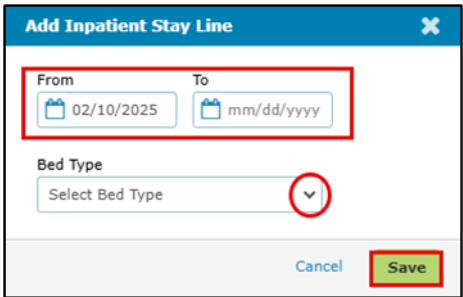
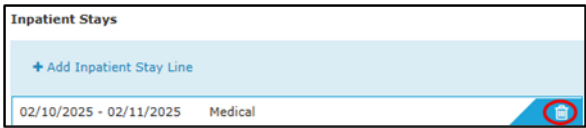
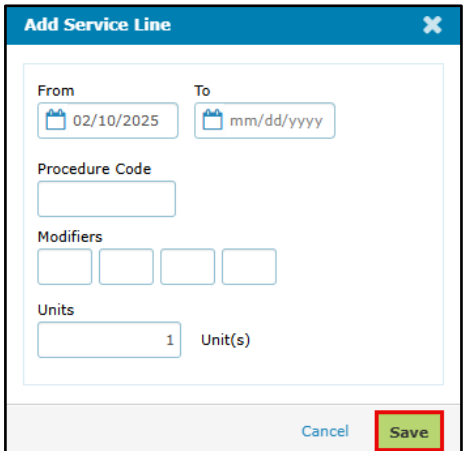
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action	
5.	Requesting Provider	<p>Select the appropriate provider from the drop-down list.</p> <ul style="list-style-type: none"> Requesting provider is the provider that is requesting the service. <div> <div>Requesting Provider</div> <div>  Select Group/Facility ... <div>Search by Provider</div> </div> </div>
	Servicing Provider	<p>Select the appropriate servicing provider from the drop-down list.</p> <ul style="list-style-type: none"> Servicing provider is the provider completing the service (also known as the attending provider). <div> <div>Servicing Provider</div> <div>  Select Provider ... </div> </div>
	Servicing Facility	<p>The servicing facility is the location where the service will be performed.</p> <div> <div>Servicing Provider</div> <div>  Select Provider ... </div> </div>

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

Step	Action
5.	<div data-bbox="219 252 406 955" data-label="Section-Header"> <h3>Diagnoses</h3> </div> <div data-bbox="422 283 1567 850" data-label="Complex-Block"> <p>This is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="438 346 730 451"> <p>Diagnoses</p> <input type="text" value="Add Diagnoses ..."/> </div> <p>Note: The user can change the primary diagnosis, add additional diagnosis if more than 1 diagnosis exists and delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trash icon) the diagnosis.</p> <div data-bbox="438 588 1136 829"> <p>Diagnoses</p> <input type="text" value="Add Diagnoses ..."/> <div> <div>R69 Illness, unspecified</div> <div>(Primary)</div> </div> <div> <div>M62.81 Muscle weakness (generalized)</div> <div> 1 ↑ 🗑️ </div> </div> </div> </div>



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

Step	Action														
5.	<p>Services</p> <p>Inpatient Stays</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1.</td><td> <p>Select + Add In patient Stay Line .</p> <p>Result: A popout box will display.</p> </td></tr> <tr> <td>2.</td><td> <p>Enter the From and To dates, Bed Type and select Save.</p>  </td></tr> <tr> <td>3.</td><td> <p>If something was entered incorrectly, select the trash icon to delete the line.</p>  </td></tr> </table> <p>Procedures</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1.</td><td> <p>Select + Add Procedure</p> <p>Result: A popout box will display</p> </td></tr> <tr> <td>2.</td><td> <p>Complete any necessary fields, then select Save.</p>  </td></tr> </table>	Step	Action	1.	<p>Select + Add In patient Stay Line .</p> <p>Result: A popout box will display.</p>	2.	<p>Enter the From and To dates, Bed Type and select Save.</p> 	3.	<p>If something was entered incorrectly, select the trash icon to delete the line.</p> 	Step	Action	1.	<p>Select + Add Procedure</p> <p>Result: A popout box will display</p>	2.	<p>Complete any necessary fields, then select Save.</p> 
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
5.	<div> <div> Attachments </div> <div> + Add Document </div> <div> <p>Select +Add Document</p> <ul style="list-style-type: none"> Users may attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Users may attach up to 10 documents. Users can identify the document type based on the drop down list. If a document is attached, the document type is mandatory. Users can delete any document attached in error using the trash icon. <div> <p>Attachments</p> <div> + Add Document </div> <p>Drop Documents here to Attach</p> </div> <div> <p>Attachments</p> <div> + Add Document </div> <div> <div> Document 1- for upload.docx </div> <div> Select document type ... </div> <div> Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment </div> </div> </div> </div> </div>


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

Step	Action
5.	<div> <div> Notes </div> <div> <p>Add pertinent notes.</p> <ul style="list-style-type: none"> 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. <div> <div>Notes</div> <div>Enter Clinical Notes ...</div> <div>264 characters left</div> </div> </div> </div> <div> <div> Contact Information </div> <div> <p>Enter your contact information. First name, last name, and phone number are required.</p> <ul style="list-style-type: none"> Fax number and email address are optional fields. The Declaration check box is <u>mandatory</u> and must be checked to submit the request. Select Submit when the request is complete. <div> <div>  <p>Check the box to Save as default Contact Information for Medical Authorizations to save time in the future. Checking this box saves your contact information so you will not have to re-enter it with every request.</p> </div> <div> <div> <div>▼ Contact Information</div> <div> <div> <div>First Name</div> <div>Last Name</div> </div> <div> <div>John</div> <div>Smith</div> </div> </div> <div> <div>Email Address</div> <div>Optional</div> </div> <div> <div>Phone Number</div> <div>(999) 999-9999</div> </div> <div> <div>Fax Number</div> <div>Optional</div> </div> <div> <div><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</div> </div> <div> <div>DECLARATION</div> <div><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</div> </div> <div> <div>Cancel</div> <div>« Previous</div> <div>Submit</div> </div> </div> </div> <div> <div>  <p>Failure to provide complete contact information may delay the processing of your prior authorization request.</p> </div> </div> </div> </div></div>

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

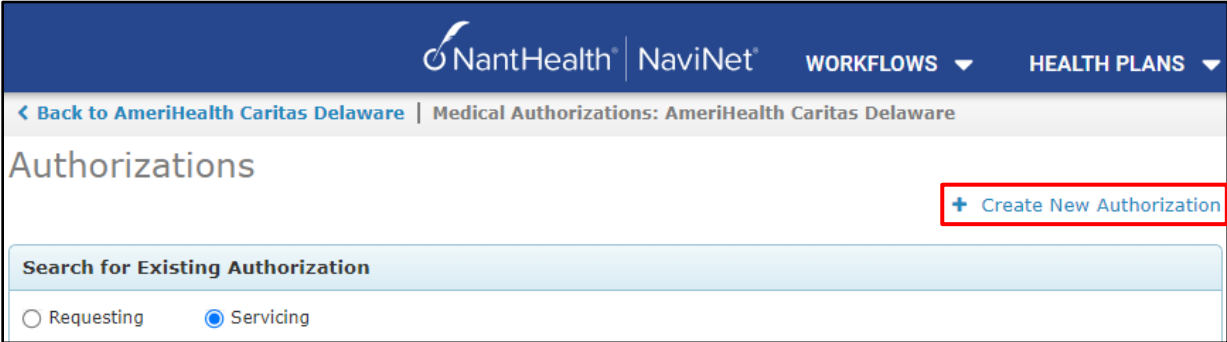


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.

Step	Action
6.	<p>The message below will populate indicating the InterQual page is loading.</p> <div><p>Loading form, please wait... Health Plan is requesting additional information for this authorization.</p></div>
7.	<p>The system will offer non-clinical users the option to by-pass the InterQual Medical Review. To bypass the InterQual review, select Skip Review.</p> <div><p>Do you wish to complete Medical Review now?</p><p>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.</p><div>SKIP REVIEWCONTINUE TO REVIEW</div></div> <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


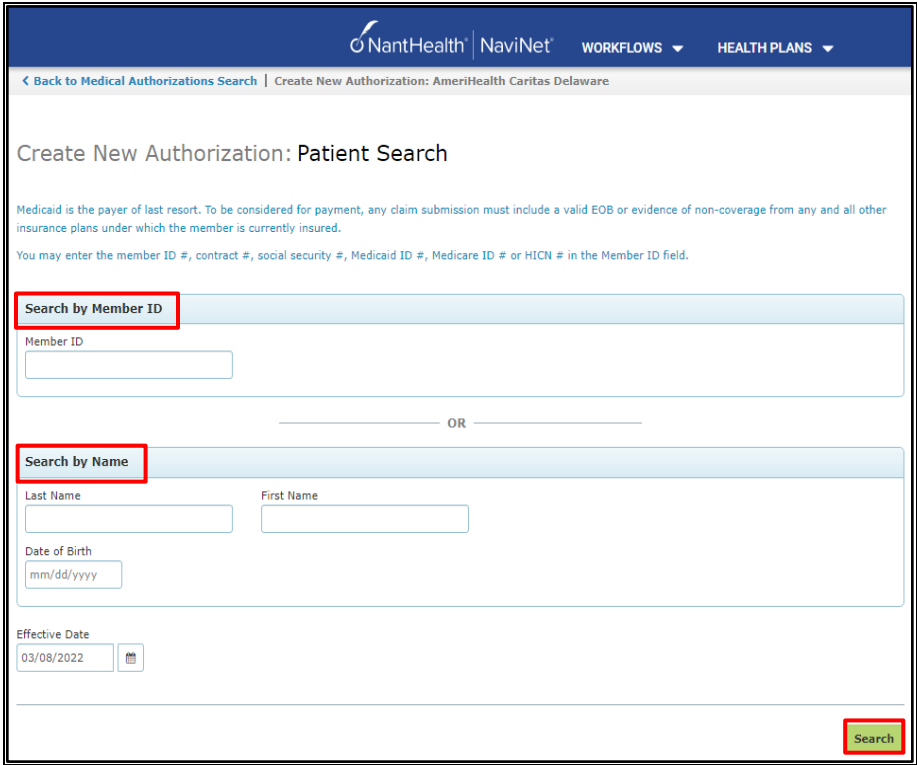

To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p> <div>Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry Medical Authorizations</div>
2.	<p>Select + Create New Authorization.</p> <div></div>

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

Step	Action						
3.	<p>Select Continue.</p> <p>Note: Each healthplan has different Authorization Requirements. Please refer to your specific healthplan.</p> <div> <h3>Authorization Requirements</h3> <p>Have you verified that the service requires prior authorization?</p> <p>Please verify the coverage of benefits. The following services always require a prior authorization:</p> <ul style="list-style-type: none"> • Inpatient services • Investigational or experimental services • Services from a non-participating provider <p>Please verify the coverage of benefits by reviewing the Medicaid Provider Fee Schedule.</p> <h3>EPSDT</h3> <p>If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the authorization look up tool</p> <p>Are you requesting an authorization for one of the following?</p> <ul style="list-style-type: none"> • Radiology or Imaging Please access Evolent or call 1-800-424-4895 • Dental Please contact Dentaquest or call 1-888-307-6552 • Pharmacy Services Please contact PerformRx Pharmacy services at 1-866-610-2773 or Fax to 866-610-2775 <p>Are you requesting to extend or amend an existing authorization?</p> <p>You may extend or amend existing authorizations</p> <div> <input type="checkbox"/> Only show this screen if there have been changes. </div> <div> 1 2 CANCEL 3 CONTINUE </div> </div> <table> <tr> <td>1</td><td>The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.</td></tr> <tr> <td>2</td><td>Cancel takes users back to the previous screen.</td></tr> <tr> <td>3</td><td>Advances users to the next screen.</td></tr> </table>	1	The checkbox gives users the option to hide the information on this screen unless a change has been made. If this box is checked this information will not populate the next time the user creates an authorization.	2	Cancel takes users back to the previous screen.	3	Advances users to the next screen.
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2	Cancel takes users back to the previous screen.						
3	Advances users to the next screen.						

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

Step	Action
4.	<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="224 420 1555 562">  <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="215 569 1127 1329">  </div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="215 1388 967 1545"> <p>Create New Authorization: Patient Search</p> <p> Subscriber / Insured Not Found. Please Correct and Resubmit.</p> </div>

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

Step	Action								
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <table><tr><th>Field</th><th>Response</th></tr><tr><td>Service Type</td><td>Inpatient Delivery Notification</td></tr><tr><td>Place of Service</td><td>Birthing Center or Inpatient Hospital</td></tr></table> <p>Select Next.</p> <div><div>Service Type</div><div><div><div>Inpatient Delivery Notification</div></div><div>Warning: Service line date ranges cannot overlap with the date range from another service line.</div><div>Place of Service</div><div><div>Select place of service...</div><div>Birthing Center</div><div>Inpatient Hospital</div></div><div>Cancel<div>Next »</div></div></div></div>	Field	Response	Service Type	Inpatient Delivery Notification	Place of Service	Birthing Center or Inpatient Hospital		
Field	Response								
Service Type	Inpatient Delivery Notification								
Place of Service	Birthing Center or Inpatient Hospital								
6.	<p>Select + Add Maternity Details to populate the Add Maternity Details pop out box.</p> <ul style="list-style-type: none">The fields in this box are mandatory. <div><div>Service Type: Inpatient Delivery Notification</div><div>Place of Service: Inpatient Hospital</div><div>Close/Save</div><table><tr><th>Name</th><th>Gender</th><th>Date of Birth</th><th>Delivery Period</th></tr><tr><td colspan="4"><div>+ Add Maternity Details</div></td></tr></table><div>Cancel<div>« Previous</div><div>Next »</div></div></div>	Name	Gender	Date of Birth	Delivery Period	<div>+ Add Maternity Details</div>			
Name	Gender	Date of Birth	Delivery Period						
<div>+ Add Maternity Details</div>									

















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

Step	Action
6. (cont.)	<div><div>Add Maternity Details</div><div><div>Baby's Last Name:</div><div></div></div><div><div>Baby's First Name:</div><div></div></div><div><div>Gender:</div><div>Select</div></div><div><div>Date Of Birth:</div><div><div></div>MM/DD/YYYY</div></div><div><div>Weight in Grams:</div><div></div></div><div><div>1 Minute Apgar: ?</div><div>Select</div></div><div><div>5 Minute Apgar: ?</div><div>Select</div></div><div><div>Delivery</div></div><div><div>Delivery Outcome:</div><div>Select</div></div><div><div>Delivery Method:</div><div>Select</div></div><div><div>Delivery Period:</div><div>Select</div></div><div><div>Estimated Gestational Age :</div><div>Select</div> weeks <div>0</div> days</div><div><div>Estimated Confinement Date:</div><div><div></div>MM/DD/YYYY</div></div><div><div>Nursery type:</div><div>Select</div></div><div><div>Cancel</div><div>Save</div></div></div>

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

Step	Action	
6. (cont.)	Baby's Last Name	<div>Free text field. Enter the baby's last name.</div> <div><div>Baby's Last Name:</div><div></div></div>
	Baby's First Name	<div>Free text field. Enter the baby's first name.</div> <div><div>Baby's First Name:</div><div></div></div>
	Gender	<div>Drop down field. The options are Male, Female, Unknown.</div> <div><div>Gender:</div><div>Select▼</div></div>
	Date Of Birth	<div>Select a date from the calendar.</div> <div><div>Date Of Birth:</div><div><div></div>MM/DD/YYYY</div></div>
	Weight in Grams	<div>Free text field. Enter the weight in grams.</div> <div><div>Weight in Grams:</div><div></div></div>
	1 Minute Apgar	<div>Drop down field - select 1-10. Select the question mark for clarification.</div> <div><div>1 Minute Apgar: ?</div><div>Select▼</div></div> <div><div>1 Minute Apgar: ?</div><div>5 Minute Apgar: ?</div><div><div>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.</div><div><div>1. Appearance (skin color)</div><div>2. Pulse (heart rate)</div><div>3. Grimace response (reflexes)</div><div>4. Activity (muscle tone)</div><div>5. Respiration (breathing rate and effort)</div></div></div></div>




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

Step	Action										
6. (cont.)	5 Minute Apgar Drop down field - select 1-10. <div>5 Minute Apgar:  Select </div>										
	Delivery Outcome Drop down field – select live birth or non live birth. <div>Delivery Outcome: Select </div>										
	Delivery Method Drop down field – select c-section or normal vaginal delivery. <div>Delivery Method: Select </div>										
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. <div>Delivery Period: Select </div>										
	Estimated Gestational Age Select the appropriate values from the drop down fields. <div>Estimated Gestational Age : Select  weeks 0  days</div>										
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. <div>Estimated Confinement Date:  MM/DD/YYYY</div>										
	Nursery type Drop down field – select well baby or NICU. <div>Nursery type: Select </div>										
7.	<p>Select Save when the Add Maternity Details are complete.</p> <p>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.</p> <div> <table border="1"> <thead> <tr> <th>Name</th><th>Gender</th><th>Date of Birth</th><th>Delivery Period</th><th></th></tr> </thead> <tbody> <tr> <td>BABY TEST</td><td>Female</td><td>02/16/2025</td><td>Day of admission</td><td> </td></tr> </tbody> </table> <div>  Add Maternity Details </div> <div> Cancel « Previous Next » </div> </div>	Name	Gender	Date of Birth	Delivery Period		BABY TEST	Female	02/16/2025	Day of admission	 
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BABY TEST	Female	02/16/2025	Day of admission	 							






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

Step	Action												
8.	<table> <tr> <td>Date of Admission/ Date of Discharge</td><td> <p>Date of Admission is a mandatory field.</p> <ul style="list-style-type: none"> Date of Discharge is optional because it may not be known at the time the request is initiated. <div> <div>Date Of Admission</div> <div>Date of Discharge</div> <div>02/03/2025</div> <div>Optional</div> </div> </td></tr> <tr> <td>Admission Type</td><td> <p>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div> <div>Admission Type ?</div> <div> <div>Select admission type ...</div> <div>Select admission type ...</div> <div>Elective</div> <div>Urgent</div> <div>Emergent</div> </div> </div> <div>The question mark beside admission type provides information regarding the types of admissions.</div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Elective</td><td>Potential admission for illness/injury, enrollee not currently admitted.</td></tr> <tr> <td>Urgent</td><td>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>Emergent</td><td>Concurrent review, enrollee is currently admitted.</td></tr> </table> </td></tr> </table>	Date of Admission/ Date of Discharge	<p>Date of Admission is a mandatory field.</p> <ul style="list-style-type: none"> Date of Discharge is optional because it may not be known at the time the request is initiated. <div> <div>Date Of Admission</div> <div>Date of Discharge</div> <div>02/03/2025</div> <div>Optional</div> </div>	Admission Type	<p>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div> <div>Admission Type ?</div> <div> <div>Select admission type ...</div> <div>Select admission type ...</div> <div>Elective</div> <div>Urgent</div> <div>Emergent</div> </div> </div> <div>The question mark beside admission type provides information regarding the types of admissions.</div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Elective</td><td>Potential admission for illness/injury, enrollee not currently admitted.</td></tr> <tr> <td>Urgent</td><td>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>Emergent</td><td>Concurrent review, enrollee is currently admitted.</td></tr> </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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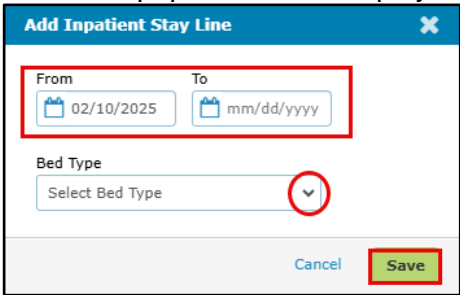
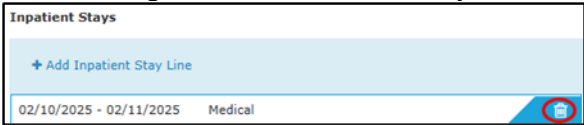
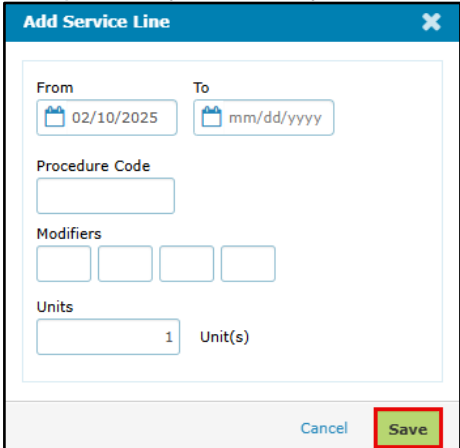
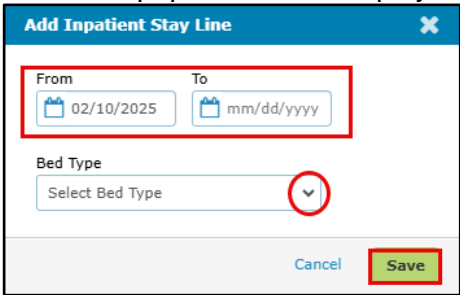
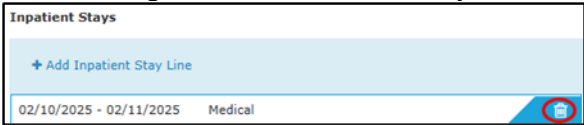
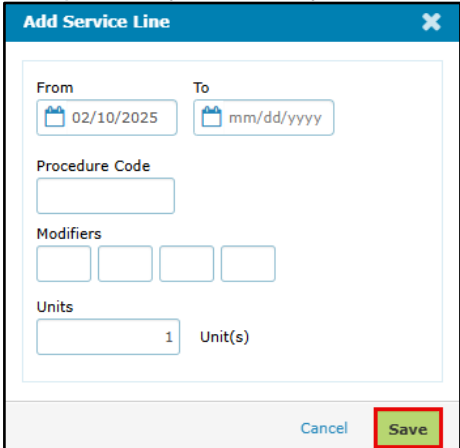
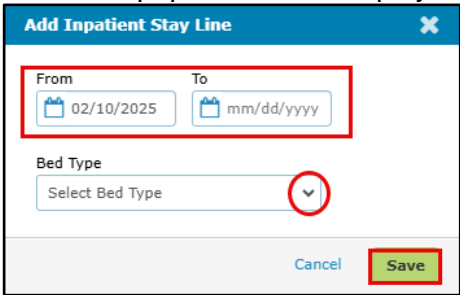
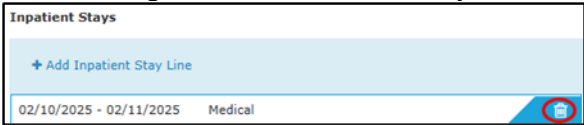
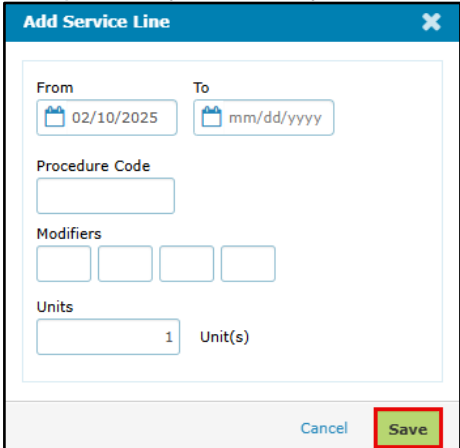
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action	
8.	Requesting Provider	<p>Select the appropriate provider from the drop-down list.</p> <ul style="list-style-type: none"> Requesting provider is the provider that is requesting the service. <div> <div>Requesting Provider</div> <div>  Select Group/Facility ... <div>Search by Provider</div> </div> </div>
	Servicing Provider	<p>Select the appropriate servicing provider from the drop-down list.</p> <ul style="list-style-type: none"> Servicing provider is the provider completing the service (also known as the attending provider). <div> <div>Servicing Provider</div> <div>  Select Provider ... </div> </div>
	Servicing Facility	<p>The servicing facility is the location where the service will be performed.</p> <div> <div>Servicing Provider</div> <div>  Select Provider ... </div> </div>

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

Step	Action
8.	<div><div>Diagnoses</div><div>Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</div><div><div>Diagnoses</div><div> Add Diagnoses ...</div></div><div>Note: Users can update the primary diagnosis, add additional diagnosis if more than 1 diagnosis exists, and delete a diagnosis that may have been entered in error. Users can hover over the row to reorder (arrow) and or delete (trash icon) the diagnosis.</div><div><div>Diagnoses</div><div><div> Add Diagnoses ...</div><div><div>R69 Illness, unspecified</div><div>(Primary)</div></div><div><div>M62.81 Muscle weakness (generalized)</div><div>  </div></div></div></div></div>



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

Step	Action														
8.	<p>Services</p> <p>Inpatient Stays</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1</td><td> <p>Select + Add In patient Stay Line.</p> <p>Result: A popout box will display.</p>  </td></tr> <tr> <td>2</td><td> <p>Complete From, To, and Bed Type, then select Save.</p> <p>Result: A line will appear with the previously entered details.</p> </td></tr> <tr> <td>3</td><td> <p>If something was entered incorrectly, select the trash icon to delete the line.</p>  </td></tr> </table> <p>Procedures</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1</td><td> <p>Select + Add Procedure.</p> <p>Result: A popout box will display.</p> </td></tr> <tr> <td>2</td><td> <p>Complete any necessary fields, then select Save.</p>  </td></tr> </table>	Step	Action	1	<p>Select + Add In patient Stay Line.</p> <p>Result: A popout box will display.</p> 	2	<p>Complete From, To, and Bed Type, then select Save.</p> <p>Result: A line will appear with the previously entered details.</p>	3	<p>If something was entered incorrectly, select the trash icon to delete the line.</p> 	Step	Action	1	<p>Select + Add Procedure.</p> <p>Result: A popout box will display.</p>	2	<p>Complete any necessary fields, then select Save.</p> 
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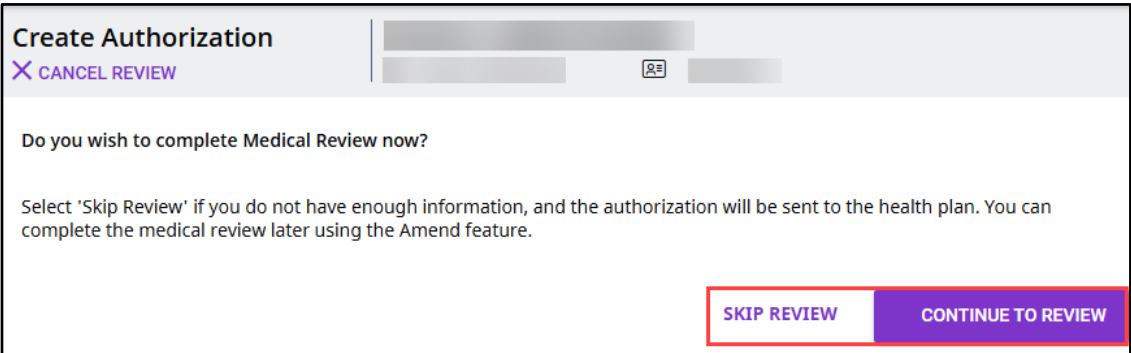
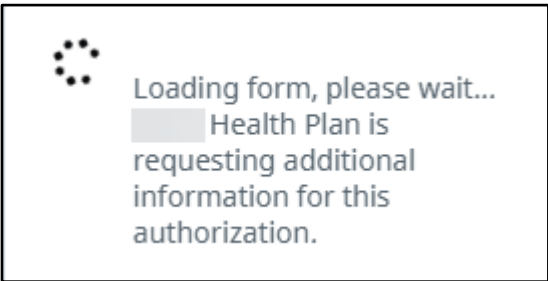
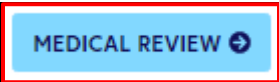
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
8.	<div> <div>Attachments</div> <div> <div>Add Document</div> <div> <p>Select +Add Document.</p> <ul style="list-style-type: none"> Users may attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Users may attach up to 10 documents. Users can identify the document type based on the drop down list. If a document is attached, the document type is mandatory. Users can delete any document attached in error using the trash icon. </div> </div> </div> <div> <div>Attachments</div> <div> <div>+ Add Document</div> <div>Drop Documents here to Attach</div> </div> </div> <div> <div>Attachments</div> <div> <div>+ Add Document</div> <div> <div> <div>Document 1- for upload.docx</div> <div> <div>Select document type ...</div> <div> <div>Select document type ...</div> <div> <div>Progress Report</div> <div>Medical Record Attachment</div> <div>Patient Medical History Document</div> <div>Physical Therapy Notes</div> <div>Continued treatment</div> </div> </div> </div> <div> <div></div> </div> </div> </div> </div> </div>

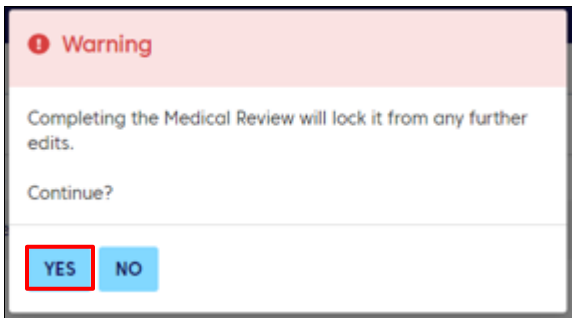
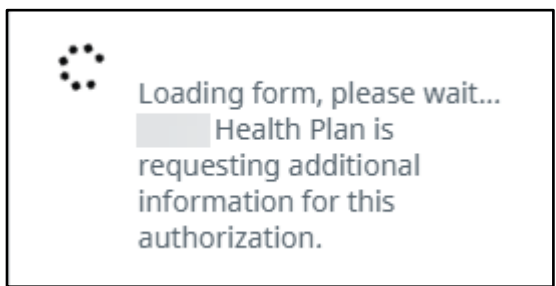
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
8.	<div data-bbox="207 258 402 604"> <p>Notes</p> </div> <div data-bbox="418 258 1547 604"> <p>Add pertinent notes.</p> <ul style="list-style-type: none"> • 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. <div data-bbox="427 457 927 604"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> </div> <div data-bbox="207 646 402 1831"> <p>Contact Information</p> </div> <div data-bbox="418 646 1547 1831"> <p>Enter your contact information. First name, last name, and phone number are required fields.</p> <ul style="list-style-type: none"> • 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 may or may not launch InterQual criteria. <div data-bbox="427 997 1490 1108">  <p>Check the box to Save as default Contact Information for Medical Authorizations to save time in the future. Checking this box saves your contact information so you will not have to re-enter it with every request.</p> </div> <div data-bbox="418 1171 1344 1675"> <div> <div>▼ Contact Information</div> <div> <div>First Name</div> <div>Last Name</div> <div>John</div> <div>Smith</div> </div> <div>Email Address</div> <div>Optional</div> <div>Phone Number</div> <div>(999) 999-9999</div> <div>Fax Number</div> <div>Optional</div> <div> <input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations </div> <div> <div>DECLARATION</div> <div> <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved. </div> </div> <div> <div>Cancel</div> <div>« Previous</div> <div>Submit</div> </div> </div> </div> <div data-bbox="427 1728 548 1831">  </div> <div data-bbox="581 1728 1539 1831"> <p>Failure to provide complete contact information may delay the processing of your prior authorization request.</p> </div> </div>

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

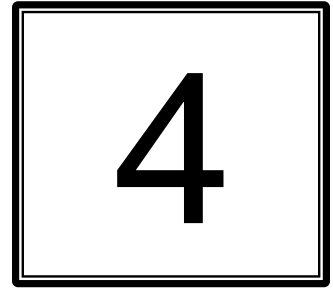
Step	Action
9.	<p>Users may select Skip Review <u>or</u> Continue to Review.</p> <ul style="list-style-type: none"> InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. 
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p>  <p>Result: Some users may receive an auto approval at this time which would take users to the Authorization Details screen.</p>
11.	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then 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 criteria met or criteria not met, the user should continue.
13.	<p>When the review is complete, then select YES to continue.</p>  A warning dialog box with a red header bar containing a warning icon and the word "Warning". The text inside reads: "Completing the Medical Review will lock it from any further edits." followed by "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red border) and "NO".
14.	<p>The following notice which indicates that the system is going back to NaviNet from InterQual.</p>  A loading notice box with a circular loading icon on the left. The text reads: "Loading form, please wait..." followed by "Health Plan is requesting additional information for this authorization." on the next line.

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

Step	Action
15.	<div>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.<div>Authorization Details [redacted] [redacted]</div></div>
















4 AUTHORIZATION STATUS: APPROVED AND PENDING

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>  Amend  Create New  History  Attach  Authorization Search  View/Print as PDF </div> <div>  Approved Authorization #: <input type="text"/> Effective: 02/19/2025 </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> <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>History</td><td>Provides a history of the request</td></tr> <tr> <td>Attach</td><td>Documents can be attached</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	History	Provides a history of the request	Attach	Documents can be attached	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization												
Create New	Creating a new request												
History	Provides a history of the request												
Attach	Documents can be attached												
Authorization Search	Searching for an authorization												
View/Print as PDF	View and print authorization status request as PDF												
Pending	<div>  Create New  History  Attach  Authorization Search  View/Print as PDF </div> <div>  Pending Authorization #: <input type="text"/> Effective: 02/19/2025 </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> <tr> <td>Create New</td><td>Creating a new request</td></tr> <tr> <td>History</td><td>Provides a history of the request</td></tr> <tr> <td>Attach</td><td>Documents can be attached</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	Provides a history of the request	Attach	Documents can be attached	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
Create New	Creating a new request												
History	Provides a history of the request												
Attach	Documents can be attached												
Authorization Search	Searching for an authorization												
View/Print as PDF	View and print authorization status request as PDF												

5

5 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.



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.

Step	Action						
1.	<p>Locate the existing request under Workflows for this Plan.</p> <div> <p>Workflows for this Plan</p> <p>Eligibility and Benefits Inquiry</p> <p>Claim Status Inquiry</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>The request was created in NaviNet</td><td>Select Medical Authorizations Log</td></tr> <tr> <td>The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td><td>Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td></tr> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)
If...	Then...						
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)						
2.	<p>Select Amend on the request that needs to be amended.</p> <div> <p> Service Date: 02/19/2025 Submission Date: 02/19/2025 ✓ Approved as of 11:14am Today </p> <p>Auth #: </p> <p> Auth Details Amend + Create New History Attach Refresh Status </p> </div>						

Amending an Authorization Request (cont.)

Step	Action	
3.		
	If...	Then the following fields can be addressed...
	Amending an outpatient request	date of service, diagnosis, add new procedure, add document, notes, and contact information.
	Amending an inpatient request	date of discharge, diagnosis, add inpatient stay, add procedure, add document, notes, and contact information.



6

6 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>Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry Medical Authorizations</div>

Search: Search for an Existing Authorization (cont.)

Step

Action

2.

Select Servicing or Requesting Provider, enter the Servicing or Requesting Provider, ensure the date range is correct, then select **Search**.

Authorizations

+ Create Authorization

Search for Existing Authorization

Requesting

Servicing

Servicing Provider

Select Group/Facility ...

Search by Provider

Date Range

01/21/2025 - 02/19/2025

Optional Details

Member ID

Last Name

First Name

Authorization #

Q Search

3.

Select the authorization that you wish to view.

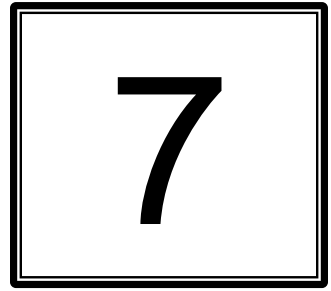
Authorizations: Search Results

Q Filter Results ...

Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v
	<div></div> <div>()</div>	<div></div> Pending	<div></div> SURGICAL ASSOCIATES	<div></div>		02/13/2025
	<div></div> <div>()</div>	<div></div> Pending	<div></div> SURGICAL ASSOCIATES	<div></div>		11/27/2024
	<div></div> <div>(:)</div>	<div></div> Pending	<div></div> SURGICAL ASSOCIATES	<div></div>	H2014	05/20/2024
	<div></div> <div>(:)</div>	<div></div> Approved	<div></div> SURGICAL ASSOCIATES	<div></div>		02/22/2024

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="241 310 1474 567"> </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"> <tr> <td>Amend</td><td>Extending existing services or requesting another service on the same authorization.</td></tr> <tr> <td>Create New</td><td>Creating a new request.</td></tr> <tr> <td>Attach</td><td>Attaching a document.</td></tr> <tr> <td>Authorization Search</td><td>Searching for an authorization.</td></tr> <tr> <td>View/Print as PDF</td><td>View and print authorization status request as PDF.</td></tr> </table>	Amend	Extending existing services or requesting another service on the same authorization.	Create New	Creating a new request.	Attach	Attaching a document.	Authorization Search	Searching for an authorization.	View/Print as PDF	View and print authorization status request as PDF.
Amend	Extending existing services or requesting another service on the same authorization.										
Create New	Creating a new request.										
Attach	Attaching a document.										
Authorization Search	Searching for an authorization.										
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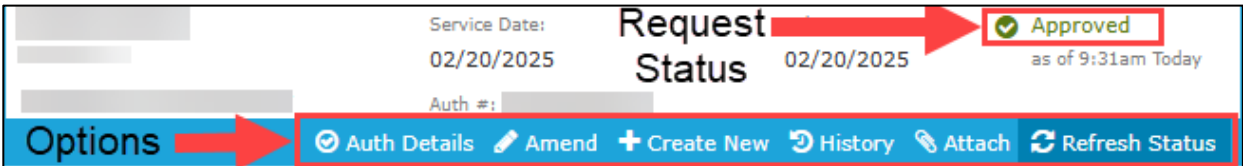
7 MEDICAL AUTHORIZATION LOG

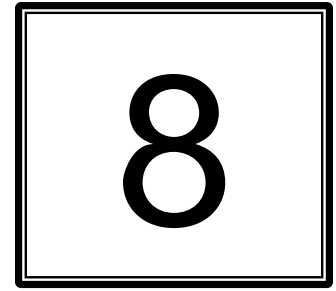
Search: Medical Authorization Log

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

Step	Action																									
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div><p>Workflows for this Plan</p><p>Eligibility and Benefits Inquiry</p><p>Claim Status Inquiry</p><p>Medical Authorizations</p><p>Medical Authorizations Log</p></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><div><p>Authorizations Showing 200</p><p>Filter By</p><p>Billing Entities</p><p>All Billing Entities</p><p>Patient Details</p><p>Search for name or ID...</p><p>Authorization #</p><p>Servicing Provider</p><p>Search for name or ID...</p><p>Service Type</p><p>Show All Service Types</p><p>Date of service</p><p>11/21/2024-02/18/2025</p><p><input checked="" type="checkbox"/> Authorizations Created By Me</p><p><input type="checkbox"/> More Information Required</p></div><div><p>+ Create New ... Sort by Date of Service (Descending)</p><table><tr><td>Inpatient Maternity</td><td>Admission Date: 02/18/2025</td><td>Discharge Date: --</td><td>Submission Date: 02/18/2025</td><td>Pending as of 12:25pm Today</td></tr><tr><td>Outpatient Medical Care</td><td>Service Date: 02/18/2025</td><td></td><td>Submission Date: 02/18/2025</td><td>Pending as of 11:52am Today</td></tr><tr><td>Outpatient Mental Health</td><td>Service Date: 02/18/2025</td><td></td><td>Submission Date: 02/18/2025</td><td>Pending as of 7:02am Today</td></tr><tr><td>Outpatient Diagnostic Medical</td><td>Service Date: 02/18/2025</td><td></td><td>Submission Date: 02/18/2025</td><td>Pending as of 4:11am Today</td></tr><tr><td>Inpatient Hospice</td><td>Admission Date: 02/18/2025</td><td>Discharge Date: --</td><td>Submission Date: 02/18/2025</td><td>Pending as of 8:48am Today</td></tr></table></div></div>	Inpatient Maternity	Admission Date: 02/18/2025	Discharge Date: --	Submission Date: 02/18/2025	Pending as of 12:25pm Today	Outpatient Medical Care	Service Date: 02/18/2025		Submission Date: 02/18/2025	Pending as of 11:52am Today	Outpatient Mental Health	Service Date: 02/18/2025		Submission Date: 02/18/2025	Pending as of 7:02am Today	Outpatient Diagnostic Medical	Service Date: 02/18/2025		Submission Date: 02/18/2025	Pending as of 4:11am Today	Inpatient Hospice	Admission Date: 02/18/2025	Discharge Date: --	Submission Date: 02/18/2025	Pending as of 8:48am Today
Inpatient Maternity	Admission Date: 02/18/2025	Discharge Date: --	Submission Date: 02/18/2025	Pending as of 12:25pm Today																						
Outpatient Medical Care	Service Date: 02/18/2025		Submission Date: 02/18/2025	Pending as of 11:52am Today																						
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Outpatient Diagnostic Medical	Service Date: 02/18/2025		Submission Date: 02/18/2025	Pending as of 4:11am Today																						
Inpatient Hospice	Admission Date: 02/18/2025	Discharge Date: --	Submission Date: 02/18/2025	Pending as of 8:48am Today																						

Search: Medical Authorization Log (cont.)

Step	Action																												
3.	<p>Once the user selects the desired authorization for review they can complete different functions based on the status of the request.</p>  <p>The screenshot shows a 'Request Status' section with a red arrow pointing to the 'Approved' status. Below this, there is a list of options: 'Options', 'Auth Details', 'Amend', 'Create New', 'History', 'Attach', and 'Refresh Status'. A red arrow points to the 'Options' button.</p> <table border="1"> <thead> <tr> <th>If the request status is</th><th>Then the following options are available...</th></tr> </thead> <tbody> <tr> <td>Supplemental Information</td><td>Continue, Delete, Create New, History</td></tr> <tr> <td>Approved</td><td>Auth Details, Amend, Create New, History, Attach, Refresh Status</td></tr> <tr> <td>Pending</td><td>Auth Details, Create New, History, Attach, Refresh Status</td></tr> <tr> <td>Auth Not Required</td><td>Auth Details, Create New, History</td></tr> <tr> <td>Required</td><td>Continue, Delete, Create New, History</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Option...</th><th>Function...</th></tr> </thead> <tbody> <tr> <td> Attach</td><td>Allows users to attach documents related to the request.</td></tr> <tr> <td> Auth Details</td><td>Information related to the request.</td></tr> <tr> <td> Continue</td><td>Allows the user to continue working on the request.</td></tr> <tr> <td> Create New</td><td>Allows the user to create a new authorization for the member.</td></tr> <tr> <td> Delete</td><td>Allows the user to delete the request.</td></tr> <tr> <td> History</td><td>Provides detailed history of the request.</td></tr> <tr> <td> Refresh Status</td><td>Refreshed the status of the request.</td></tr> </tbody> </table>	If the request status is	Then the following options are available...	Supplemental Information	Continue, Delete, Create New, History	Approved	Auth Details, Amend, Create New, History, Attach, Refresh Status	Pending	Auth Details, Create New, History, Attach, Refresh Status	Auth Not Required	Auth Details, Create New, History	Required	Continue, Delete, Create New, History	Option...	Function...	Attach	Allows users to attach documents related to the request.	Auth Details	Information related to the request.	Continue	Allows the user to continue working on the request.	Create New	Allows the user to create a new authorization for the member.	Delete	Allows the user to delete the request.	History	Provides detailed history of the request.	Refresh Status	Refreshed the status of the request.
If the request status is	Then the following options are available...																												
Supplemental Information	Continue, Delete, Create New, History																												
Approved	Auth Details, Amend, Create New, History, Attach, Refresh Status																												
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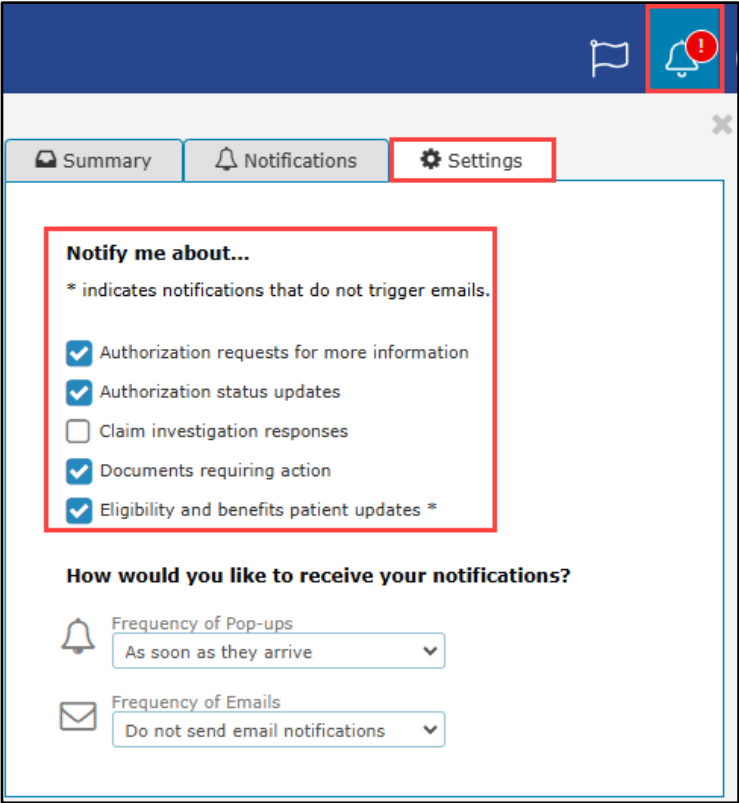
8 REQUEST FOR MORE INFORMATION (RFMI)

Request for More Information (RFMI)

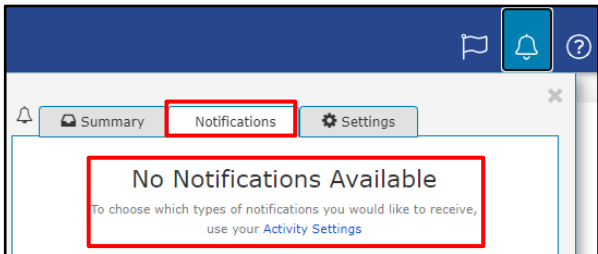
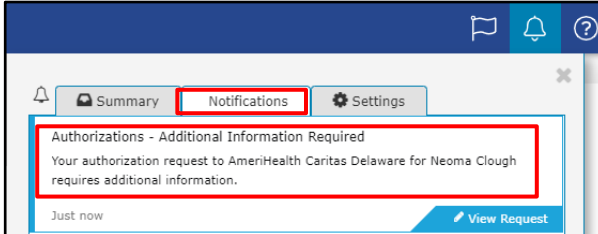
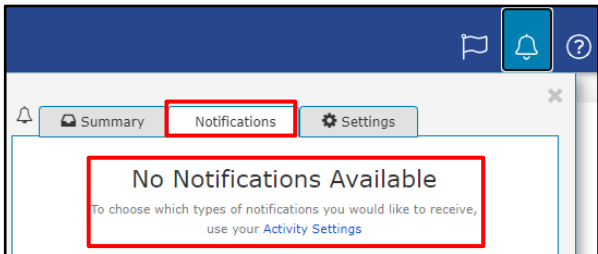
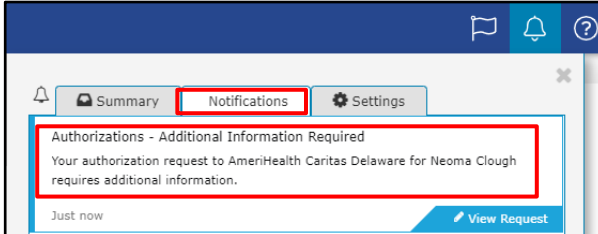
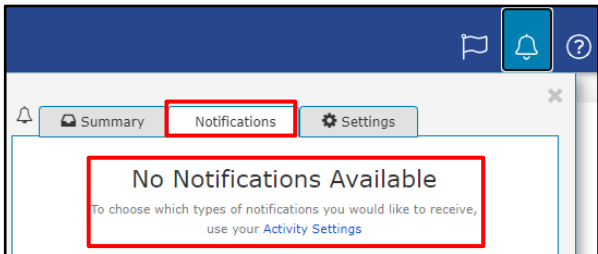
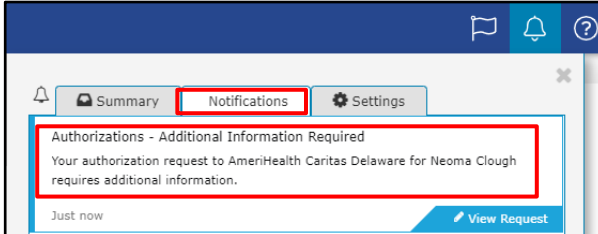
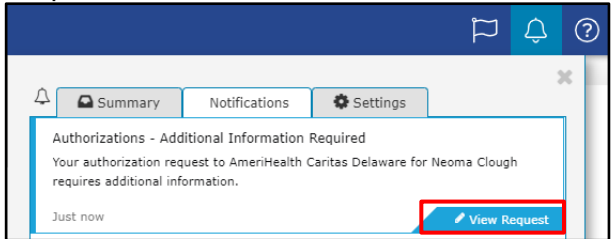
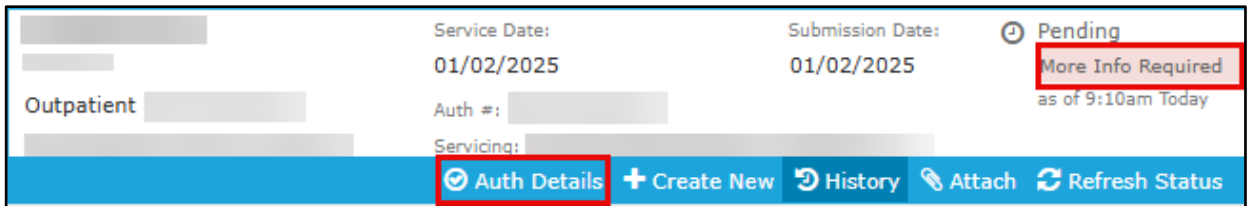
Request for More Information (RFMI) is a feature that allows the health plan to request specific additional information from the provider if needed.

- Providers will only be able to have the RFMI ability for authorization requests that are pended 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 pended authorization requests via the 'more information required' screen.
- 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.

	<ul style="list-style-type: none">• 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.
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.)

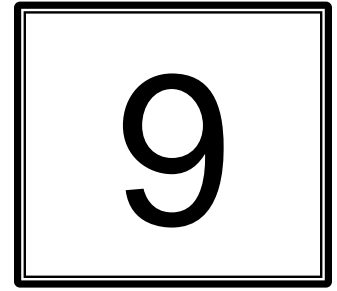
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>No notifications exist</td><td> <p>The user will see No Notifications Available message.</p>  </td></tr> <tr> <td>Notifications are available</td><td> <p>The user will see Authorizations – Additional Information Required.</p>  </td></tr> </table>	If...	Then...	No notifications exist	<p>The user will see No Notifications Available message.</p> 	Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 
If...	Then...						
No notifications exist	<p>The user will see No Notifications Available message.</p> 						
Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 						
3.	<p>There are 3 ways for the user to see RFMI from the health plan.</p> <ol style="list-style-type: none"> <p>From Notifications, the user will select View Request which activates the More Information Required area.</p>  <p>From the Medical Auth Log if More Info Required is listed the user will select Auth Details then select More Info Required to activate the More Information Required area.</p>  						

Request for More Information (RFMI) (cont.)

Step	Action
3. (cont.)	<div>3. From Medical Authorizations, then Search for Existing Authorization (also referred to as Auth Inquiry) if More Information Required is listed, on it to activate the the More Information Required area.</div> <div><div>Authorization Details</div><div><div>Born on</div></div><div><div>+ Create New</div><div>History</div><div>Attach</div><div>Authorization Search</div><div>View/Print as PDF</div></div><div><div>Pending</div><div>More Information Required ></div><div>Authorization #:</div><div>Effective: 01/02/2025</div><div>Expires: 01/03/2025</div></div></div>

Request for More Information (RFMI) (cont.)

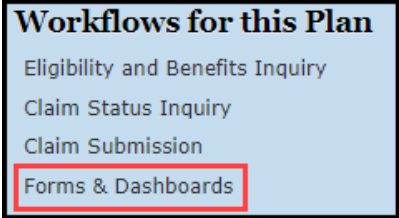


Step	Action
5.	<p>To see that the requested information has been sent back to the health plan, select History.</p> <div><div>Authorization Details</div><div><div>Born on</div><div></div></div><div><div>+ Create New</div><div>History</div><div>Attach</div><div>Authorization Search</div><div>View/Print as PDF</div></div><div><div>Pending</div><div>More Information Required »</div></div><div><div>Meeting criteria in InterQual does not guarantee an approved authorization re</div><div><div>Requesting Provider</div><div></div><div>LLC</div><div>NPI: </div><div></div><div>(337) </div></div><div><div>PATIENT'S INSURANCE</div><div>Member ID: </div><div>PRIMARY CARE PHYSICIAN</div><div>NPI: </div></div></div><div><div>History (3)</div><div><div>More Information Required</div><div>from Health Plan</div><div>01/02/2025 2:25am</div></div><div><div>Pending</div><div>from Health Plan</div><div>01/02/2025 2:18am</div></div><div><div>+ Create New Auth</div><div>by </div><div>01/02/2025 2:17am</div></div></div></div>



9 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet



Providers may want to view assessments for their patients.

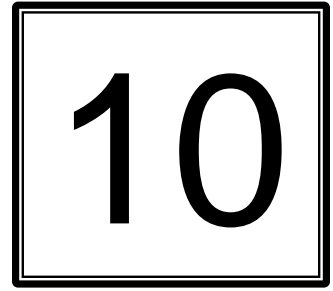
Step	Action
<i>From the health plan specific homepage...</i>	
1.	Select Forms & Dashboards under Workflows for this Plan.  A screenshot of a web interface titled "Workflows for this Plan". It lists four options: "Eligibility and Benefits Inquiry", "Claim Status Inquiry", "Claim Submission", and "Forms & Dashboards". The "Forms & Dashboards" option is highlighted with a red rectangular box.
2.	Select View Health Risk Assessment Form under Health Risk Assessment.  A screenshot of a web interface titled "Health Risk Assessment". It contains a single bullet point with a blue hyperlink: "View Health Risk Assessment Form". The entire bullet point is enclosed in a red rectangular box.
3.	Select Assessment .  A screenshot of the AmeriHealth Caritas logo, which includes the text "AmeriHealth Caritas" and the tagline "Care is the heart of our work". Below the logo is a blue button with the word "Assessment" in white text. The button is highlighted with a red rectangular box. Result: The Member Listing page will display.

Locating Assessments in NaviNet (cont.)

Step	Action																				
4.	<p>Select the Group from the drop-down.</p> <div><div>Assessment</div><div>Member Listing Page</div><div><div>Group: --Select--</div><div><div>--Select--</div><div>EAGLE MEDICAL CENTER - </div><div>CAROLINA MERCY MEDICAL CLINIC </div><div>FRIENDSHIP MEDICAL CENTER PA - </div></div><div>Provider: --Select--</div></div></div>																				
5.	<p>Select the Provider from the drop-down.</p> <div><div>Assessment</div><div>Member Listing Page</div><div><div>Group: CAROLINA MERCY MEDICAL CLINIC - </div><div><div>Provider: --Select--</div><div><div>--Select--</div><div>CAROLINA MERCY MEDICAL CLINIC - </div></div></div></div><p>Result: After the Group and the Provider are selected, users will also be able to search for members.</p></div>																				
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> <div><div>Member Listing Page</div><div><div>The list of members</div><div><div>Group: CAROLINA MERCY MEDICAL CLINIC - </div><div><div>Search: </div><div><div>Member ID</div><div>Member ID</div><div>Member Name</div></div><div>Search</div></div></div><div><table><tr><th>Action</th><th>Member</th><th>MemberID</th><th>Gender</th><th>Date</th></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><tr><td>Physical Care Plan</td><td></td><td>-01</td><td>Male</td><td></td></tr></table></div><div><div>Users can also search using the Member ID or the Member Name.</div></div></div></div>	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><tr><th>Action</th><th>Member</th><th>MemberID</th><th>Gender</th><th>Date Of Birth</th></tr><tr><td>Physical Care Plan</td><td></td><td>-01</td><td>Male</td><td></td></tr></table> <div><div><p>Note</p></div><div>If the Assessment Summary does not display after selecting Physical Care Plan, ensure that the popup blocker is disabled.</div></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><tr><th colspan="2">Assessment Summary</th></tr><tr><th>Assessment</th><th>Date</th></tr><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></table> <p>Result: The assessment questions and answers will be displayed.</p> <div><div><p>Note</p></div><div>If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.</div></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												



10 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 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 Ohio	833-735-7700	833-329-6411
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