



NaviNet Medical Authorizations Participant Guide

Corporate Clinical Systems Training Department

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Updated By: Kassandra Borges, &
Jessica Williams

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1 LOGGING IN TO NAVINET

Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="602 352 1154 1033" style="border: 1px solid black; padding: 10px; text-align: center;"></div>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result: <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont'd)

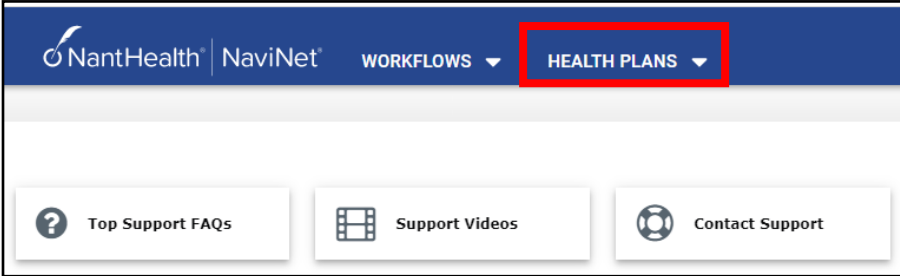


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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

A screenshot of the NantHealth NaviNet web application. The top navigation bar is dark blue with the NantHealth logo and 'NaviNet' text. It includes dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS', and icons for a flag, a bell (notifications), a question mark, and a user profile. A red box highlights the bell icon. Below the navigation bar, there are three support-related buttons: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a 'COVID-19 Resources & Information' section with a blue header and a globe image, and a 'covermymed' advertisement for 'CORONAVIRUS The Science'. A modal window is open in the foreground, titled 'No Notifications Available'. It has tabs for 'Summary', 'Notifications' (circled in red), and 'Settings'. The modal text reads: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings.' A large grey bell icon is centered in the modal.

Logging in to NaviNet (cont'd)

The NaviNet Home Page is not health plan-specific. To locate a health plan, follow the steps below:

Step	Action																												
1.	<p>Click on HEALTH PLANS in the top menu.</p> 																												
2.	<p>Select the appropriate health plan from the displayed list. Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details.</p> <table border="1" data-bbox="207 737 1567 1119"> <thead> <tr> <th colspan="4" data-bbox="215 747 305 772">My Plans</th> </tr> </thead> <tbody> <tr> <td data-bbox="237 800 483 821">AmeriHealth Caritas Delaware</td> <td data-bbox="586 800 792 821">AmeriHealth Caritas Next</td> <td data-bbox="935 800 1198 821">Blue Cross Complete of Michigan</td> <td data-bbox="1284 800 1360 821">Medicare</td> </tr> <tr> <td data-bbox="237 846 483 888">AmeriHealth Caritas District of Columbia (ACDC)</td> <td data-bbox="586 852 792 873">AmeriHealth Caritas Ohio</td> <td data-bbox="935 852 1073 873">First Choice Next</td> <td data-bbox="1284 840 1544 905">New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td data-bbox="237 911 459 932">AmeriHealth Caritas Florida</td> <td data-bbox="586 898 802 940">AmeriHealth Caritas PA Community HealthChoices</td> <td data-bbox="935 894 1214 957">First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td data-bbox="1284 921 1390 942">PerformCare</td> </tr> <tr> <td data-bbox="237 963 483 984">AmeriHealth Caritas Louisiana</td> <td data-bbox="586 963 821 984">AmeriHealth Caritas VIP Care</td> <td data-bbox="935 978 1049 999">Keystone First</td> <td data-bbox="1284 974 1536 995">Select Health of South Carolina</td> </tr> <tr> <td data-bbox="237 1010 440 1052">AmeriHealth Caritas New Hampshire</td> <td data-bbox="586 1016 862 1037">AmeriHealth Caritas VIP Care Plus</td> <td data-bbox="935 1020 1146 1062">Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td data-bbox="237 1075 524 1096">AmeriHealth Caritas North Carolina</td> <td data-bbox="586 1062 870 1104">AmeriHealth PA Medical Assistance Plan</td> <td data-bbox="935 1083 1138 1104">Keystone First VIP Choice</td> <td></td> </tr> </tbody> </table>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.

Workflows for this Plan

- Medical Authorizations
- Medical Authorizations Log
- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Report Inquiry
- Claim Submission
- Provider Directory

Browser requirement: You must use Internet Explorer 10 or 11, or Firefox 26 to use the Jiva 5.6 Provider Portal.

Welcome AmeriHealth Caritas Delaware providers to the **NaviNet Plan Central Page**, your connection between our secure, easy-to-use provider portal and the AmeriHealth tools will enable you to provide the best care possible for our members.

Check out **Latest News and Updates** regularly for new functionalities to make your office more efficient.

Some functionality already available to you includes member eligibility verification, claims submission and status, electronic prior authorization submission, and member panel providers).

Use Quick Links:

- Provider manual.
- Billing information.
- Provider Quick Reference Guide.


FAQs

- ▶ How do I change my password?
- ▶ I cannot remember my password.
- ▶ How do I set up additional Health Plans?
- ▶ What are the roles and responsibilities of a Security Officer?
- ▶ How do I enable or disable permissions for users in my office?


[More](#) ▾

Training Videos

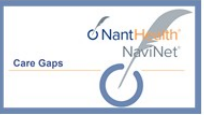
Claims Investigation




Intensive Case Management



Care Gaps



ADT Alerts



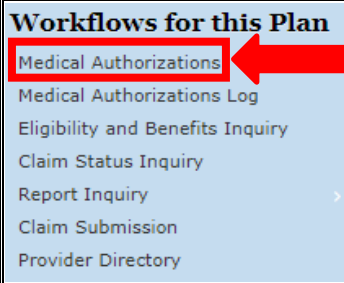
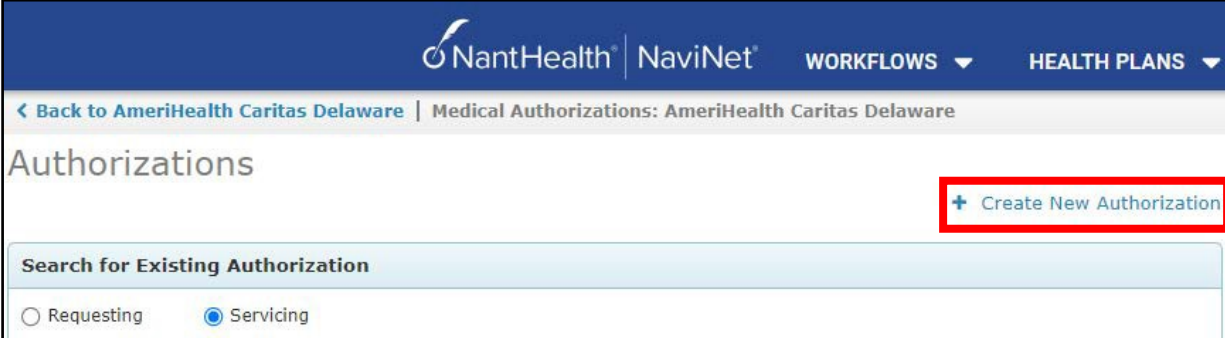
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> • Various functionalities are available to include initiating medical authorizations, inquiries, etc.
FAQs	Frequently Asked Questions	<ul style="list-style-type: none"> • Includes answers to questions frequently asked.
Training Videos	Training Videos	<ul style="list-style-type: none"> • Instructional videos on system usage.



3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

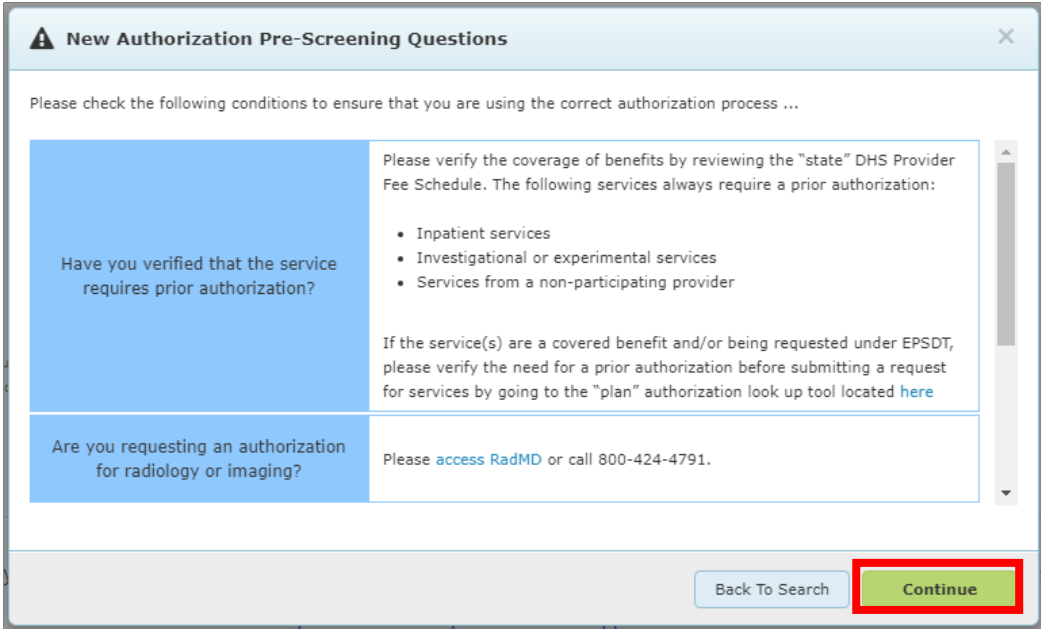
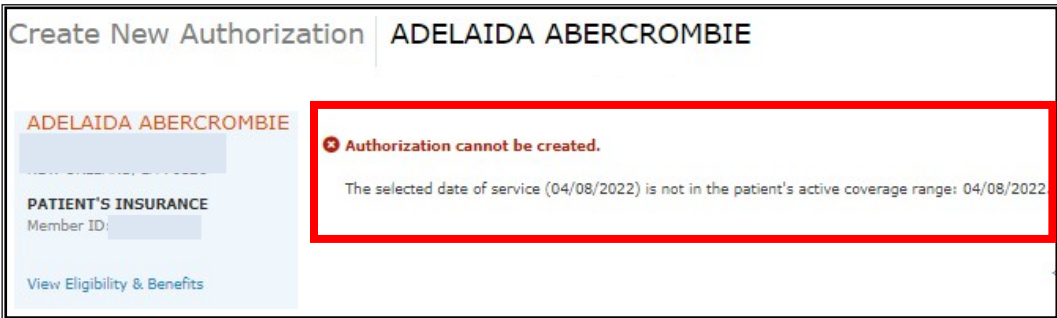
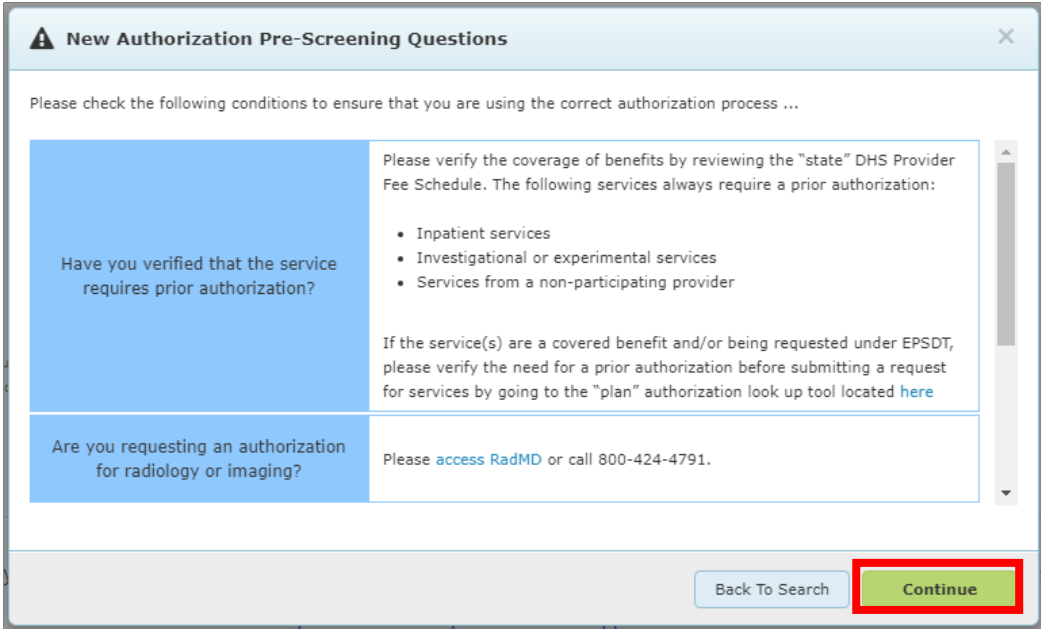
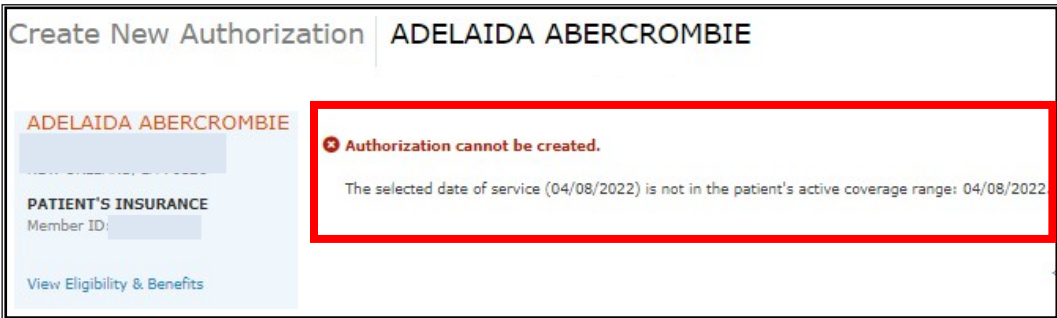
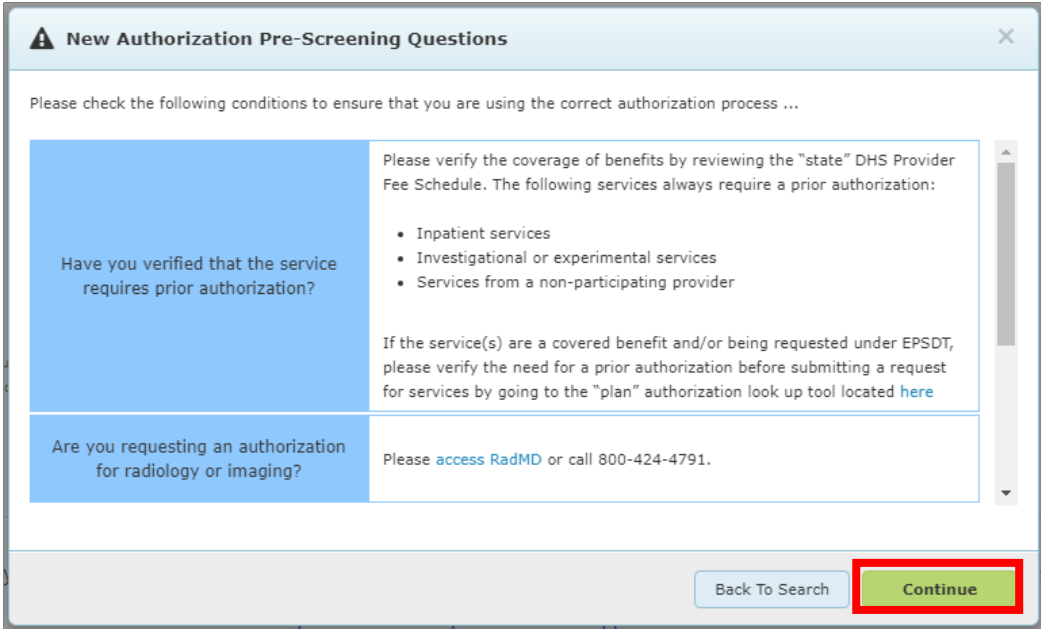
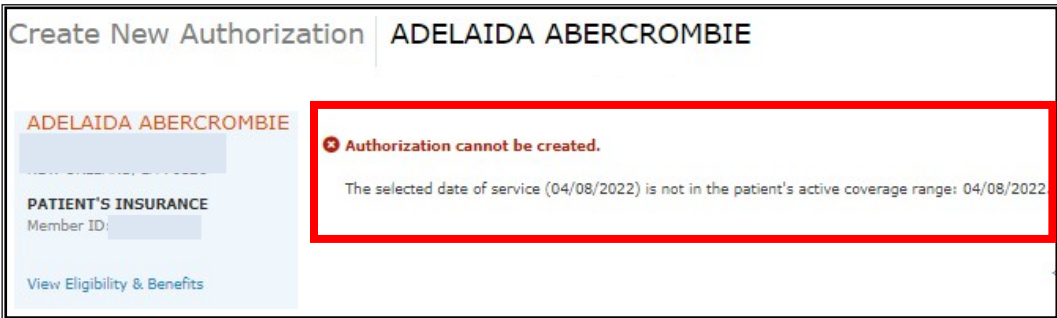
To create a new authorization:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>Workflows for this Plan</p> <ul style="list-style-type: none">Medical AuthorizationsMedical Authorizations LogEligibility and Benefits InquiryClaim Status InquiryReport InquiryClaim SubmissionProvider Directory
2.	<p>Click Create New Authorization</p>  <p>NantHealth NaviNet WORKFLOWS HEALTH PLANS</p> <p>Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p>+ Create New Authorization</p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>




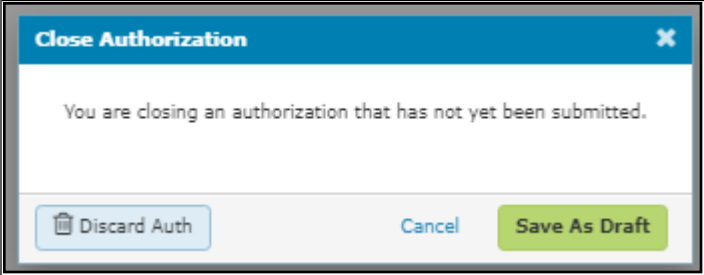
Creating a New Authorization (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="240 394 349 504"> </div> <div data-bbox="410 384 1528 516"> <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, the user selects the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="219 527 1123 1283"> </div> <div data-bbox="228 1339 1252 1379"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1549"> </div>













Creating a New Authorization (cont'd)

Step	Action						
4.	<p>Address the pre-screening questions pop up box and select Continue.</p> <p>Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="196 348 391 390">If...</th> <th data-bbox="391 348 1542 390">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="196 390 391 1234"> <p>The member has active coverage</p> </td> <td data-bbox="391 390 1542 1234"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="196 1234 391 1619"> <p>The member is ineligible</p> </td> <td data-bbox="391 1234 1542 1619"> <p>The provider will receive the authorization cannot be created message.</p>  </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p>  <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the user is following the correct authorization process. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for your specific request. These questions are specific based on the health plan.</p>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 
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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> 						

Creating a New Authorization (cont'd)

Step	Action						
5.	<p>Enter service type and place of service, then select Next</p> <div data-bbox="224 268 1539 380">  <p>View Eligibility & Benefits is available to view under the member's demographic information.</p> </div> <div data-bbox="207 394 1523 894">  </div> <p>Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.</p> <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 7</td> </tr> </tbody> </table> <p>Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.</p> <div data-bbox="207 1539 906 1812">  </div> <div data-bbox="933 1539 1500 1801"> <p>Discard Auth – deletes the request</p> <p>Cancel – allows the user to continue</p> <p>Save As Draft – allows the user to come back and complete the request later</p> </div>	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 7
If...	Then...						
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Creating a New Authorization - Outpatient Request

Step	Action																																
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1" data-bbox="207 285 1552 443"> <tr> <td data-bbox="207 285 462 443">Date of Service</td> <td data-bbox="467 285 1552 443"> This defaults to the current date and is not available to be changed. <div data-bbox="479 342 678 436" style="border: 1px solid black; padding: 5px;"> Date Of Service 03/09/2022 </div> </td> </tr> </table> <table border="1" data-bbox="207 449 1552 856"> <tr> <td data-bbox="207 449 462 856">Level of Service</td> <td data-bbox="467 449 1552 856"> Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="479 501 964 659" style="border: 1px solid black; padding: 5px;"> Level of Service ? Elective Select Level of Service ... 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Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="479 1346 868 1457" style="border: 1px solid black; padding: 5px;"> Diagnoses Add Diagnoses ... </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 (trashcan) the diagnosis.</p> <div data-bbox="479 1635 1422 1808" style="border: 1px solid black; padding: 5px;"> <table border="1" data-bbox="479 1635 1422 1808"> <thead> <tr> <th colspan="4" data-bbox="479 1635 1422 1671">Diagnoses</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 1671 824 1724">Add Diagnoses ...</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="479 1724 597 1759">1 (Primary)</td> <td data-bbox="597 1724 727 1759">M62.81</td> <td data-bbox="727 1724 1328 1759">Muscle weakness (generalized)</td> <td data-bbox="1328 1724 1422 1759" style="text-align: right;">   </td> </tr> <tr> <td data-bbox="479 1759 597 1795">2</td> <td data-bbox="597 1759 727 1795">T67.01XA</td> <td data-bbox="727 1759 1328 1795">Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	Diagnoses				Add Diagnoses ...				1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter																	
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Creating a New Authorization - Outpatient (cont'd)

Step	Action										
6.	<p data-bbox="207 222 521 254">Services</p> <table border="1" data-bbox="207 260 1563 1753"> <tr> <td data-bbox="207 260 521 940">From / To</td> <td data-bbox="526 260 1563 940"> <p data-bbox="537 260 963 294">From (start date) / To (end date)</p> <div data-bbox="537 306 867 394" style="border: 1px solid black; height: 40px; width: 100%;"></div> <p data-bbox="537 407 1531 630">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p> <div data-bbox="537 646 1487 934" style="border: 1px solid black; padding: 5px;"> <div data-bbox="586 674 1393 724" style="border: 2px solid red; padding: 2px;"> <ul style="list-style-type: none"> • Invalid / Missing Date(s) of Service - Please Correct and Resubmit </div> <p data-bbox="607 737 735 762">Service Type</p> <div data-bbox="607 768 1135 814" style="border: 1px solid #ccc; padding: 2px;"> + Outpatient Durable Medical Equipment P... </div> <p data-bbox="607 835 764 861">Place of Service</p> <div data-bbox="607 867 1135 913" style="border: 1px solid #ccc; padding: 2px;"> + Home </div> </div> </td> </tr> <tr> <td data-bbox="207 947 521 1220">Procedure Code</td> <td data-bbox="526 947 1563 1220"> <p data-bbox="537 953 1531 1102">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code.</p> <div data-bbox="537 1115 737 1220" style="border: 1px solid #ccc; padding: 5px;"> <p data-bbox="553 1129 695 1155">Procedure Code</p> <input data-bbox="553 1161 724 1203" type="text"/> </div> </td> </tr> <tr> <td data-bbox="207 1226 521 1373">Modifiers</td> <td data-bbox="526 1226 1563 1373"> <p data-bbox="537 1232 1105 1266">Free text field. This is not a mandatory field.</p> <div data-bbox="537 1278 813 1373" style="border: 1px solid #ccc; padding: 5px;"> <p data-bbox="548 1287 618 1312">Modifiers</p> <div data-bbox="548 1318 802 1352" style="display: flex; gap: 10px;"> <input data-bbox="548 1318 597 1352" type="text"/> <input data-bbox="613 1318 662 1352" type="text"/> <input data-bbox="678 1318 727 1352" type="text"/> <input data-bbox="743 1318 792 1352" type="text"/> </div> </div> </td> </tr> <tr> <td data-bbox="207 1379 521 1526">Units</td> <td data-bbox="526 1379 1563 1526"> <p data-bbox="537 1386 850 1419">Free text numeric value.</p> <div data-bbox="537 1432 813 1526" style="border: 1px solid #ccc; padding: 5px;"> <p data-bbox="553 1440 602 1465">Units</p> <div data-bbox="553 1465 802 1499" style="display: flex; align-items: center;"> <input data-bbox="553 1465 711 1499" type="text" value="1"/> Unit(s) </div> </div> </td> </tr> <tr> <td data-bbox="207 1533 521 1753">Add New Service Line</td> <td data-bbox="526 1533 1563 1753"> <p data-bbox="537 1539 1515 1650">The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="537 1663 834 1753" style="border: 1px solid #ccc; padding: 5px; text-align: center;"> <div data-bbox="553 1696 802 1730" style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> + Add New Service Line </div> </div> </td> </tr> </table>	From / To	<p data-bbox="537 260 963 294">From (start date) / To (end date)</p> <div data-bbox="537 306 867 394" style="border: 1px solid black; height: 40px; width: 100%;"></div> <p data-bbox="537 407 1531 630">Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. 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Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="228 226 467 258">Attachments</p> <p data-bbox="228 275 467 306">+ Add Document</p> <p data-bbox="540 275 1520 499">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. The user can identify the document type based on the drop down list. If the user attaches a document, the document type is mandatory. Select document type drop down. The user also has the ability to delete any document attached in error.</p> <div data-bbox="540 516 1520 751"> <p data-bbox="565 531 686 552">Attachments</p> <p data-bbox="565 579 711 611">+ Add Document</p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1205"> <p data-bbox="565 779 686 800">Attachments</p> <p data-bbox="565 827 711 858">+ Add Document</p> <div data-bbox="565 877 1490 1199"> <p data-bbox="573 888 824 909">Document 1- for upload.docx</p> <p data-bbox="1003 888 1279 919">Select document type ...</p> <ul data-bbox="1003 919 1299 1199" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1328 898 1482 930">Delete</p> </div> </div>

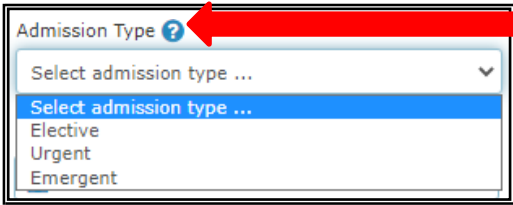
Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="565 390 1455 548"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1287"> <p>▼ Contact Information</p> <p>First Name: Beth</p> <p>Last Name: Williams</p> <p>Email Address: Optional</p> <p>Phone Number: (843) 999-9999</p> <p>Fax Number: Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel « Previous Submit</p> </div> <p>***Proceed to Step 8 for InterQual instructions***</p>







Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p>Service Type Select the appropriate service type and place of service according to the request.</p> <div data-bbox="435 310 1068 554" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="435 604 1425 777"> <tr> <td>Service Type</td> <td>Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)</td> </tr> <tr> <td>Place of Service</td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click Next to continue.</p> <div data-bbox="435 877 662 982" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next »</p> </div>	Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)	Place of Service	Location in which services will be rendered.
Service Type	Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)				
Place of Service	Location in which services will be rendered.				
	<p>Date of Admission/ Date of Discharge Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="435 1159 993 1272" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div> <p>Note: The user will receive the message below if the dates of service overlap in the same case.</p> <div data-bbox="435 1373 1101 1671" style="border: 1px solid black; padding: 5px;"> <div style="border: 2px solid red; padding: 2px; margin-bottom: 5px;"> <p>• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</p> </div> <p>Service Type</p> <p> Inpatient Medical Care</p> <p>Place of Service</p> <p> Inpatient Hospital</p> <p>Date Of Admission Date of Discharge</p> <p> 06/29/2022  06/30/2022</p> </div>				

Creating a New Authorization – Inpatient Request (cont'd)

Step	Action								
7.	<div data-bbox="217 226 375 296"> <p>Admission Type</p> </div> <div data-bbox="418 226 1495 296"> <p>Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> </div> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 302 1411 478"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 774"> <thead> <tr> <th data-bbox="423 520 586 552">If</th> <th data-bbox="591 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 586 621">Elective</td> <td data-bbox="591 558 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722">Urgent</td> <td data-bbox="591 627 1406 722">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 728 586 760">Emergent</td> <td data-bbox="591 728 1406 760">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Emergent	Concurrent review, enrollee is currently admitted								
<p>Requesting Provider</p>	<p>Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p>								
<p>Servicing Provider</p>	<p>Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p>								
<p>Servicing Facility</p>	<p>The servicing facility is the location where the service will be performed.</p>								


Creating a New Authorization – Inpatient (cont'd)

Step	Action								
7.	<div data-bbox="203 216 521 825" style="background-color: #cccccc; padding: 5px;"> <p>Diagnoses</p> </div> <p data-bbox="532 262 1550 300">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 928 422" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 317 657 342">Diagnoses</p> <p data-bbox="565 369 734 394">Add Diagnoses ...</p> </div> <p data-bbox="532 436 1550 590">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="532 600 1550 779" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 611 657 636">Diagnoses</p> <p data-bbox="565 663 734 688">Add Diagnoses ...</p> <table border="1" data-bbox="548 699 1534 772"> <tbody> <tr> <td data-bbox="557 705 573 726">1</td> <td data-bbox="597 705 654 726">(Primary) M62.81</td> <td data-bbox="805 705 1040 726">Muscle weakness (generalized)</td> <td data-bbox="1458 699 1534 741" style="text-align: right;">   </td> </tr> <tr> <td data-bbox="557 741 573 762">2</td> <td data-bbox="678 741 760 762">T67.01XA</td> <td data-bbox="805 741 1133 762">Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	1	(Primary) M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 222 326 247">Services</p> <p data-bbox="219 264 354 289">From / To</p> <p data-bbox="542 264 1455 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 348 914 449"> </div> <p data-bbox="219 470 448 495">Procedure Code</p> <p data-bbox="542 470 1455 693">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a bokup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="542 705 743 806"> </div> <p data-bbox="219 827 350 852">Modifiers</p> <p data-bbox="542 827 1114 852">This is a free text field and is not mandatory.</p> <div data-bbox="542 865 818 957"> </div> <p data-bbox="219 978 293 1003">Units</p> <p data-bbox="542 978 1455 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1058 857 1159"> </div> <p data-bbox="219 1188 350 1213">Bed Type</p> <p data-bbox="542 1188 1377 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1268 876 1369"> </div> <p data-bbox="219 1390 483 1457">+ Add New Service Line</p> <p data-bbox="542 1390 1455 1499">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1512 818 1596"> </div>

Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="201 218 521 247">Attachments</p> <p data-bbox="201 254 521 283">Add Document</p> <p data-bbox="526 254 1562 407">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. If the user attaches a document, the document type is mandatory. The user also has the ability to delete any document attached in error.</p> <div data-bbox="537 422 1481 655"> <p data-bbox="553 436 678 457">Attachments</p> <p data-bbox="553 485 716 520">+ Add Document</p> <p data-bbox="829 596 1198 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1481 1108"> <p data-bbox="553 688 678 709">Attachments</p> <p data-bbox="553 737 716 772">+ Add Document</p> <p data-bbox="553 793 813 814">  Document 1- for upload.docx </p> <p data-bbox="987 793 1252 835"> Select document type ... <ul data-bbox="987 835 1279 1102" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary </p> <p data-bbox="1300 793 1446 835">Delete</p> </div>


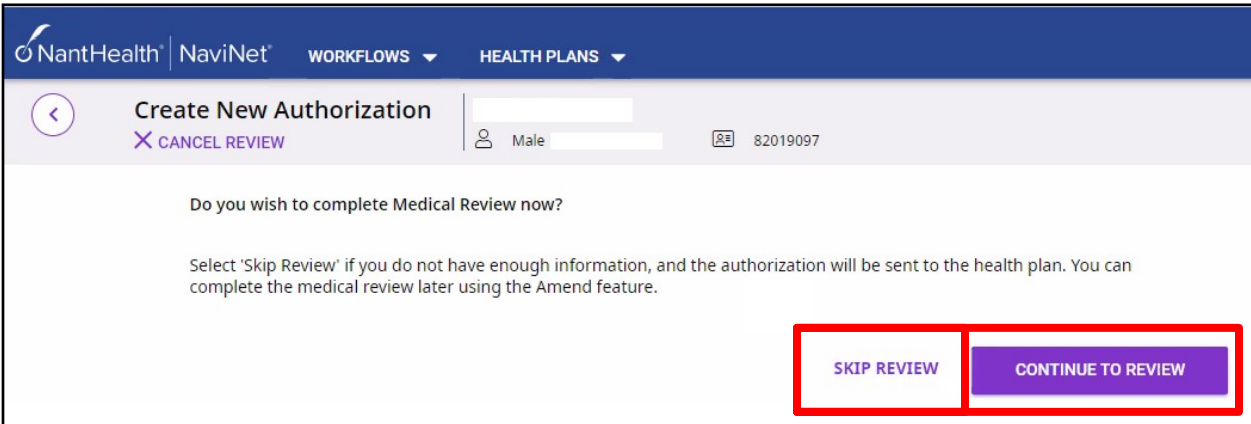
Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 239 305 268">Notes</p> <p data-bbox="207 279 305 308">Notes</p> <p data-bbox="532 279 1515 390">Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 407 1531 579"><p data-bbox="548 415 597 436">Notes</p><p data-bbox="565 447 732 468">Enter Clinical Notes ...</p><p data-bbox="1393 554 1523 575">264 characters left</p></div> <p data-bbox="207 596 500 625">Contact Information</p> <p data-bbox="532 596 1531 747">Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p data-bbox="532 758 1523 831">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 848 1531 1283"><p data-bbox="548 856 760 877">▼ Contact Information</p><p data-bbox="548 890 634 911">First Name</p><p data-bbox="548 921 597 942">Beth</p><p data-bbox="548 974 634 995">Last Name</p><p data-bbox="548 1005 618 1026">Williams</p><p data-bbox="548 1058 662 1079">Email Address</p><p data-bbox="548 1089 618 1110">Optional</p><p data-bbox="1057 890 1170 911">Phone Number</p><p data-bbox="1057 921 1187 942">(843) 999-9999</p><p data-bbox="1057 974 1154 995">Fax Number</p><p data-bbox="1057 1005 1133 1026">Optional</p><p data-bbox="1057 1047 1360 1100"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="565 1152 695 1173">DECLARATION</p><p data-bbox="565 1184 1252 1205"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1214 1247 1268 1268">Cancel</p><p data-bbox="1300 1247 1393 1268">« Previous</p><p data-bbox="1442 1247 1511 1268">Submit</p></div>


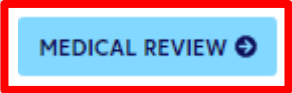

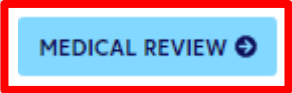

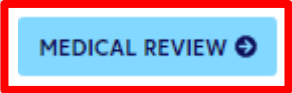
Creating a New Authorization – InterQual – Outpatient and Inpatient



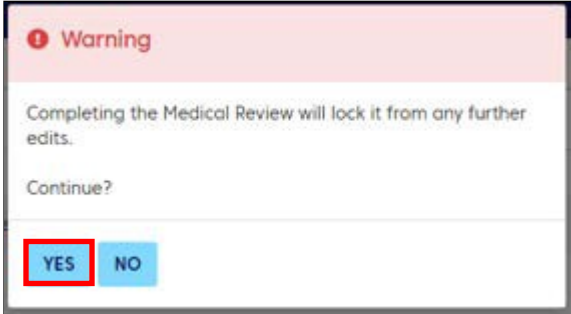
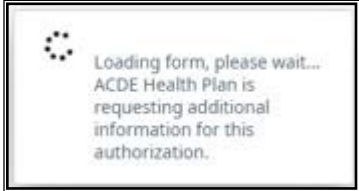
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	<p>After completion of the previous steps, when the user selects Submit, InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 533 636 785" style="border: 1px solid black; padding: 10px; text-align: center;">  </div>						
10.	<p>Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’</p> <div data-bbox="207 898 1451 1318" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1369 1468 1898"> <thead> <tr> <th data-bbox="207 1369 522 1415">If...</th> <th data-bbox="522 1369 1468 1415">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1415 522 1688"> <p>Skip Review</p> </td> <td data-bbox="522 1415 1468 1688"> <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. Note: <i>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.</i></p> </td> </tr> <tr> <td data-bbox="207 1688 522 1898"> <p>Continue to Review</p> </td> <td data-bbox="522 1688 1468 1898"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If...	Then...	<p>Skip Review</p>	<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. Note: <i>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.</i></p>	<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
If...	Then...						
<p>Skip Review</p>	<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. Note: <i>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.</i></p>						
<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>						

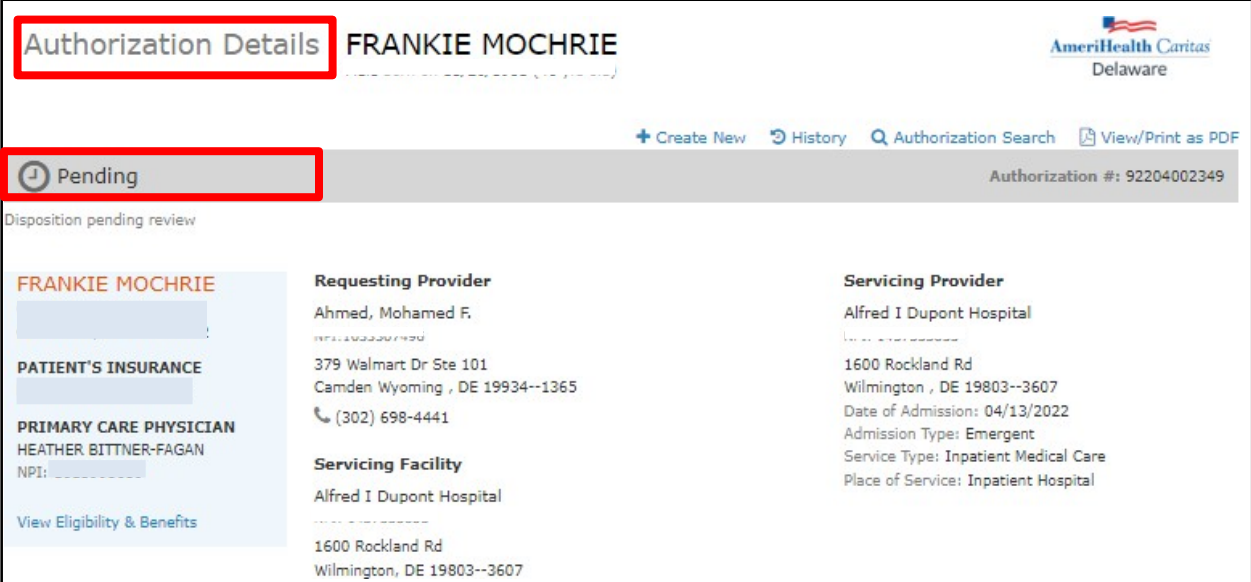
Creating a New Authorization - InterQual (cont'd)

Step	Action				
11.	<table border="1"><tr><td data-bbox="237 306 412 579">Outpatient</td><td data-bbox="412 306 1401 579"><p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p><p>Answer the questions as they relate to the patient/member.</p></td></tr><tr><td data-bbox="237 579 412 932">Inpatient</td><td data-bbox="412 579 1401 932"><p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p><p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p></td></tr></table>	Outpatient	<p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p>  <p>Answer the questions as they relate to the patient/member.</p>	Inpatient	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>
Outpatient	<p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p>  <p>Answer the questions as they relate to the patient/member.</p>				
Inpatient	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>				









Creating a New Authorization - InterQual (cont'd)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1555 632"> <thead> <tr> <th data-bbox="204 264 699 304">If....</th> <th data-bbox="699 264 1555 304">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 304 699 428">Q&A criteria is used (outpatient)</td> <td data-bbox="699 304 1555 428">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 428 699 632">Decision tree is used (inpatient)</td> <td data-bbox="699 428 1555 632">Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.</td> </tr> </tbody> </table>	If....	Then....	Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.	Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.
If....	Then....						
Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.						
Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.						
13.	<p>When the review is complete, click Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red exclamation mark icon. The text reads: "Warning", "Completing the Medical Review will lock it from any further edits.", and "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red box) and "NO".</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular refresh icon. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "authorization.".</p>						




Creating a New Authorization - InterQual (cont'd)

Step	Action									
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p>  <p>The screenshot displays the 'Authorization Details' for a patient named FRANKIE MOCHRIE. The status is 'Pending'. The screen is divided into three main sections: Patient Information, Requesting Provider, and Servicing Provider.</p> <table border="1"> <thead> <tr> <th data-bbox="217 562 490 590">FRANKIE MOCHRIE</th> <th data-bbox="516 562 695 583">Requesting Provider</th> <th data-bbox="1040 562 1203 583">Servicing Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="217 590 490 646"> <p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p> </td> <td data-bbox="516 590 781 722"> <p>Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</p> </td> <td data-bbox="1040 590 1305 785"> <p>Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p> </td> </tr> <tr> <td data-bbox="516 743 667 764">Servicing Facility</td> <td colspan="2" data-bbox="516 764 704 873"> <p>Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p> </td> </tr> </tbody> </table>	FRANKIE MOCHRIE	Requesting Provider	Servicing Provider	<p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p>	<p>Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</p>	<p>Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>	Servicing Facility	<p>Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p>	
FRANKIE MOCHRIE	Requesting Provider	Servicing Provider								
<p>PATIENT'S INSURANCE</p> <p>PRIMARY CARE PHYSICIAN HEATHER BITTNER-FAGAN NPI:</p> <p>View Eligibility & Benefits</p>	<p>Ahmed, Mohamed F. 379 Walmart Dr Ste 101 Camden Wyoming , DE 19934--1365 (302) 698-4441</p>	<p>Alfred I Dupont Hospital 1600 Rockland Rd Wilmington , DE 19803--3607 Date of Admission: 04/13/2022 Admission Type: Emergent Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital</p>								
Servicing Facility	<p>Alfred I Dupont Hospital 1600 Rockland Rd Wilmington, DE 19803--3607</p>									

Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action
6.	Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.
	<p>Service Type</p> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="540 415 1161 520" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Inpatient Emergent Admission Notificati... </p> </div> <p>Click Next to continue.</p> <div data-bbox="540 583 776 682" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Next ></p> </div>
	<p>Date of Admission/ Date of Discharge</p> <p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="540 787 1101 898" style="border: 1px solid black; padding: 5px;"> <p>Date Of Admission Date of Discharge</p> <p> 03/09/2022  Optional</p> </div>
	<p>Admission Type</p> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="540 966 1047 1165" style="border: 1px solid black; padding: 5px;"> <p>Admission Type ? </p> <p>Select admission type ...</p> <p>Select admission type ...</p> <p>Elective</p> <p>Urgent</p> <p>Emergent</p> </div> <div data-bbox="1063 966 1518 1102" style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>The question mark provides information regarding the types of admissions.</p> </div>
	<p>Requesting Provider</p> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="540 1270 1079 1381" style="border: 1px solid black; padding: 5px;"> <p>Requesting Provider</p> <p> Select Group/Facility ...</p> </div>
	<p>Servicing Provider</p> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="540 1480 1079 1591" style="border: 1px solid black; padding: 5px;"> <p>Servicing Provider</p> <p> Select Provider ...</p> </div>
	<p>Servicing Facility</p> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="540 1648 1291 1795" style="border: 1px solid black; padding: 5px;"> <p>Servicing Facility</p> <p>The Servicing Facility is the location where the surgery or service will be performed.</p> <p> Select Group/Facility</p> </div>


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

Step	Action								
6.	<p data-bbox="219 220 381 252">Diagnoses</p> <div data-bbox="219 262 532 861" style="background-color: #cccccc; padding: 5px;"> <p data-bbox="235 262 381 294">Diagnoses</p> </div> <p data-bbox="548 262 1567 336">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="552 346 941 462" style="border: 1px solid black; padding: 5px;"> <p data-bbox="560 357 673 378">Diagnoses</p> <p data-bbox="576 409 747 430">Add Diagnoses ...</p> </div> <p data-bbox="548 472 1567 630">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="552 640 1567 819" style="border: 1px solid black; padding: 5px;"> <p data-bbox="560 651 673 672">Diagnoses</p> <p data-bbox="576 703 747 724">Add Diagnoses ...</p> <table border="1" data-bbox="560 735 1550 808"> <tbody> <tr> <td data-bbox="568 745 584 766">1</td> <td data-bbox="609 745 673 766">(Primary) M62.81</td> <td data-bbox="812 745 1055 766">Muscle weakness (generalized)</td> <td data-bbox="1469 735 1542 787" style="text-align: center;">  </td> </tr> <tr> <td data-bbox="568 777 584 798">2</td> <td data-bbox="690 777 771 798">T67.01XA</td> <td data-bbox="812 777 1144 798">Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
1	(Primary) M62.81	Muscle weakness (generalized)							
2	T67.01XA	Heatstroke and sunstroke, initial encounter							

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

Step	Action
6.	<p data-bbox="207 222 326 247">Services</p> <p data-bbox="540 260 1455 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="540 348 914 453"><p>From <input type="text" value="03/11/2022"/> To <input type="text" value="mm/dd/yyyy"/></p></div> <p data-bbox="540 470 1455 693">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="540 709 743 814"><p>Procedure Code <input type="text"/></p></div> <p data-bbox="540 831 1198 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="540 873 816 961"><p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/></p></div> <p data-bbox="540 978 1455 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="540 1062 857 1167"><p>Units <input type="text" value="1"/> Unit(s)</p></div> <p data-bbox="540 1184 1385 1209">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="540 1226 878 1331"><p>Bed Type <input type="text" value="Select Bed Type"/></p></div> <p data-bbox="540 1348 1385 1457">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="540 1474 816 1562"><p><input type="button" value="+ Add New Service Line"/></p></div>

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

Step	Action
6.	<p data-bbox="201 233 521 264">Attachments</p> <p data-bbox="217 275 431 306">Add Document</p> <p data-bbox="537 275 1534 422">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error may be deleted.</p> <div data-bbox="537 443 1479 674"> <p data-bbox="558 457 678 478">Attachments</p> <p data-bbox="558 499 711 531">+ Add Document</p> <p data-bbox="829 615 1195 646">Drop Documents here to Attach</p> </div> <div data-bbox="537 695 1479 1125"> <p data-bbox="558 701 678 722">Attachments</p> <p data-bbox="558 743 711 774">+ Add Document</p> <p data-bbox="558 806 813 837">  Document 1- for upload.docx </p> <p data-bbox="987 806 1252 848">Select document type ...</p> <ul data-bbox="987 848 1276 1115" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1300 806 1455 848">Delete</p> </div>

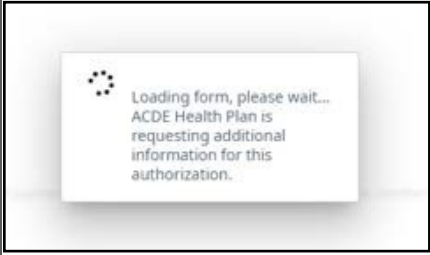
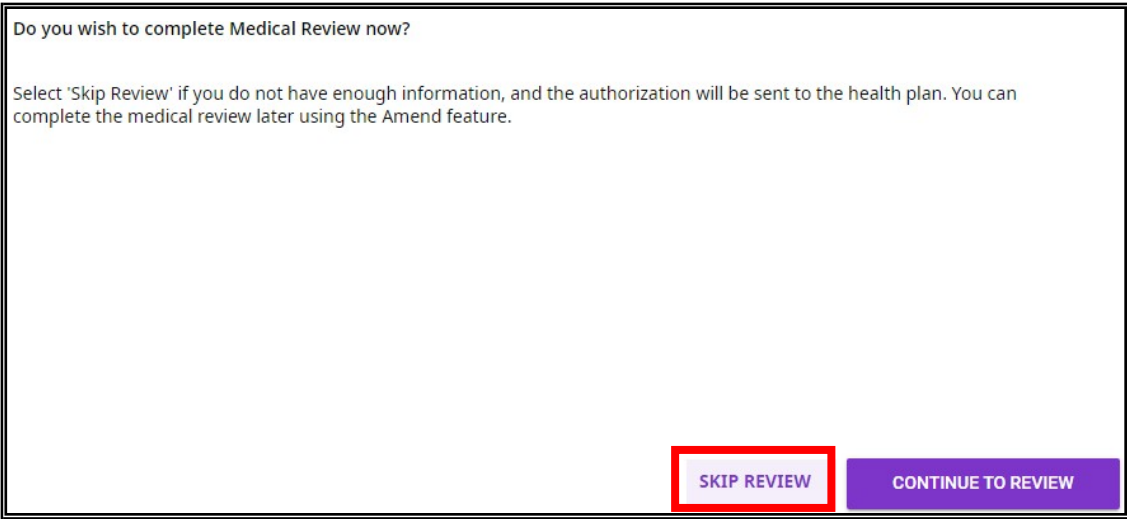
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 407 1533 579"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 846 1533 1255"> <p>▼ Contact Information</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Optional</p> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p>Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>

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


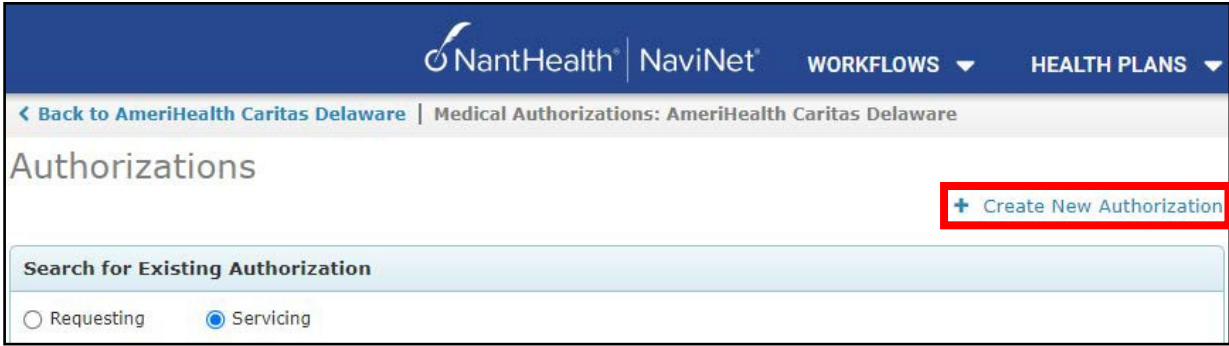


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


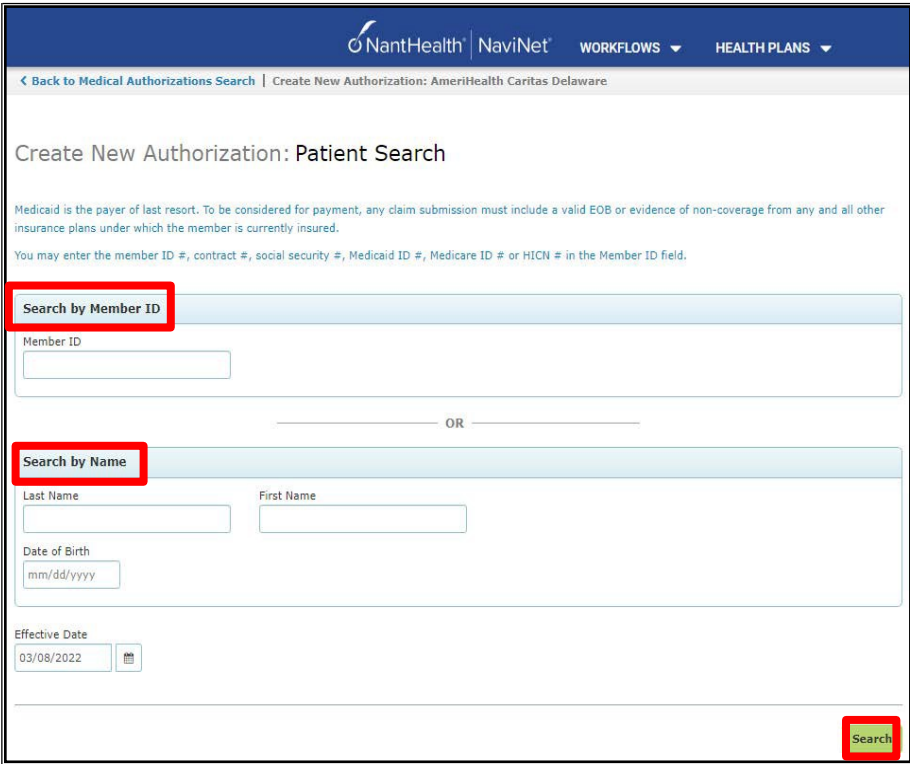
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p> 
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select “Skip Review.”</p>  <p>Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>

Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch Medical Authorizations under Workflows for this Plan.</p>  <p>Workflows for this Plan</p> <ul style="list-style-type: none">Medical AuthorizationsMedical Authorizations LogEligibility and Benefits InquiryClaim Status InquiryReport InquiryClaim SubmissionProvider Directory
2.	<p>Click Create New Authorization</p>  <p>NantHealth® NaviNet® WORKFLOWS ▼ HEALTH PLANS ▼</p> <p>< Back to AmeriHealth Caritas Delaware Medical Authorizations: AmeriHealth Caritas Delaware</p> <h2>Authorizations</h2> <p>+ Create New Authorization</p> <p>Search for Existing Authorization</p> <p><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</p>

Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="224 338 1552 485" style="border: 1px solid black; padding: 5px;">  <p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p> </div> <div data-bbox="217 491 1122 1249" style="border: 1px solid black; padding: 10px; margin-top: 10px;">  </div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="217 1310 966 1467" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Create New Authorization: Patient Search</p> <div style="border: 2px solid red; padding: 2px; margin-top: 5px;"> ✘ Subscriber / Insured Not Found. Please Correct and Resubmit. </div> </div>

Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action						
4.	<p>Address the pre-screening questions pop up box then select Continue.</p> <p>Note: If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="203 354 391 394">If...</th> <th data-bbox="391 354 1560 394">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 394 391 1251"> <p>The member has active coverage</p> </td> <td data-bbox="391 394 1560 1251"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p> </td> </tr> <tr> <td data-bbox="203 1251 391 1619"> <p>The member is ineligible</p> </td> <td data-bbox="391 1251 1560 1619"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1455 1619" data-label="Image"> </div> </td> </tr> </tbody> </table>	If...	Then...	<p>The member has active coverage</p>	<p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 453 1446 1083" data-label="Image"> </div> <p>The purpose of the New Authorization Pre-Screening Questions is to ensure that the correct authorization process is being followed. It is important to scroll through the questions to ensure that there is not a more appropriate avenue for the request. These questions are specific based on the health plan.</p>	<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1304 1455 1619" data-label="Image"> </div>
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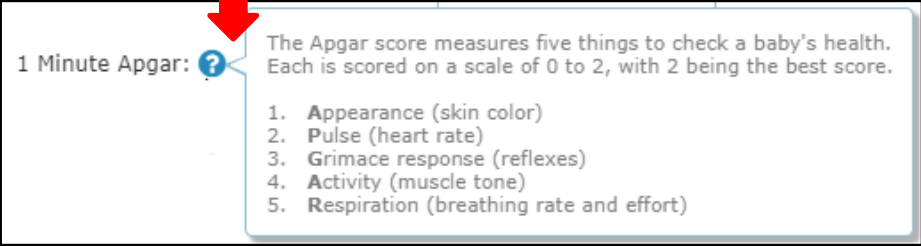
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: Inpatient Delivery Notification Place of Service: Birthing Center or Inpatient Hospital Select Next</p> <div data-bbox="186 430 1542 856"> <p>Service Type</p> <p>Inpatient Delivery Notification</p> <p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p> <p>Place of Service</p> <p>Select place of service...</p> <p>Birthing Center</p> <p>Inpatient Hospital</p> <p>Cancel Next »</p> </div>								
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> <div data-bbox="186 982 1588 1312"> <p>Service Type: Inpatient Delivery Notification ✕ Close/Save</p> <p>Place of Service: Inpatient Hospital</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Gender</th> <th>Date of Birth</th> <th>Delivery Period</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">+ Add Maternity Details</td> </tr> </tbody> </table> <p style="text-align: right;">Cancel « Previous Next »</p> </div>	Name	Gender	Date of Birth	Delivery Period	+ Add Maternity Details			
Name	Gender	Date of Birth	Delivery Period						
+ Add Maternity Details									



Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
6.	<div data-bbox="207 226 1179 1163"><p>Add Maternity Details ✕</p><p>Baby's Last Name: <input type="text"/></p><p>Baby's First Name: <input type="text"/></p><p>Gender: <input type="text" value="Select"/> ▼</p><p>Date Of Birth: <input type="text" value="MM/DD/YYYY"/></p><p>Weight in Grams: <input type="text"/></p><p>1 Minute Apgar: <input type="text" value="Select"/> ▼</p><p>5 Minute Apgar: <input type="text" value="Select"/> ▼</p><p>Delivery</p><p>Delivery Outcome: <input type="text" value="Select"/> ▼</p><p>Delivery Method: <input type="text" value="Select"/> ▼</p><p>Delivery Period: <input type="text" value="Select"/> ▼</p><p>Estimated Gestational Age : <input type="text" value="Select"/> ▼ weeks <input type="text" value="0"/> ▼ days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/> ▼</p><p>Cancel Save</p></div>







Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action	
6.	Baby's Last Name	Free text field. Enter the baby's last name. 
	Baby's First Name	Free text field. Enter the baby's first name. 
	Gender	Drop down field. The options are Male, Female, Unknown 
	Date Of Birth	Select a date from the calendar 
	Weight in Grams	Free text field. Enter the weight in grams 
	1 Minute Apgar	Drop down field - select 1-10. Click on the question mark for clarification.  

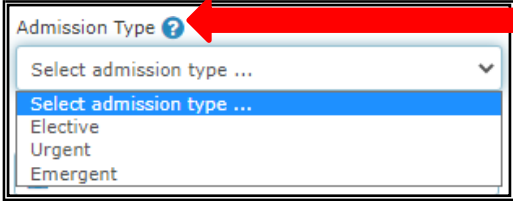
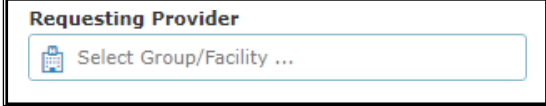

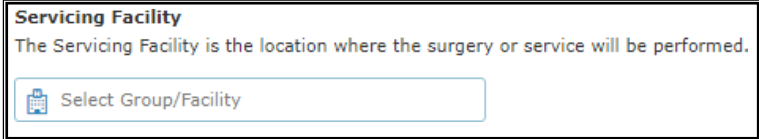
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action																
6.	5 Minute Apgar Drop down field - select 1-10. 5 Minute Apgar:  <input type="text" value="Select"/>																
	Delivery Outcome Drop down field – select live birth or non live birth. Delivery Outcome: <input type="text" value="Select"/>																
	Delivery Method Drop down field – select c-section or normal vaginal delivery. Delivery Method: <input type="text" value="Select"/>																
	Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. Delivery Period: <input type="text" value="Select"/>																
	Estimated Gestational Age Select the appropriate values from the drop down fields. Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days																
	Estimated Confinement Date Type the date or use the calendar to select the appropriate date. Estimated Confinement Date:  MM/DD/YYYY																
	Nursery type Drop down field – select well baby or NICU. Nursery type: <input type="text" value="Select"/>																
7.	Select Save when the Add Maternity Details are complete. If this is a multiple gestation pregnancy and additional births should be reported, select + Add Maternity Details to complete the additional details, then select Next .																
<table border="1"> <thead> <tr> <th>Name</th> <th>Gender</th> <th>Date of Birth</th> <th>Delivery Period</th> </tr> </thead> <tbody> <tr> <td>JESSICA BODLEY</td> <td>Female</td> <td>09/29/2022</td> <td>Day of admission</td> </tr> <tr> <td colspan="4"> <input type="button" value="+ Add Maternity Details"/> </td> </tr> <tr> <td colspan="3"></td> <td> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/> </td> </tr> </tbody> </table>		Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission	<input type="button" value="+ Add Maternity Details"/>							<input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/>
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			<input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Next »"/>														

Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action		
8.	<p data-bbox="228 226 402 384">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 982 470"><table border="1"><tr><td data-bbox="423 359 669 449">Date Of Admission  03/09/2022</td><td data-bbox="669 359 977 449">Date of Discharge  Optional</td></tr></table></div> <p data-bbox="418 485 1536 516">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1385 617"><ul style="list-style-type: none"><li data-bbox="483 562 1338 594">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission  03/09/2022	Date of Discharge  Optional
Date Of Admission  03/09/2022	Date of Discharge  Optional		

Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<div data-bbox="217 226 516 779"> <p>Admission Type</p> </div> <div data-bbox="537 226 1528 779"> <p>Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="537 275 1047 474">  </div> <div data-bbox="1143 275 1528 443"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="537 527 1528 779"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <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> </tbody> </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	Concurrent review, enrollee is currently admitted
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Emergent	Concurrent review, enrollee is currently admitted								
<p>Requesting Provider</p>	<p>Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 884 1079 989">  </div>								
<p>Servicing Provider</p>	<p>Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="537 1115 1079 1220">  </div>								
<p>Servicing Facility</p>	<p>The servicing facility is the location where the service will be performed.</p> <div data-bbox="537 1293 1291 1430">  </div>								


Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action								
9.	<p data-bbox="207 222 370 254">Diagnoses</p> <div data-bbox="207 260 521 865" style="background-color: #cccccc; padding: 5px;"> <p data-bbox="219 268 370 300">Diagnoses</p> </div> <p data-bbox="537 268 1479 338">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 352 927 464" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 363 657 384">Diagnoses</p> <div data-bbox="553 401 911 453" style="border: 1px solid #ccc; padding: 2px;"> + Add Diagnoses ... </div> </div> <p data-bbox="537 478 1533 625">Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="537 646 1533 821" style="border: 1px solid black; padding: 5px;"> <p data-bbox="548 657 657 678">Diagnoses</p> <div data-bbox="553 695 902 726" style="border: 1px solid #ccc; padding: 2px;"> + Add Diagnoses ... </div> <table border="1" data-bbox="553 741 1533 810"> <tbody> <tr> <td data-bbox="553 741 578 762">1</td> <td data-bbox="586 741 651 762">(Primary) M62.81</td> <td data-bbox="805 741 1040 762">Muscle weakness (generalized)</td> <td data-bbox="1446 741 1533 783" style="text-align: right;"> ↓ 🗑️ </td> </tr> <tr> <td data-bbox="553 783 578 804">2</td> <td data-bbox="675 783 756 804">T67.01XA</td> <td data-bbox="805 783 1130 804">Heatstroke and sunstroke, initial encounter</td> <td></td> </tr> </tbody> </table> </div>	1	(Primary) M62.81	Muscle weakness (generalized)	↓ 🗑️	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
1	(Primary) M62.81	Muscle weakness (generalized)	↓ 🗑️						
2	T67.01XA	Heatstroke and sunstroke, initial encounter							

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="207 218 326 247">Services</p> <p data-bbox="219 260 354 289">From / To</p> <p data-bbox="542 260 1409 365">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 382 914 487"> </div> <p data-bbox="219 504 448 533">Procedure Code</p> <p data-bbox="542 504 1446 726">This is a free text field and is not mandatory. If an incorrect procedure code is entered the request may not be processed. The user will not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> <div data-bbox="542 739 743 844"> </div> <p data-bbox="219 861 350 890">Modifiers</p> <p data-bbox="542 861 1117 890">This is a free text field and is not mandatory.</p> <div data-bbox="542 903 818 995"> </div> <p data-bbox="219 1012 293 1041">Units</p> <p data-bbox="542 1012 1453 1083">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1092 857 1197"> </div> <p data-bbox="219 1218 354 1247">Bed Type</p> <p data-bbox="542 1218 1377 1289">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1297 876 1402"> </div> <p data-bbox="219 1423 483 1495">+ Add New Service Line</p> <p data-bbox="542 1423 1446 1537">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1549 818 1633"> </div>

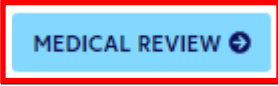
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247">Attachments</p> <p data-bbox="201 260 521 289">Add Document</p> <p data-bbox="532 260 1560 407">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). Up to 10 documents may be attached. If a document is attached, the document type is mandatory. Documents attached in error can be deleted.</p> <div data-bbox="537 422 1484 657"> <p data-bbox="558 436 678 457">Attachments</p> <p data-bbox="558 485 716 520">+ Add Document</p> <p data-bbox="829 596 1198 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="558 688 678 709">Attachments</p> <p data-bbox="558 737 716 772">+ Add Document</p> <p data-bbox="558 793 813 814">  Document 1- for upload.docx </p> <p data-bbox="992 793 1256 827">Select document type ...</p> <ul data-bbox="992 827 1279 1100" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1312 800 1458 833">Delete</p> </div>

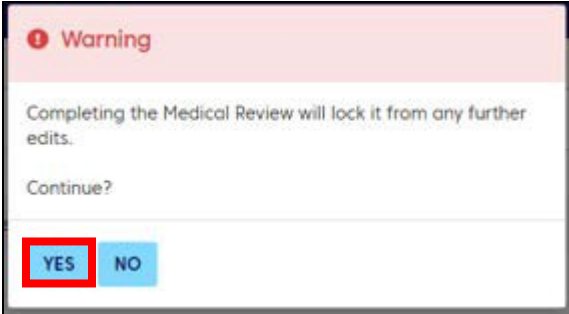
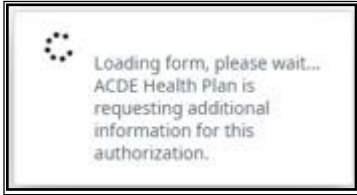
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247">Notes</p> <p data-bbox="201 260 521 289">Notes</p> <p data-bbox="526 260 1559 369">Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="526 386 1559 562"> <p data-bbox="526 386 1559 415">Notes</p> <p data-bbox="526 415 1559 533">Enter Clinical Notes ...</p> <p data-bbox="1393 533 1559 562">264 characters left</p> </div> <p data-bbox="201 579 521 609">Contact Information</p> <p data-bbox="526 579 1559 730">Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p data-bbox="526 743 1559 814">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="526 827 1559 1245"> <p data-bbox="526 827 1559 856">▼ Contact Information</p> <p data-bbox="526 869 863 940">First Name</p> <p data-bbox="526 953 863 1024">Last Name</p> <p data-bbox="526 1037 863 1108">Email Address</p> <p data-bbox="526 1121 1559 1192">DECLARATION</p> <p data-bbox="526 1192 1559 1222"><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p data-bbox="1052 869 1234 940">Phone Number</p> <p data-bbox="1052 953 1234 1024">Fax Number</p> <p data-bbox="1052 1037 1377 1108"><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p data-bbox="1214 1201 1559 1222">Cancel < Previous Submit</p> </div>

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
11.	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>

Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
12.	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if it meets or does not meet, the user should continue.
13.	When the review is complete, click Complete at the bottom, then select YES to continue.  A warning dialog box with a red header containing a warning icon and the word "Warning". The main text reads: "Completing the Medical Review will lock it from any further edits." Below this is the question "Continue?". At the bottom are two buttons: "YES" (highlighted with a red border) and "NO".
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.  A rectangular notice box with a thin border. It contains a loading spinner icon on the left and the text: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."



Creating a New Authorization - Inpatient Delivery Notification (cont'd)

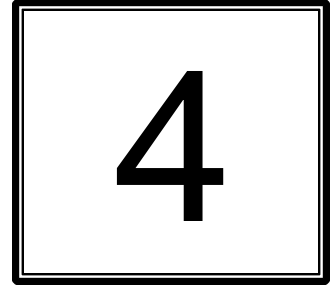
Step	Action
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' page for patient FRANKIE MOCHRIE. The status is 'Pending', and the authorization number is 92204002349. The page is divided into sections for the Requesting Provider, Servicing Provider, Patient's Insurance, and Primary Care Physician. The Requesting Provider is Ahmed, Mohamed F., located at 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934--1365, with a phone number of (302) 698-4441. The Servicing Provider is Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803--3607. The Patient's Insurance and Primary Care Physician (Heather Bittner-Fagan) sections are partially obscured by redaction boxes. A 'View Eligibility & Benefits' link is visible under the Primary Care Physician section.</p>

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	 <p>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1539 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization										
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Pending	 <p>Note: Pending status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended.</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1213 1539 1383"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
Create New	Creating a new request										
History	Detailed history of the request										
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View/Print as PDF	View and print authorization status request as PDF										



4 AMENDING AN AUTHORIZATION

Amending an Authorization Request



















Amending a request is the process of extending existing services **or** requesting another service on the same authorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan. The maximum number of services that can be added to an authorization is 15.



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 data-bbox="243 613 594 753" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If...</th> <th style="width: 50%;">Then...</th> </tr> </thead> <tbody> <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> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)						
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2.	<p>Select Auth Details on the request that needs to be amended.</p> <div data-bbox="243 1041 1354 1188" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">GRETA EMERSON</td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: ✔ Approved as of 03/18/2022</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status </td> </tr> </table> </div>	GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: ✔ Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status					
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3.	<p>Select Amend.</p> <div data-bbox="243 1255 1539 1381" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Amend</td> <td style="width: 30%; text-align: center;">+ Create New</td> <td style="width: 30%; text-align: center;">↻ History</td> <td style="width: 10%; text-align: center;">📎 Attach</td> <td style="width: 10%; text-align: center;">🔍 Authorization Search</td> <td style="width: 10%; text-align: center;">📄 View/Print as PDF</td> </tr> <tr> <td style="text-align: center;">✔ Approved</td> <td style="text-align: center;">Authorization #: 92203003026</td> <td colspan="4" style="text-align: right;">Effective: 03/31/2022</td> </tr> </table> </div>	Amend	+ Create New	↻ History	📎 Attach	🔍 Authorization Search	📄 View/Print as PDF	✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022			
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✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022											

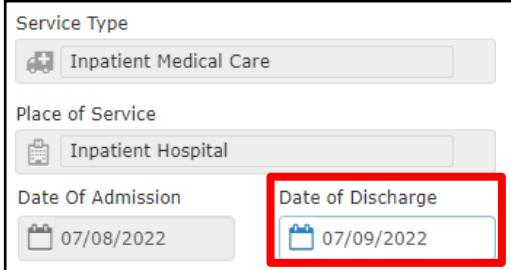
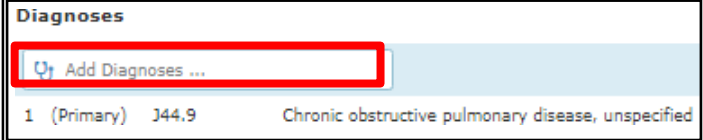
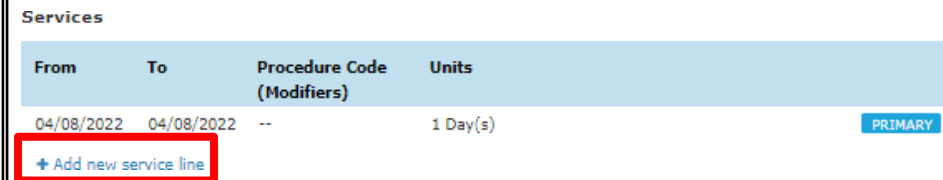
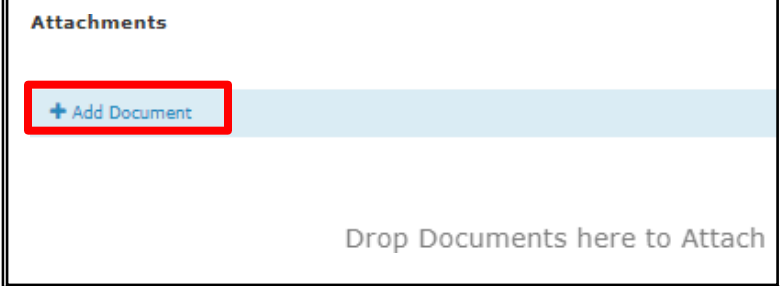
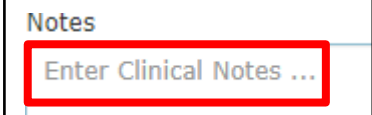
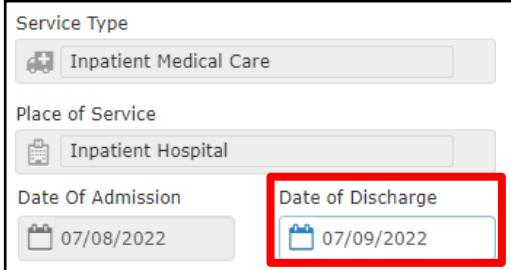
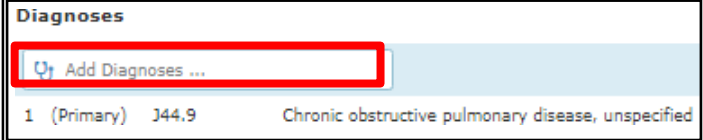
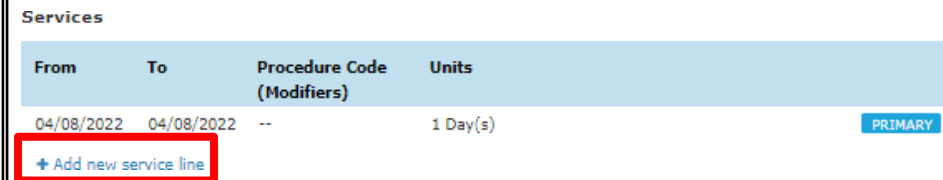
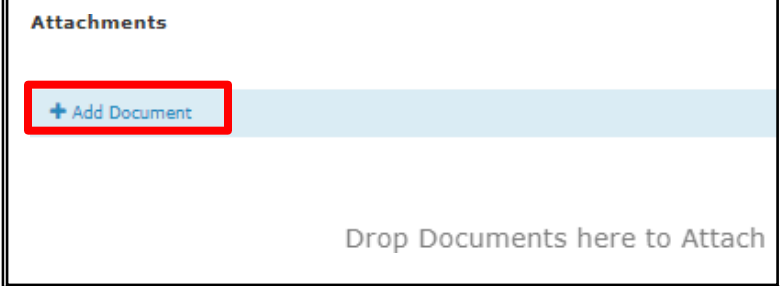
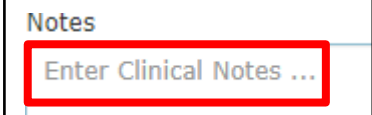
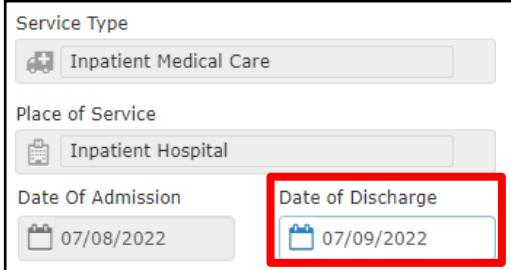
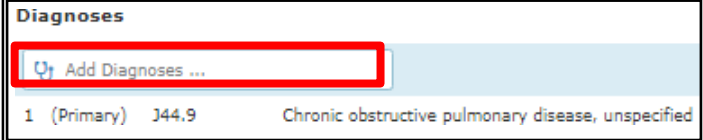
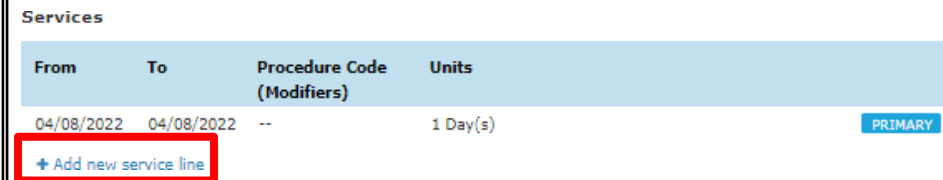
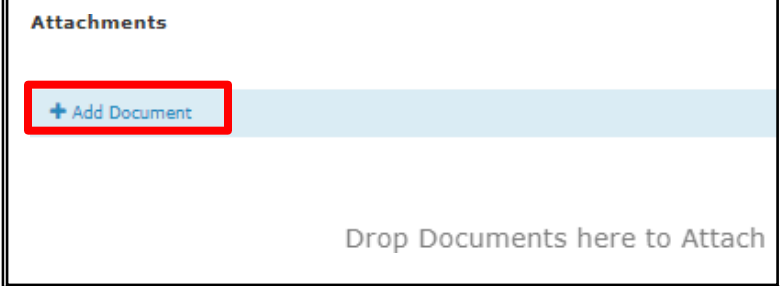
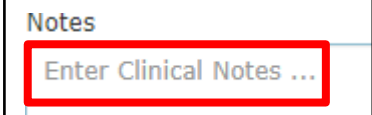
Amending an Authorization Request (cont'd)

Step	Action																				
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Amending an Authorization Request (cont'd)

Step	Action
4. (cont.)	<p>Amending an outpatient request</p> <p>Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="695 327 1562 682"><p>Contact Information</p><p>First Name Beth</p><p>Last Name Williams</p><p>Email Address Optional</p><p>Phone Number (843) 999-9999</p><p>Fax Number Optional</p><p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel <input type="button" value="Previous"/> <input type="button" value="Submit"/></p></div>

Amending an Authorization Request (cont'd)

Step	Action																						
5.	<p>Amending an inpatient request</p> <table border="1" data-bbox="240 275 1555 411"> <thead> <tr> <th data-bbox="240 275 488 321">If...</th> <th data-bbox="493 275 1555 321">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 327 488 405">Amending an inpatient request</td> <td data-bbox="493 327 1555 405">The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information</td> </tr> </tbody> </table> <table border="1" data-bbox="240 457 1555 743"> <tr> <td data-bbox="240 457 597 743">Providers can enter the date of discharge for members that have discharged.</td> <td data-bbox="602 457 1555 743">  <p>Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date Of Admission: 07/08/2022 Date of Discharge: 07/09/2022</p> </td> </tr> </table> <table border="1" data-bbox="240 749 1555 909"> <tr> <td data-bbox="240 749 597 909">Add additional diagnoses if applicable</td> <td data-bbox="602 749 1555 909">  <p>Diagnoses + Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p> </td> </tr> </table> <table border="1" data-bbox="240 915 1555 1115"> <tr> <td data-bbox="240 915 597 1115">Add new service line</td> <td data-bbox="602 915 1555 1115">  <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p>+ Add new service line PRIMARY</p> </td> </tr> </table> <table border="1" data-bbox="240 1167 1555 1472"> <tr> <td data-bbox="240 1167 597 1472">Add attachments if applicable</td> <td data-bbox="602 1167 1555 1472">  <p>Attachments + Add Document Drop Documents here to Attach</p> </td> </tr> </table> <table border="1" data-bbox="240 1478 1555 1612"> <tr> <td data-bbox="240 1478 597 1612">Add notes if applicable</td> <td data-bbox="602 1478 1555 1612">  <p>Notes Enter Clinical Notes ...</p> </td> </tr> </table>	If...	Then....	Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information	Providers can enter the date of discharge for members that have discharged.	 <p>Service Type: Inpatient Medical Care Place of Service: Inpatient Hospital Date Of Admission: 07/08/2022 Date of Discharge: 07/09/2022</p>	Add additional diagnoses if applicable	 <p>Diagnoses + Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p>	Add new service line	 <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p>+ Add new service line PRIMARY</p>	From	To	Procedure Code (Modifiers)	Units	04/08/2022	04/08/2022	--	1 Day(s)	Add attachments if applicable	 <p>Attachments + Add Document Drop Documents here to Attach</p>	Add notes if applicable	 <p>Notes Enter Clinical Notes ...</p>
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Amending an Authorization Request (cont'd)

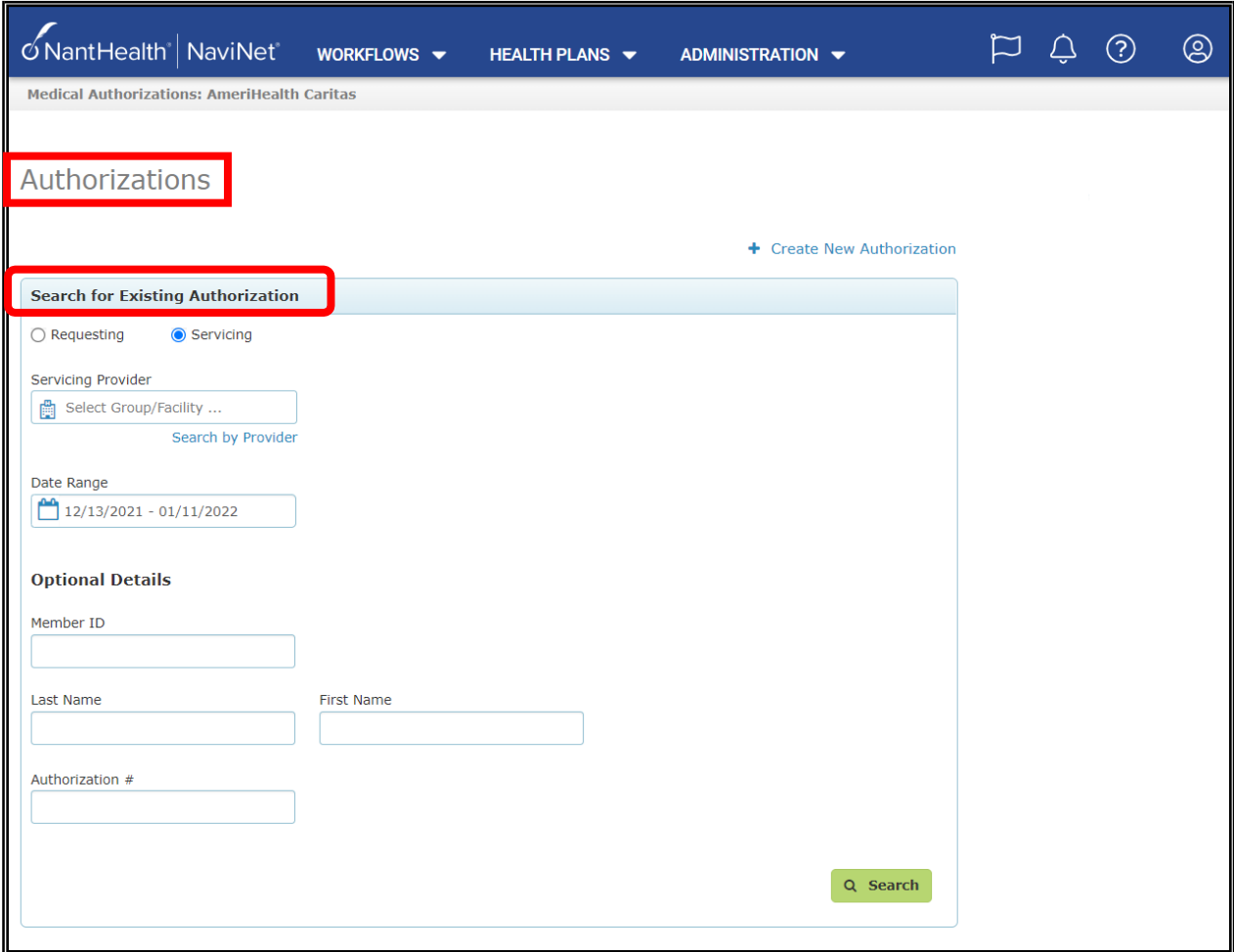
Step	Action
5. (cont.)	<p>Amending an inpatient request</p> <p>Enter contact information, check the Declaration box, and Submit</p> <div data-bbox="552 283 1568 682"><p>▼ Contact Information</p><p>First Name Beth</p><p>Last Name Williams</p><p>Email Address Optional</p><p>Phone Number (843) 999-9999</p><p>Fax Number Optional</p><p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel Previous Submit</p></div>



5 SEARCH FOR AN EXISTING AUTHORIZATION

Search for an Existing Authorization


Search for an Existing Authorization (also known as Authorization Inquiry) is a way to search for authorizations that may not have been initiated in NaviNet, for example they may have phoned, faxed, or created in Jiva.

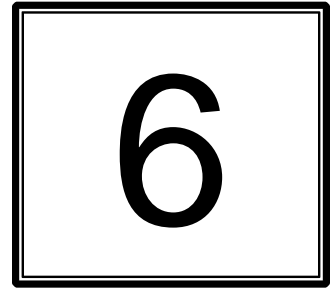
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div>  <p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The main content area is titled 'Medical Authorizations: AmeriHealth Caritas'. A red box highlights the 'Authorizations' section. Below it, a '+ Create New Authorization' link is visible. A 'Search for Existing Authorization' form is highlighted with a red box. The form includes radio buttons for 'Requesting' and 'Servicing', a dropdown for 'Servicing Provider', a date range selector, and input fields for 'Member ID', 'Last Name', 'First Name', and 'Authorization #'. A green 'Search' button is located at the bottom right of the form.</p>

Search: Search for an Existing Authorization (cont'd)

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 268 1453 1243" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Search for Existing Authorization</p> <p> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> </div> <p>Optional Details</p> <p>Member ID</p> <p><input type="text"/></p> <p>Last Name First Name</p> <p><input type="text"/> <input type="text"/></p> <p>Authorization #</p> <p><input type="text"/></p> <p style="text-align: right;"><input type="button" value="Q Search"/></p> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1437 1598" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="Q Filter Results ..."/></p> <table border="1"> <thead> <tr> <th>Authorization #</th> <th>Patient (Member ID) ^</th> <th>Status</th> <th>Requesting Provider</th> <th>Servicing Provider</th> <th>Proc.</th> <th>Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN ()</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN ()	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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Search: Search for an Existing Authorization (cont'd)


Step	Action										
4.	<p>The user will be directed to the authorization details of the authorization that was selected in the previous step.</p> <div data-bbox="240 289 1513 550" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Additional actions may be accessed from the authorization details to include amending (only available for approved or partially approved requests), create new, attach, authorization search, and view/print as PDF.</p> <table border="1" data-bbox="240 661 1539 940"> <tbody> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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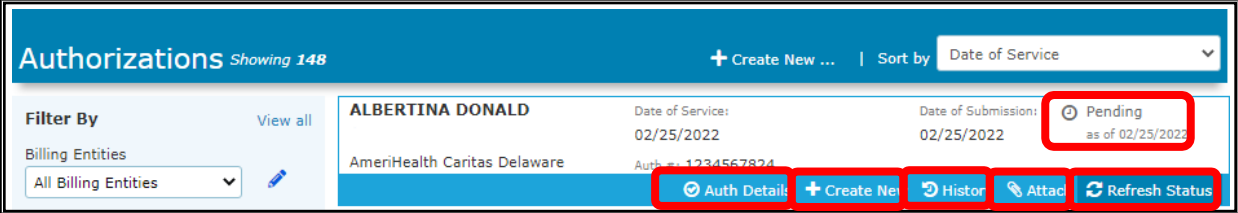
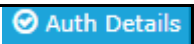
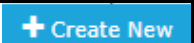



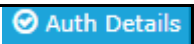
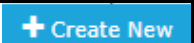



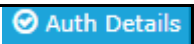
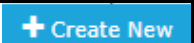



6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

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

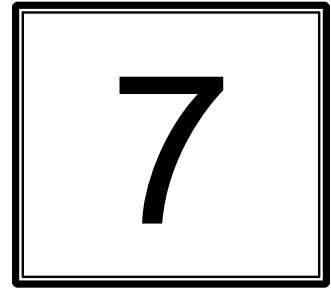
Step	Action								
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Workflows for this Plan</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 data-bbox="240 737 1560 1346" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>Authorizations <small>Showing 148</small></p> </div> <div style="text-align: right;"> <div style="border: 1px solid red; padding: 2px 5px; display: inline-block;">+ Create New ...</div> <div style="border: 1px solid red; padding: 2px 5px; display: inline-block; margin-left: 10px;">Sort by Date of Service ▼</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%; text-align: left;">Filter By</th> <th style="width: 45%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><small>View all</small></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>_____</p> <p>Servicing Provider</p> <p>Search for name or ID...</p> <p>Date of service</p> <p>📅 12/11/2021-03/10/2022</p> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 5px;"> <input type="checkbox"/> Authorizations Created By Me </div> <p>Status</p> </td> <td style="vertical-align: top;"> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> </td> <td style="vertical-align: top;"> <p>Date of Service:</p> <p>02/25/2022</p> <p>Auth #: 1234567824</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> <p>Reference Id: NNA-9AESRZ4</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> <p>Reference Id: NNA-9AESRZ7</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> <p>Reference Id: NNA-9AESRZ8</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> </td> <td style="vertical-align: top;"> <p>Date of Submission:</p> <p>02/25/2022</p> <p>🕒 Pending</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> </td> </tr> </tbody> </table> </div>	Filter By				<p><small>View all</small></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>_____</p> <p>Servicing Provider</p> <p>Search for name or ID...</p> <p>Date of service</p> <p>📅 12/11/2021-03/10/2022</p> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 5px;"> <input type="checkbox"/> Authorizations Created By Me </div> <p>Status</p>	<p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p> <p>ALBERTINA DONALD</p> <p>AmeriHealth Caritas Delaware</p>	<p>Date of Service:</p> <p>02/25/2022</p> <p>Auth #: 1234567824</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> <p>Reference Id: NNA-9AESRZ4</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> <p>Reference Id: NNA-9AESRZ7</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p> <p>Reference Id: NNA-9AESRZ8</p> <p>Servicing: Shock Trauma Associates Pa</p> <p>Date of Service:</p> <p>02/25/2022</p>	<p>Date of Submission:</p> <p>02/25/2022</p> <p>🕒 Pending</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p> <p>Date of Submission:</p> <p>--</p> <p>⚠️ Required</p> <p>as of 02/25/2022</p>
Filter By									
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Search: Medical Authorization Log (cont'd)

Step	Action												
3.	<p>Once the user selects the desired authorization for review they have the ability to view the following if the request is in pending status: Auth Details, +Create New, History, Attach, and Refresh Status.</p>  <p>The screenshot shows the 'Authorizations' interface with the following details:</p> <ul style="list-style-type: none"> Header: Authorizations Showing 148 Buttons: + Create New ... Sort by Date of Service Filter By: View all Billing Entities: All Billing Entities Member Name: ALBERTINA DONALD Date of Service: 02/25/2022 Date of Submission: 02/25/2022 Status: Pending as of 02/25/2022 Auth #: 1234567824 Action Buttons: Auth Details, + Create New, History, Attach, Refresh Status <table border="1" data-bbox="240 596 1523 978"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td></td> <td>Details related to the authorization</td> </tr> <tr> <td></td> <td>Create New Authorization for the member</td> </tr> <tr> <td></td> <td>Provides detailed history of the request</td> </tr> <tr> <td></td> <td>Ability to attach documents</td> </tr> <tr> <td></td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function		Details related to the authorization		Create New Authorization for the member		Provides detailed history of the request		Ability to attach documents		Allows the user to refresh the status for any updates.
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	Ability to attach documents												
	Allows the user to refresh the status for any updates.												

Search: Medical Authorization Log (cont'd)

Step	Action										
<p>3. (cont.)</p>	<p>If the request is in draft status different fields are available. Continue, Delete, Create New, and History</p> <div data-bbox="256 338 1544 525" style="border: 1px solid black; padding: 5px;"> <p> GRETA EMERSON Date of Service: 03/16/2022 Date of Submission: Draft <small>as of 11:29am Today</small> AmeriHealth Caritas Delaware Reference Id: -- </p> <p style="text-align: right;"> → Continue 🗑 Delete + Create New ↺ History </p> </div> <table border="1" data-bbox="256 573 1539 892" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">→ Continue</td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;">🗑 Delete</td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;">+ Create New</td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;">↺ History</td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	→ Continue	Allows the user to continue working on the request	🗑 Delete	Allows the user to delete the request	+ Create New	Allows the user to create a new authorization for the member	↺ History	Provides detailed history of the request
Field	Function										
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+ Create New	Allows the user to create a new authorization for the member										
↺ History	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

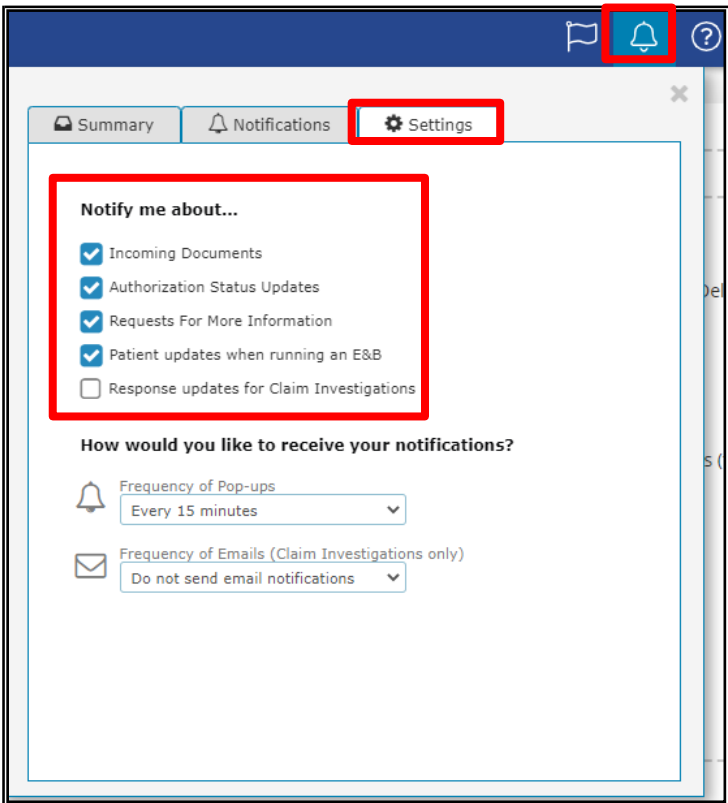
Request for More Information (RFMI)

Request for More Information (RFMI) is a feature that allows the health plan to request specific additional information to the provider if needed. Providers will only be able to have the RFMI ability for authorization requests that are pending or approved that are created in the NaviNet Provider Portal. Providers will be able to add notes and/or upload the documents in NaviNet Provider Portal for the pending authorization requests via the 'more information required' screen.

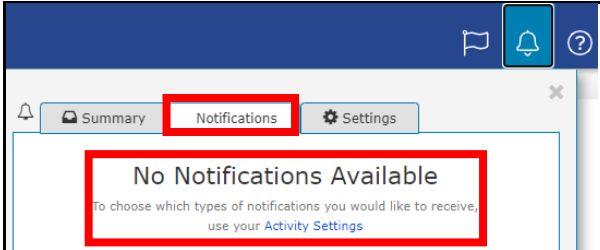
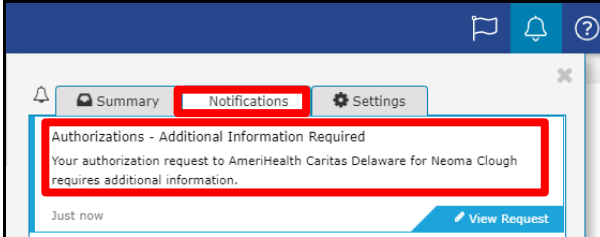
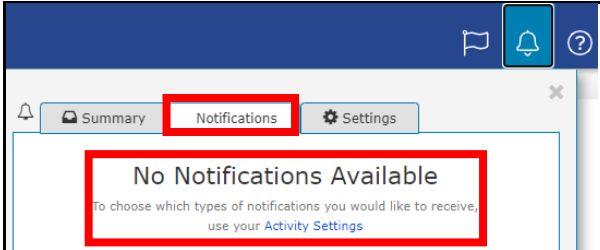
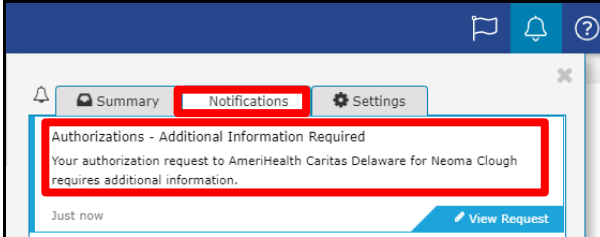
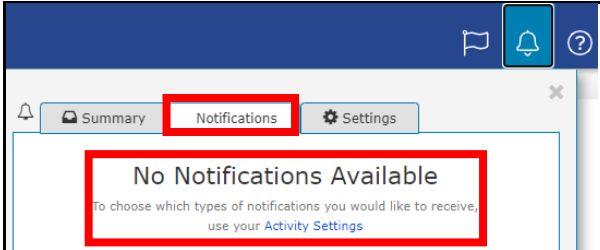
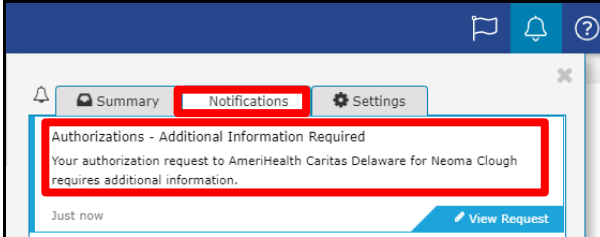
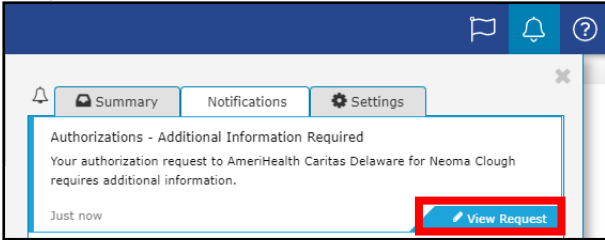
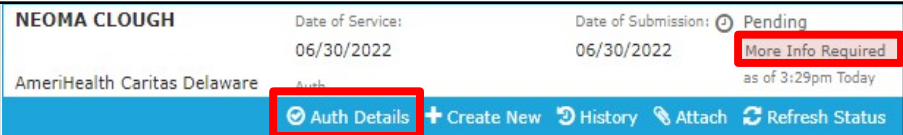


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page. It is important to note that notifications related to RFMI is not an immediate process. There is a slight delay as information travels from system to system.


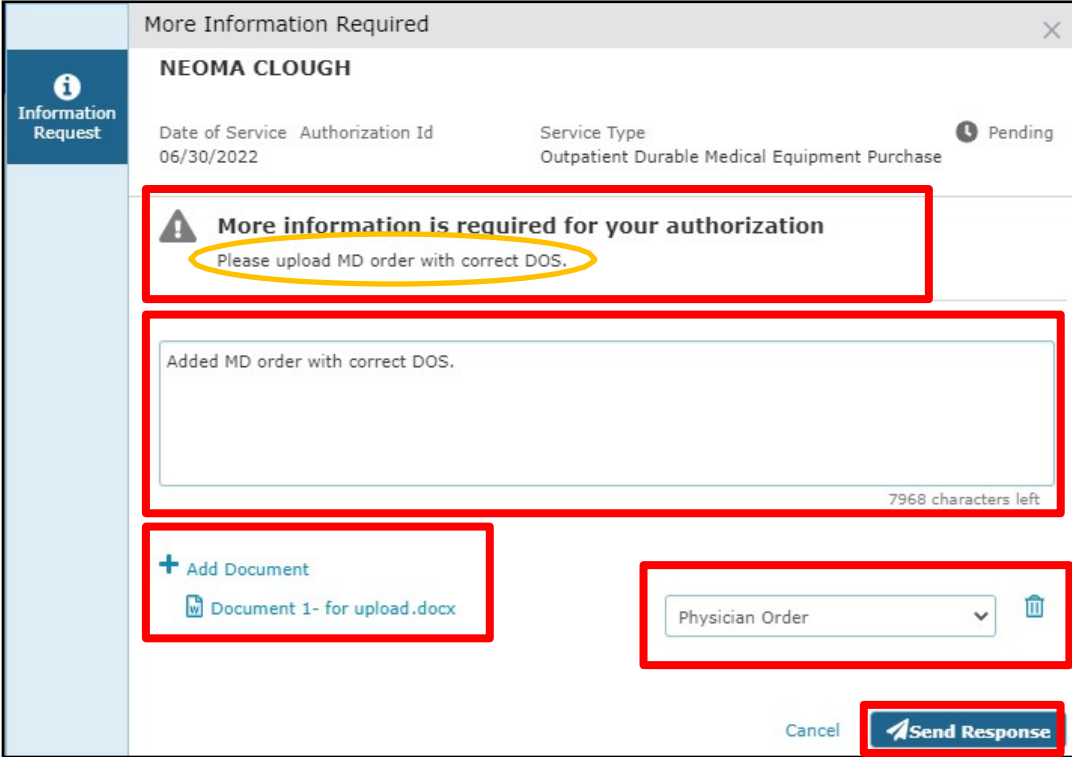
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	<p>Select the bell icon in the top right corner in NaviNet, then from the Settings tab, specify the notifications you would like to receive.</p>  <p>The screenshot shows the NaviNet interface. In the top right corner, a bell icon is highlighted with a red box. Below it, a 'Settings' tab is also highlighted with a red box. The 'Settings' tab contains a section titled 'Notify me about...' with four checked items: 'Incoming Documents', 'Authorization Status Updates', 'Requests For More Information', and 'Patient updates when running an E&B'. The fifth item, 'Response updates for Claim Investigations', is unchecked. Below this section, there are two dropdown menus: 'Frequency of Pop-ups' set to 'Every 15 minutes' and 'Frequency of Emails (Claim Investigations only)' set to 'Do not send email notifications'.</p>


Request for More Information (RFMI) (cont'd)

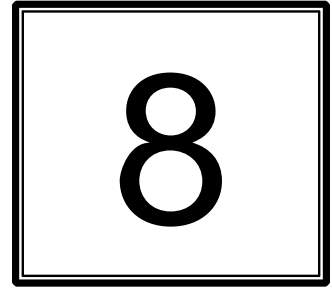
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 940"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 632">No notifications exist</td> <td data-bbox="618 310 1312 632"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 632 618 940">Notifications are available</td> <td data-bbox="618 632 1312 940"> <p>The user will see Authorizations – Additional Information Required.</p>  </td> </tr> </tbody> </table>	If...	Then...	No notifications exist	<p>The user will see No Notifications Available message.</p> 	Notifications are available	<p>The user will see Authorizations – Additional Information Required.</p> 
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"> <li data-bbox="250 1045 1528 1352"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="250 1352 1528 1633"> <p>From the Medical Auth Log if More Info Required is listed the user will select Auth Details then select More Information Required to activate the More Information Required area.</p>  						

Request for More Information (RFMI) (cont'd)

Step	Action
<p>3. (cont'd)</p>	<p>3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area.</p>  <p>The screenshot shows the 'Authorization Details' for NEOMA CLOUGH. At the bottom, there is a 'Pending' status and a red box around the 'More Information Required >' link. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons. Authorization #: 92206016951, Effective: 06/30/2022, Expires: 09/02/2022.</p>
<p>4.</p>	<p>Complete the more information required information request. The requested information will be listed under More information is required for your authorization. You may add notes (up to 8000 characters) and upload documents. If a document is uploaded, the document type will need to be specified from the drop down list (supported document types: pdf, docx, xml, csv, png, gif). To send the response back to the health plan select Send Response.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. A red box highlights the warning message: 'More information is required for your authorization. Please upload MD order with correct DOS.' Another red box highlights the text area containing 'Added MD order with correct DOS.' and '7968 characters left'. A third red box highlights the 'Add Document' section with a file named 'Document 1- for upload.docx'. A fourth red box highlights the 'Physician Order' dropdown menu. A final red box highlights the 'Send Response' button.</p>

Request for More Information (RFMI) (cont'd)

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



8 RESOURCES

Plan Contact Information

Health Plan	UM Phone Number	UM Fax Number
AmeriHealth Caritas Delaware	855-396-5770	866-423-0946
AmeriHealth Caritas District of Columbia	800-408-7510	877-759-6216
AmeriHealth Caritas Florida	855-371-8074	855-236-9285
AmeriHealth Caritas Louisiana	888-913-0350	866-397-4522
AmeriHealth Caritas New Hampshire	833-472-2264	833-469-2264
AmeriHealth Caritas North Carolina	833-900-2262	833-893-2262
AmeriHealth Caritas Northeast	888-498-0504	888-743-5551
AmeriHealth Caritas Pennsylvania	800-521-6622	866-755-9949
Blue Cross Complete of Michigan	888-312-5713	888-989-0019
Keystone First	800-521-6622	215-937-5322
Select Health of South Carolina	888-559-1010	888-824-7788
AmeriHealth Caritas Next	833-702-2262	844-412-7890
AmeriHealth Caritas VIP Care Plus	888-978-0862	866-263-9036
First Choice VIP Care Plus	888-996-0499	855-236-9284
AmeriHealth Caritas VIP Care	866-533-5490	855-707-0847
First Choice VIP Care	888-996-0499	855-236-9284
Keystone First VIP Choice	800-450-1166	855-707-0847
AmeriHealth Caritas Pennsylvania Community HealthChoices	800-521-6007	855-332-0115
Keystone First Community HealthChoices	800-521-6622	855-540-7066

Escalation Process and Training Requests – Account Executives and Providers

If...	Then contact...
Access Issues and/or Technical Issues related to NaviNet and InterQual	DL-ACFC: Jiva and Client Letter Support (ACFC_JivaCLSupport@amerihealthcaritas.com)
Account Executive Training Requests	Corporate Provider Network Management Training (CPNMT@amerihealthcaritas.com)
Provider Training Requests	Contact your designated Account Executive (AE)
Provider is not listed in NaviNet	Submit an online case in NaviNet via My Account>Customer Support>Open a Case Online
InterQual training or instruction is needed	Reach out to your internal point of contact as this is an internal process