



Leading America in Health Care  
Solutions for the Underserved  
and Chronically Ill.

# NaviNet Medical Authorizations Participant Guide

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Corporate Clinical Systems Training Department

Original Date: 4/14/2022

Updated Date: 11/29/2022

Updated By: Kassandra Borges, &  
Jessica Williams

Next Review Date: 11/29/2023

Review Cycle: Annually

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# **1 LOGGING IN TO NAVINET**

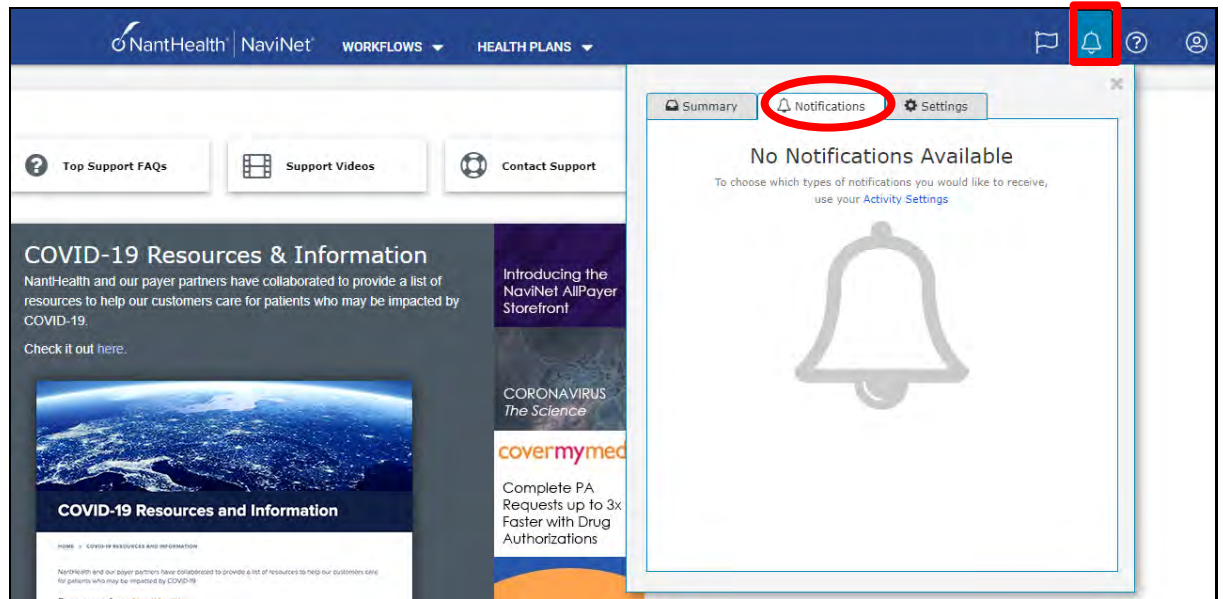
## Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: <a href="https://navinet.navimedix.com">https://navinet.navimedix.com</a>. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 352 1154 1033" data-label="Image"></div>
2.	Enter your <b>Username</b>
3.	Enter your <b>Password</b>
4.	Click <b>Sign In</b> <b>Result:</b> <i>The NaviNet Home screen will be displayed</i>

## Logging in to NaviNet (cont'd)



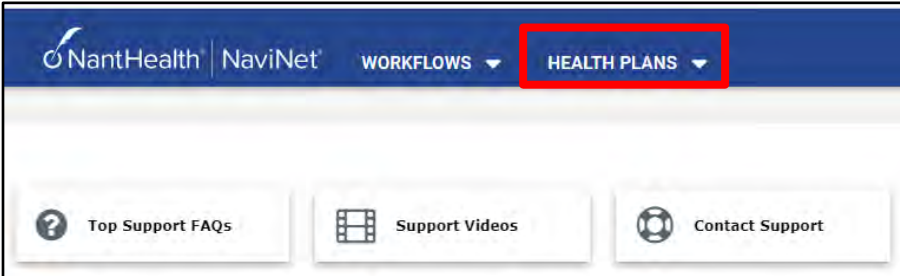

Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot shows the NantHealth NaviNet home page. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. In the top right corner, there is a bell icon for notifications, a help icon, and a user profile icon. A red box highlights the bell icon. A dialog box is open over the main content area, titled 'Notifications', with tabs for 'Summary', 'Notifications', and 'Settings'. The 'Notifications' tab is selected and circled in red. The dialog box displays the message 'No Notifications Available' and provides a link to 'Activity Settings' to manage notification preferences. The background content includes sections for 'COVID-19 Resources & Information', 'Support Videos', 'Contact Support', and 'Introducing the NaviNet AllPayer Storefront'.

## 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 <b>HEALTH PLANS</b> 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"> <thead> <tr> <th colspan="4">My Plans</th> </tr> </thead> <tbody> <tr> <td>AmeriHealth Caritas Delaware</td> <td>AmeriHealth Caritas Next</td> <td>Blue Cross Complete of Michigan</td> <td>Medicare</td> </tr> <tr> <td>AmeriHealth Caritas District of Columbia (ACDC)</td> <td>AmeriHealth Caritas Ohio</td> <td>First Choice Next</td> <td>New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Florida</td> <td>AmeriHealth Caritas PA Community HealthChoices</td> <td>First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td> <td>PerformCare</td> </tr> <tr> <td>AmeriHealth Caritas Louisiana</td> <td>AmeriHealth Caritas VIP Care</td> <td>Keystone First</td> <td>Select Health of South Carolina</td> </tr> <tr> <td>AmeriHealth Caritas New Hampshire</td> <td>AmeriHealth Caritas VIP Care Plus</td> <td>Keystone First Community HealthChoices</td> <td></td> </tr> <tr> <td>AmeriHealth Caritas North Carolina</td> <td>AmeriHealth PA Medical Assistance Plan</td> <td>Keystone First VIP Choice</td> <td></td> </tr> </tbody> </table>	My Plans				AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Medicare	AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare	AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina	AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices		AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
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## **2 PLAN CENTRAL**

# Plan Central Overview

Plan Central is the health plan specific homepage.

**Workflows for this Plan**

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

**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?

**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:**

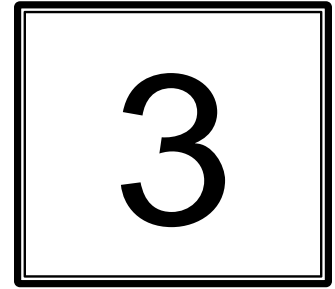
- Provider manual.
- Billing information.
- Provider Quick Reference Guide.

**Training Videos**

- Claims Investigation
- Intensive Case Management
- Care Gaps
- ADT Alerts

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






## **3 CREATING A NEW AUTHORIZATION**

# Creating a New Authorization

To create a new authorization:

**Action**

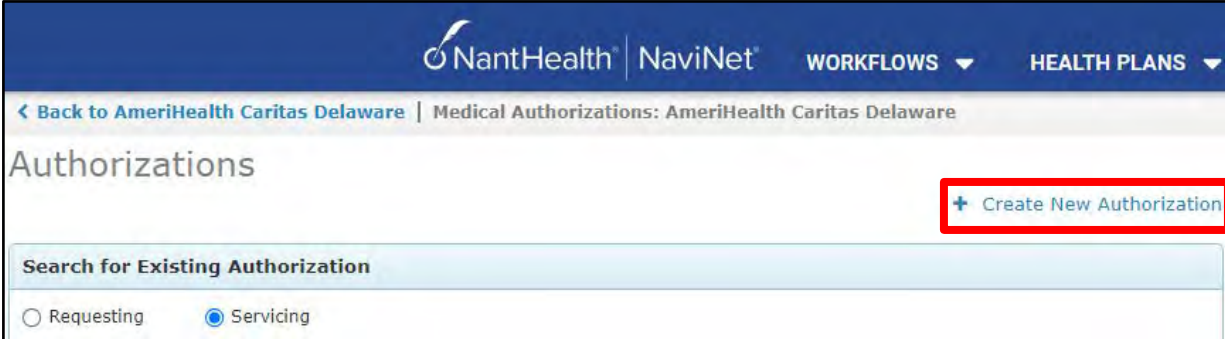
1 Launch **Medical Authorizations** under Workflows for this Plan.



**Workflows for this Plan**

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

2 Click **Create New Authorization**



NantHealth | NaviNet WORKFLOWS HEALTH PLANS

[Back to AmeriHealth Caritas Delaware](#) | Medical Authorizations: AmeriHealth Caritas Delaware

## Authorizations

[+ Create New Authorization](#)

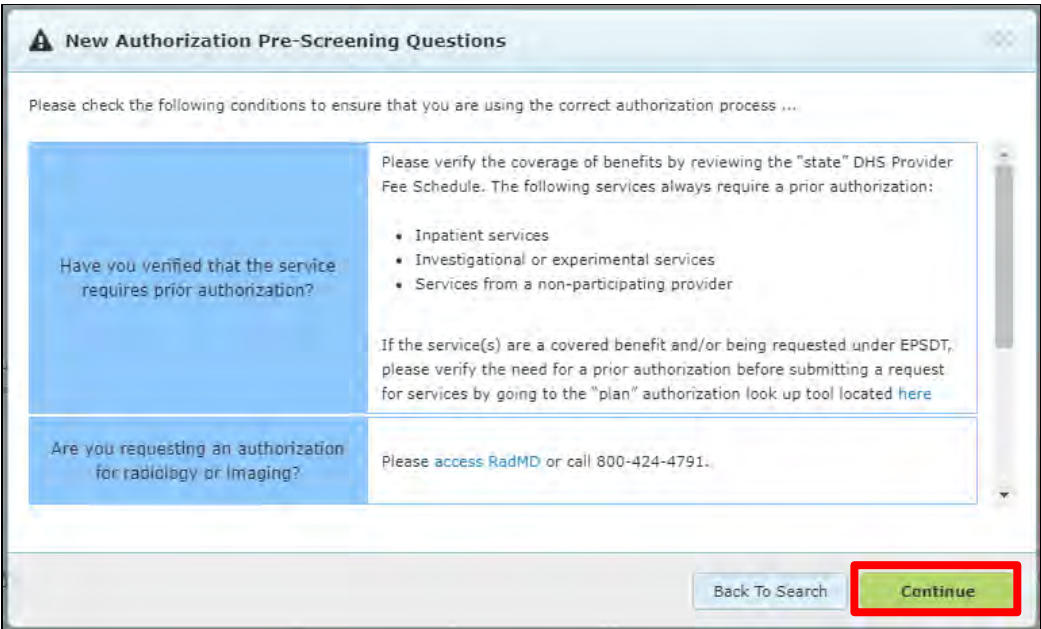
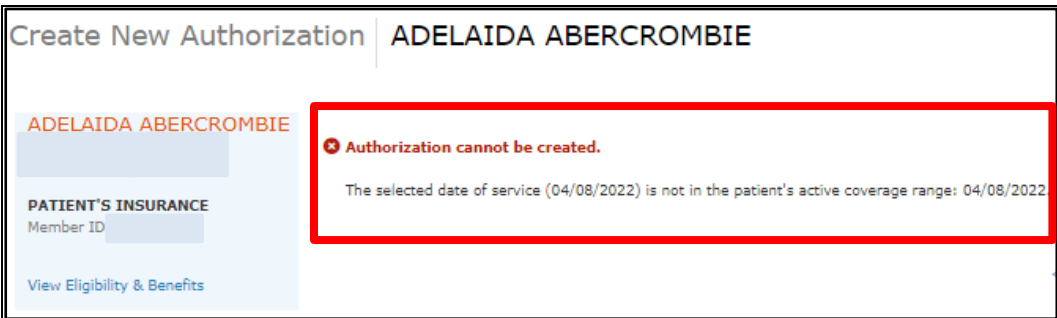
Search for Existing Authorization

Requesting  Servicing

## Creating a New Authorization (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select <b>Search</b>. 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 1125 1283"> </div> <div data-bbox="228 1346 1252 1381"> <p><b>Note:</b> If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1545"> </div>


## Creating a New Authorization (cont'd)

Step	Action
4.	<p>Address the pre-screening questions pop up box and select <b>Continue</b>.</p> <p><b>Note:</b> If a member is not active with the health plan, you will not be advanced to the pre-screening questions.</p>
	<p><b>If...</b></p>
<p>The member has active coverage</p>	<p><b>Then...</b></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> 

## Creating a New Authorization (cont'd)

Step	Action
------	--------

5. Enter service type and place of service, then select **Next**



**View Eligibility & Benefits** is available to view under the member's demographic information.

**Create New Authorization**

**FRANKIE MOCHRIE**  
Male born on 11/20/1981 (40 yrs old)

**FRANKIE MOCHRIE**

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**PATIENT'S INSURANCE**

Member ID: [REDACTED]

**Active Coverage**

from 11/01/2019 - 12/31/2199

**PRIMARY CARE PHYSICIAN**

NPI: [REDACTED]

[View Eligibility & Benefits](#)

**Service Type**

Select service type...

**Place of Service**

Select place of service...

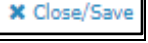
**Eligibility & Benefits**  
can be viewed here.

Cancel **Next >**

**Service Type** – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.

If...	Then...
Creating an outpatient episode	Continue to the next step (step 6)
Creating an inpatient episode	Continue to step 7

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

 which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.

**Close Authorization**
✕

You are closing an authorization that has not yet been submitted.

Discard Auth

Cancel













Save As Draft

**Discard Auth** – deletes the request

**Cancel** – allows the user to continue

**Save As Draft** – allows the user to come back and complete the request later



## Creating a New Authorization - Outpatient Request

Step	Action																												
6.	<p>Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 365 days in advance.</p> <table border="1" data-bbox="207 289 1552 1808"> <tr> <td data-bbox="207 289 464 443"> <b>Date of Service</b> </td> <td data-bbox="469 289 1552 443"> <p>This defaults to the current date and is not available to be changed.</p> <div data-bbox="480 344 678 436"> <p>Date Of Service</p> <p>03/09/2022</p> </div> </td> </tr> <tr> <td data-bbox="207 449 464 856"> <b>Level of Service</b> </td> <td data-bbox="469 449 1552 856"> <p>Choose the appropriate selection from the drop-down list – elective or urgent.</p> <div data-bbox="480 504 964 659"> <p>Level of Service ?</p> <p>Elective</p> <p>Select Level of Service ...</p> <p>Elective</p> <p>Urgent</p> </div> <table border="1" data-bbox="480 667 1468 856"> <thead> <tr> <th data-bbox="480 667 646 699">If</th> <th data-bbox="646 667 1468 699">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="480 705 646 762"><b>Elective</b></td> <td data-bbox="646 705 1468 762">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="480 768 646 856"><b>Urgent</b></td> <td data-bbox="646 768 1468 856">Unscheduled admission of patient. 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## Creating a New Authorization - Outpatient (cont'd)

Step	Action
6.	<p><b>Services</b></p> <p><b>From / To</b></p> <p><b>From</b> (start date) / <b>To</b> (end date)</p> <div data-bbox="537 310 867 394"> </div> <p><b>Note:</b> 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 <b>Submit</b>.</p> <div data-bbox="537 646 1490 940"> </div> <p><b>Procedure Code</b></p> <p>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 1119 740 1220"> </div> <p><b>Modifiers</b></p> <p>Free text field. This is not a mandatory field.</p> <div data-bbox="537 1283 816 1371"> </div> <p><b>Units</b></p> <p>Free text numeric value.</p> <div data-bbox="537 1434 816 1522"> </div> <p><b>Add New Service Line</b></p> <p>The user must add new service line for the system to recognize the request even if only adding 1 request or 1 service. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="537 1669 834 1757"> </div>

## Creating a New Authorization – Outpatient (cont'd)









Step	Action
6.	<p data-bbox="228 226 410 258"><b>Attachments</b></p> <p data-bbox="228 279 467 310"><b>+ Add Document</b></p> <p data-bbox="540 279 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"><b>Attachments</b></p> <p data-bbox="565 579 711 615"><b>+ Add Document</b></p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1213"> <p data-bbox="565 783 686 804"><b>Attachments</b></p> <p data-bbox="565 831 711 867"><b>+ Add Document</b></p> <p data-bbox="565 888 824 909">  Document 1- for upload.docx         </p> <p data-bbox="1003 888 1279 909"> <b>Select document type ...</b> ▼         </p> <ul data-bbox="1003 930 1295 1203" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1328 888 1482 930">  <b>Delete</b> </p> </div>



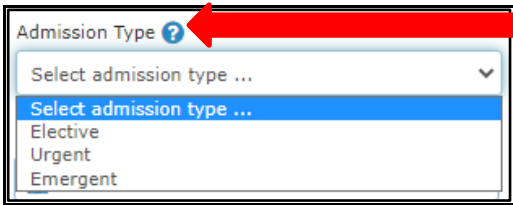
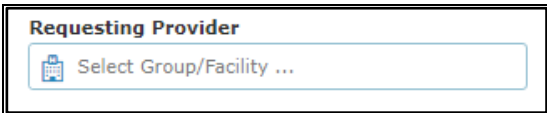

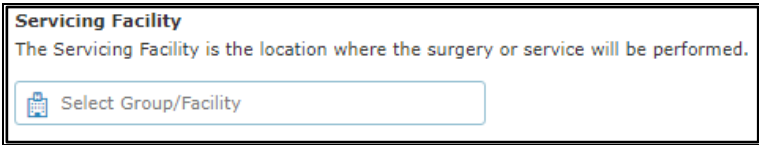
## Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p><b>Notes</b></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 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1289"> <p>▼ Contact Information</p> <p>First Name Beth</p> <p>Last Name Williams</p> <p>Email Address Optional</p> <p>Phone Number (843) 999-9999</p> <p>Fax Number Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p><b>DECLARATION</b></p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;">Cancel   &lt;&lt; Previous   <b>Submit</b></p> </div> <p><b>***Proceed to Step 8 for InterQual instructions***</b></p>







## Creating a New Authorization – Inpatient Request

Step	Action				
7.	<p>Complete information following the guidelines outlined below for an inpatient request:</p> <p><b>Service Type</b> Select the appropriate service type and place of service according to the request.</p> <div data-bbox="431 306 1068 552" style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <p> Select service type...</p> <p>Place of Service</p> <p> Select place of service...</p> </div> <table border="1" data-bbox="431 604 1422 772"> <tr> <td><b>Service Type</b></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><b>Place of Service</b></td> <td>Location in which services will be rendered.</td> </tr> </table> <p>Once service type is select, click <b>Next</b> to continue.</p> <div data-bbox="431 877 667 978" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Next »</b></p> </div>	<b>Service Type</b>	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.)	<b>Place of Service</b>	Location in which services will be rendered.
<b>Service Type</b>	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.)				
<b>Place of Service</b>	Location in which services will be rendered.				
	<p><b>Date of Admission/ Date of Discharge</b> Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. However, providers can record the members discharge date by amending the inpatient authorization request (refer to Amending an Authorization chapter).</p> <div data-bbox="431 1157 992 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="431 1373 1097 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>				

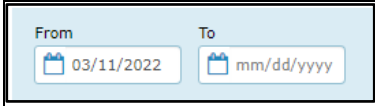
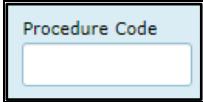

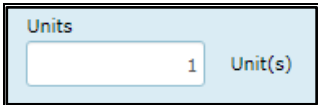
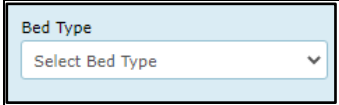
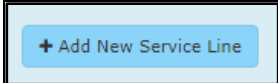
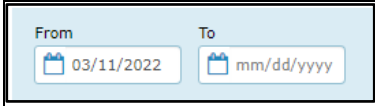
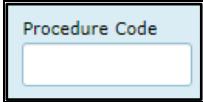

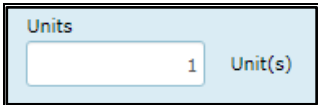
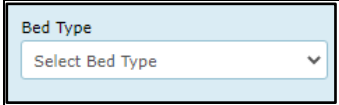
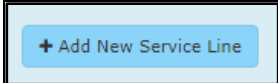
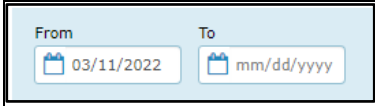
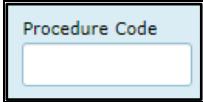

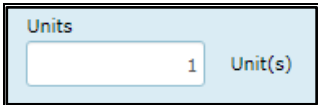
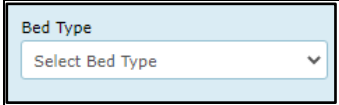
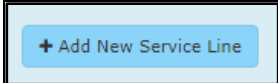
## Creating a New Authorization – Inpatient Request (cont'd)

Step	Action								
7.	<p data-bbox="217 228 375 300"><b>Admission Type</b></p> <p data-bbox="418 228 1495 300">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 512">  </div> <div data-bbox="1024 300 1411 478" style="border: 1px solid black; padding: 5px;"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="418 520 1411 774"> <thead> <tr> <th data-bbox="423 527 586 554">If</th> <th data-bbox="591 527 1406 554">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 560 586 621"><b>Elective</b></td> <td data-bbox="591 560 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722"><b>Urgent</b></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="423 728 586 764"><b>Emergent</b></td> <td data-bbox="591 728 1406 764">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	<b>Elective</b>	Potential admission for illness/injury enrollee not currently admitted	<b>Urgent</b>	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	<b>Emergent</b>	Concurrent review, enrollee is currently admitted
If	Then								
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<b>Emergent</b>	Concurrent review, enrollee is currently admitted								
	<p data-bbox="217 833 375 905"><b>Requesting Provider</b></p> <p data-bbox="418 833 1479 905">Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="418 915 963 1026">  </div>								
	<p data-bbox="217 1071 375 1142"><b>Servicing Provider</b></p> <p data-bbox="418 1071 1528 1142">Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).</p> <div data-bbox="418 1152 963 1264">  </div>								
	<p data-bbox="217 1287 375 1358"><b>Servicing Facility</b></p> <p data-bbox="418 1287 1341 1318">The servicing facility is the location where the service will be performed.</p> <div data-bbox="418 1329 1172 1472">  </div>								


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

Step	Action								
7.	<p data-bbox="207 224 521 254"><b>Diagnoses</b></p> <p data-bbox="207 260 521 827"><b>Diagnoses</b></p> <p data-bbox="537 260 1552 296">Look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 310 930 422"><p data-bbox="548 317 919 344"><b>Diagnoses</b></p><input data-bbox="553 359 914 415" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 436 1552 583"><b>Note:</b> The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="537 598 1552 783"><p data-bbox="548 604 919 632"><b>Diagnoses</b></p><input data-bbox="553 646 914 703" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="553 709 1544 777"><tbody><tr><td data-bbox="553 709 651 737">1 (Primary)</td><td data-bbox="678 709 764 737">M62.81</td><td data-bbox="808 709 1333 737">Muscle weakness (generalized)</td><td data-bbox="1338 709 1544 737"> </td></tr><tr><td data-bbox="553 743 651 770">2</td><td data-bbox="678 743 764 770">T67.01XA</td><td data-bbox="808 743 1333 770">Heatstroke and sunstroke, initial encounter</td><td data-bbox="1338 743 1544 770"></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 (cont'd)

Step	Action												
7.	<p data-bbox="207 222 326 254"><b>Services</b></p> <table border="1" data-bbox="207 260 1471 1629"> <tr> <td data-bbox="207 260 527 457"><b>From / To</b></td> <td data-bbox="532 260 1471 457"> <p data-bbox="544 260 1461 338">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="544 344 915 451">  </div> </td> </tr> <tr> <td data-bbox="207 464 527 814"><b>Procedure Code</b></td> <td data-bbox="532 464 1471 814"> <p data-bbox="544 464 1461 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="544 701 743 808">  </div> </td> </tr> <tr> <td data-bbox="207 821 527 961"><b>Modifiers</b></td> <td data-bbox="532 821 1471 961"> <p data-bbox="544 821 1117 852">This is a free text field and is not mandatory.</p> <div data-bbox="544 863 818 957">  </div> </td> </tr> <tr> <td data-bbox="207 968 527 1171"><b>Units</b></td> <td data-bbox="532 968 1471 1171"> <p data-bbox="544 968 1461 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1056 857 1163">  </div> </td> </tr> <tr> <td data-bbox="207 1178 527 1381"><b>Bed Type</b></td> <td data-bbox="532 1178 1471 1381"> <p data-bbox="544 1178 1380 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1266 878 1373">  </div> </td> </tr> <tr> <td data-bbox="207 1388 527 1629"><b>+ Add New Service Line</b></td> <td data-bbox="532 1388 1471 1629"> <p data-bbox="544 1388 1461 1493">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="544 1503 818 1598">  </div> </td> </tr> </table>	<b>From / To</b>	<p data-bbox="544 260 1461 338">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="544 344 915 451">  </div>	<b>Procedure Code</b>	<p data-bbox="544 464 1461 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="544 701 743 808">  </div>	<b>Modifiers</b>	<p data-bbox="544 821 1117 852">This is a free text field and is not mandatory.</p> <div data-bbox="544 863 818 957">  </div>	<b>Units</b>	<p data-bbox="544 968 1461 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1056 857 1163">  </div>	<b>Bed Type</b>	<p data-bbox="544 1178 1380 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1266 878 1373">  </div>	<b>+ Add New Service Line</b>	<p data-bbox="544 1388 1461 1493">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="544 1503 818 1598">  </div>
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## Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="201 218 521 247"><b>Attachments</b></p> <p data-bbox="201 260 521 289"><b>Add Document</b></p> <p data-bbox="526 260 1563 411">Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif). The user may attach up to 10 documents. If the user attaches a document, the document type is mandatory. The user also has the ability to delete any document attached in error.</p> <div data-bbox="537 422 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 1252 835">             Select document type ...             <ul data-bbox="992 835 1279 1094" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> </p> <p data-bbox="1300 793 1446 835">Delete</p> </div>


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

Step	Action
7.	<p><b>Notes</b></p> <p><b>Notes</b></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><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 846 1533 1272"> <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><b>DECLARATION</b></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   <b>Submit</b></p> </div>

## Creating a New Authorization – InterQual – Outpatient and Inpatient

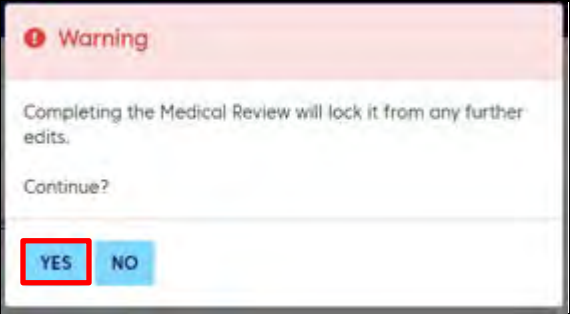
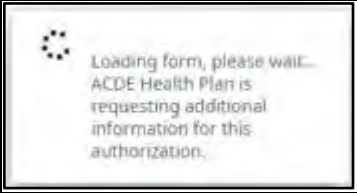


If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	<p>After completion of the previous steps, when the user selects <b>Submit</b>, 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="240 869 412 919">If...</th> <th data-bbox="417 869 1398 919">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 926 412 1192"> <p><b>Outpatient</b></p> </td> <td data-bbox="417 926 1398 1192"> <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> <div data-bbox="428 1045 708 1125" style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>MEDICAL REVIEW ↗</p> </div> <p>Answer the questions as they relate to the patient/member.</p> </td> </tr> <tr> <td data-bbox="240 1199 412 1543"> <p><b>Inpatient</b></p> </td> <td data-bbox="417 1199 1398 1543"> <p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p> <div data-bbox="428 1289 721 1381" style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>MEDICAL REVIEW ↗</p> </div> <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p> </td> </tr> </tbody> </table>	If...	Then...	<p><b>Outpatient</b></p>	<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> <div data-bbox="428 1045 708 1125" style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>MEDICAL REVIEW ↗</p> </div> <p>Answer the questions as they relate to the patient/member.</p>	<p><b>Inpatient</b></p>	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p> <div data-bbox="428 1289 721 1381" style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>MEDICAL REVIEW ↗</p> </div> <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>
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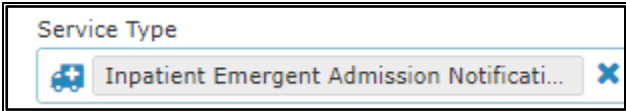
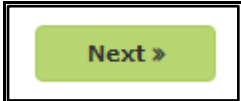
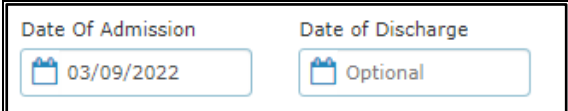
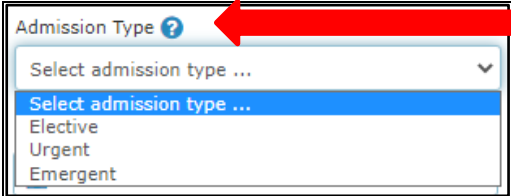
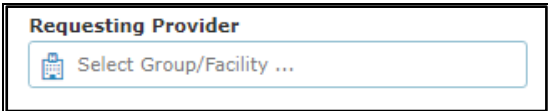

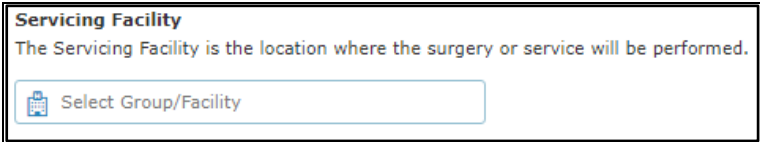
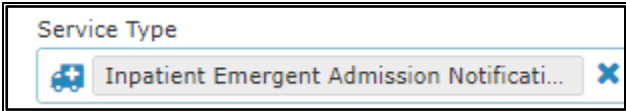
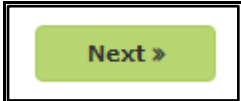
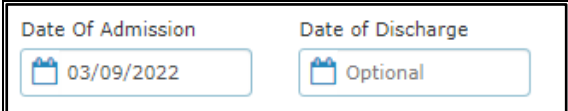
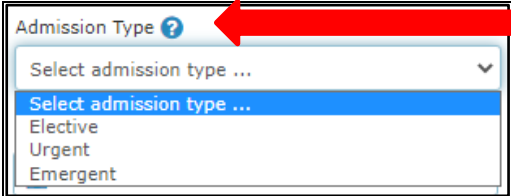
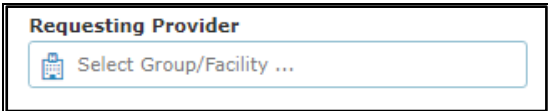

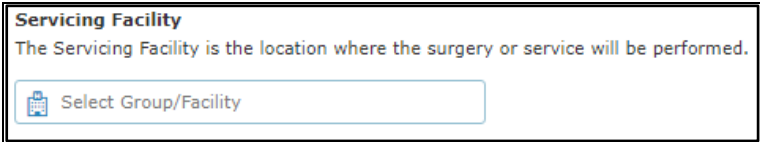
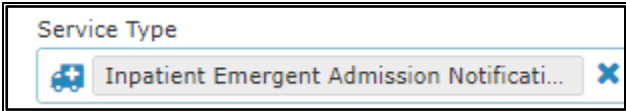
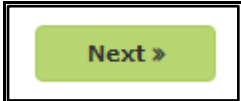
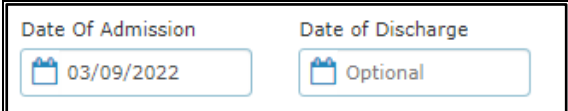
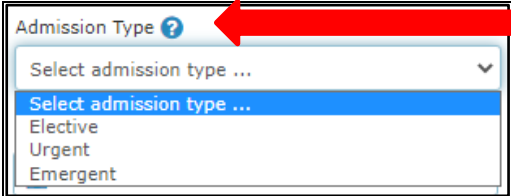
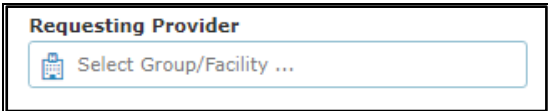

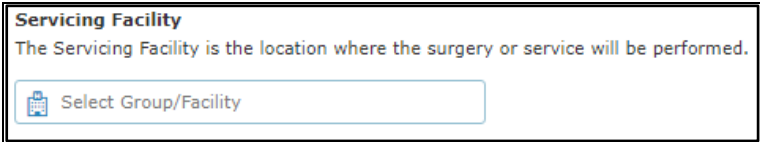
## Creating a New Authorization - InterQual (cont'd)

Step	Action						
11.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="207 264 1560 632"> <thead> <tr> <th data-bbox="207 264 703 310">If....</th> <th data-bbox="708 264 1560 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 317 703 428">Q&amp;A criteria is used (outpatient)</td> <td data-bbox="708 317 1560 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="207 434 703 632">Decision tree is used (inpatient)</td> <td data-bbox="708 434 1560 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.
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12.	<p>When the review is complete, click <b>Complete</b>, then select <b>YES</b> to continue.</p> 						
13.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p> 						




## Creating a New Authorization - InterQual (cont'd)

Step	Action
14.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p> <div data-bbox="203 289 1451 873"><p>The screenshot displays the 'Authorization Details' page for a patient named FRANKIE MOCHRIE. The page header includes the AmeriHealth Caritas Delaware logo and navigation options: '+ Create New', 'History', 'Authorization Search', and 'View/Print as PDF'. The status is 'Pending' with a clock icon, and the authorization number is 92204002349. The disposition is 'Disposition pending review'. The patient's primary care physician is HEATHER BITTNER-FAGAN. The requesting provider is Ahmed, Mohamed F., located at 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934, with a phone number of (302) 698-4441. The servicing provider is Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. The servicing facility is also Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. A link for 'View Eligibility &amp; Benefits' is visible at the bottom left of the patient information section.</p></div>

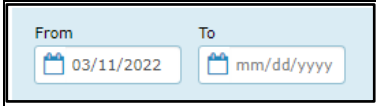
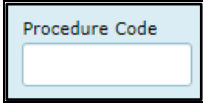

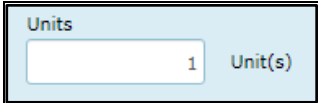
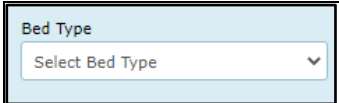
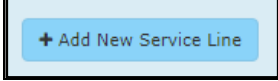
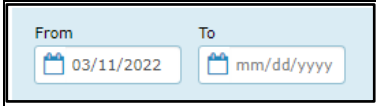
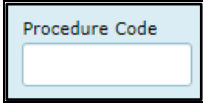

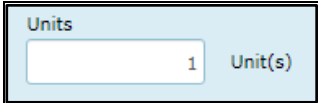
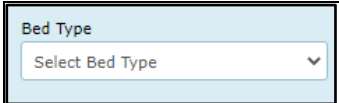
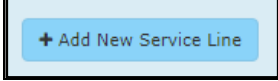
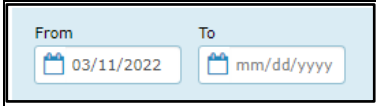
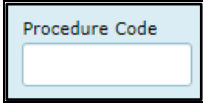

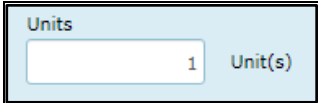
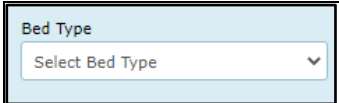
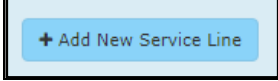
## Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action												
6.	<p>Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.</p> <table border="1"> <tr> <td data-bbox="207 317 521 688"> <b>Service Type</b> </td> <td data-bbox="526 317 1552 688"> <p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click <b>Next</b> to continue.</p> <div data-bbox="537 583 776 682">  </div> </td> </tr> <tr> <td data-bbox="207 695 521 909"> <b>Date of Admission/ Date of Discharge</b> </td> <td data-bbox="526 695 1552 909"> <p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 898">  </div> </td> </tr> <tr> <td data-bbox="207 915 521 1213"> <b>Admission Type</b> </td> <td data-bbox="526 915 1552 1213"> <p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1161">  </div> <div data-bbox="1062 961 1516 1102"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1220 521 1381"> <b>Requesting Provider</b> </td> <td data-bbox="526 1220 1552 1381"> <p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381">  </div> </td> </tr> <tr> <td data-bbox="207 1388 521 1591"> <b>Servicing Provider</b> </td> <td data-bbox="526 1388 1552 1591"> <p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591">  </div> </td> </tr> <tr> <td data-bbox="207 1598 521 1812"> <b>Servicing Facility</b> </td> <td data-bbox="526 1598 1552 1812"> <p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1791">  </div> </td> </tr> </table>	<b>Service Type</b>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click <b>Next</b> to continue.</p> <div data-bbox="537 583 776 682">  </div>	<b>Date of Admission/ Date of Discharge</b>	<p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 898">  </div>	<b>Admission Type</b>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1161">  </div> <div data-bbox="1062 961 1516 1102"> <p>The question mark provides information regarding the types of admissions.</p> </div>	<b>Requesting Provider</b>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1381">  </div>	<b>Servicing Provider</b>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1591">  </div>	<b>Servicing Facility</b>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1791">  </div>
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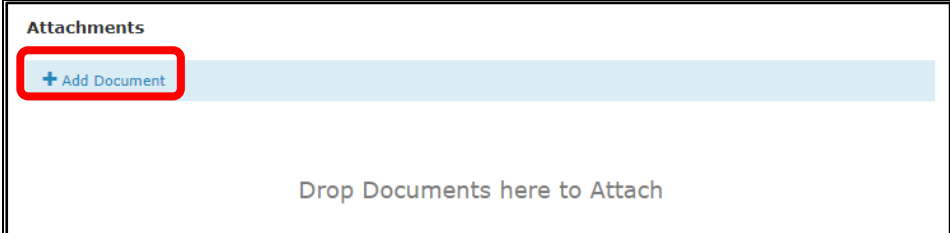
# Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action								
6.	<p data-bbox="219 222 365 254"><b>Diagnoses</b></p> <p data-bbox="219 264 381 296"><b>Diagnoses</b></p> <p data-bbox="548 264 1494 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="548 348 941 462"><p data-bbox="560 359 673 380"><b>Diagnoses</b></p><p data-bbox="576 407 747 432">Add Diagnoses ...</p></div> <p data-bbox="548 478 1542 625"><b>Note:</b> The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="548 642 1559 823"><p data-bbox="560 653 673 674"><b>Diagnoses</b></p><p data-bbox="576 701 747 726">Add Diagnoses ...</p><table border="1" data-bbox="560 737 1542 810"><tbody><tr><td data-bbox="565 743 581 764">1</td><td data-bbox="613 743 673 764">(Primary) M62.81</td><td data-bbox="813 743 1052 764">Muscle weakness (generalized)</td><td data-bbox="1356 730 1542 781"></td></tr><tr><td data-bbox="565 785 581 806">2</td><td data-bbox="695 785 771 806">T67.01XA</td><td data-bbox="813 785 1144 806">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 Emergent Admission Notification (cont'd)

Step	Action												
6.	<p data-bbox="207 222 326 254"><b>Services</b></p> <table border="1" data-bbox="207 260 1471 1591"> <tr> <td data-bbox="207 260 526 457"><b>From / To</b></td> <td data-bbox="531 260 1471 457"> <p data-bbox="542 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="542 348 915 453">  </div> </td> </tr> <tr> <td data-bbox="207 464 526 814"><b>Procedure Code</b></td> <td data-bbox="531 464 1471 814"> <p data-bbox="542 464 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will <b>not</b> 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="542 709 743 810">  </div> </td> </tr> <tr> <td data-bbox="207 821 526 961"><b>Modifiers</b></td> <td data-bbox="531 821 1471 961"> <p data-bbox="542 821 1203 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="542 873 818 957">  </div> </td> </tr> <tr> <td data-bbox="207 968 526 1171"><b>Units</b></td> <td data-bbox="531 968 1471 1171"> <p data-bbox="542 968 1459 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1062 857 1163">  </div> </td> </tr> <tr> <td data-bbox="207 1178 526 1339"><b>Bed Type</b></td> <td data-bbox="531 1178 1471 1339"> <p data-bbox="542 1178 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1230 878 1331">  </div> </td> </tr> <tr> <td data-bbox="207 1346 526 1591"><b>+ Add New Service Line</b></td> <td data-bbox="531 1346 1471 1591"> <p data-bbox="542 1346 1390 1465">Click on <b>Add New Service Line</b> for the system to recognize the request. <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="542 1482 818 1562">  </div> </td> </tr> </table>	<b>From / To</b>	<p data-bbox="542 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If unsure of the To date, advance it by 1 day from the From date.</p> <div data-bbox="542 348 915 453">  </div>	<b>Procedure Code</b>	<p data-bbox="542 464 1459 695">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will <b>not</b> 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="542 709 743 810">  </div>	<b>Modifiers</b>	<p data-bbox="542 821 1203 856">This is a free text field and is not a mandatory field.</p> <div data-bbox="542 873 818 957">  </div>	<b>Units</b>	<p data-bbox="542 968 1459 1045">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="542 1062 857 1163">  </div>	<b>Bed Type</b>	<p data-bbox="542 1178 1390 1213">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1230 878 1331">  </div>	<b>+ Add New Service Line</b>	<p data-bbox="542 1346 1390 1465">Click on <b>Add New Service Line</b> for the system to recognize the request. <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> <div data-bbox="542 1482 818 1562">  </div>
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# Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p data-bbox="203 239 381 268"><b>Attachments</b></p> <p data-bbox="219 279 430 308"><b>Add Document</b></p> <p data-bbox="535 279 1534 426">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="535 441 1485 672"> <p data-bbox="560 457 673 478"><b>Attachments</b></p> <p data-bbox="560 493 714 535">+ Add Document</p> <p data-bbox="828 619 1193 640">Drop Documents here to Attach</p> </div> <div data-bbox="535 688 1485 1123"> <p data-bbox="560 703 673 724"><b>Attachments</b></p> <p data-bbox="560 745 714 787">+ Add Document</p> <p data-bbox="560 808 812 829">  Document 1- for upload.docx         </p> <p data-bbox="990 808 1258 840">Select document type ...</p> <ul data-bbox="990 840 1274 1113" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1299 808 1453 850">Delete</p> </div>

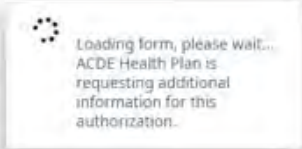
# Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p><b>Notes</b></p> <p><b>Notes</b></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 583"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> 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><b>DECLARATION</b></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)




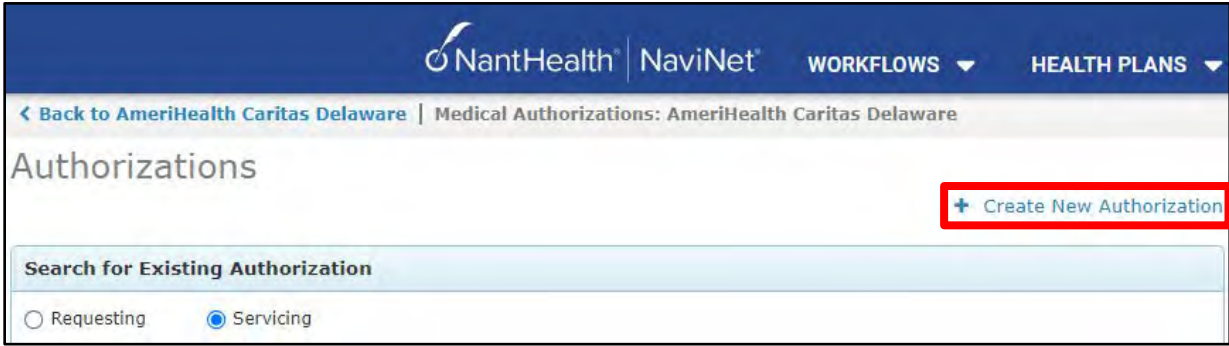
**Note:** Non-clinical users may follow the steps below to bypass the InterQual Review.

Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="204 331 636 590"><p>Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization.</p></div>
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> <div data-bbox="220 730 1341 1241"><p>Do you wish to complete Medical Review now?</p><p>Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature.</p><div data-bbox="886 1171 1333 1234"><span data-bbox="886 1171 1049 1234">SKIP REVIEW</span> <span data-bbox="1060 1178 1333 1234">CONTINUE TO REVIEW</span></div></div> <p><b>Note:</b> After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>


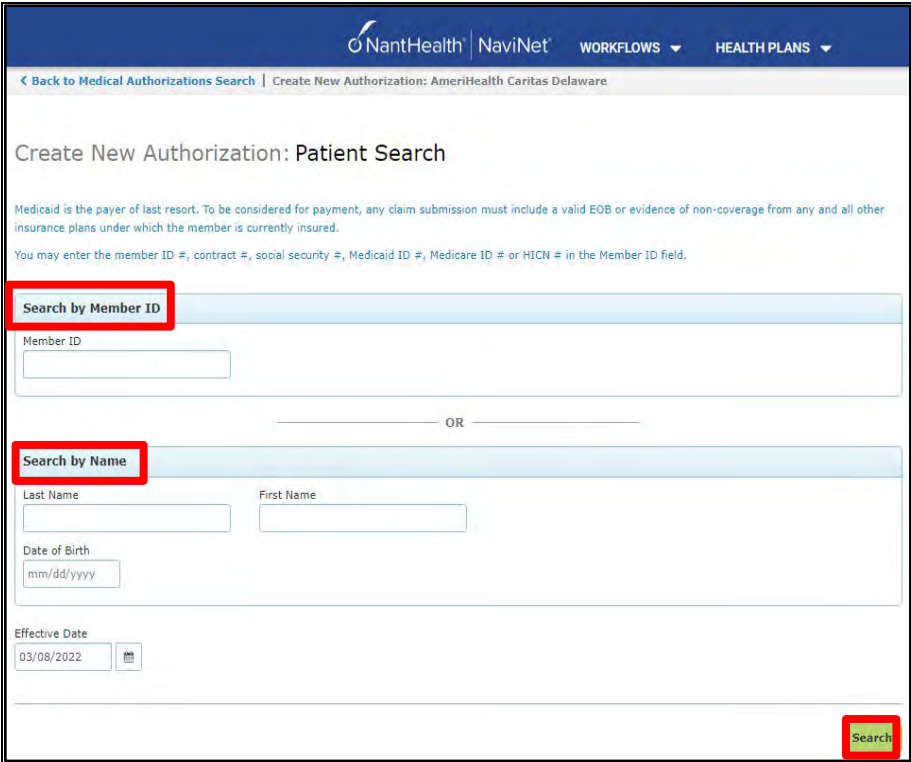


# Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

Step	Action
1.	<p>Launch <b>Medical Authorizations</b> under Workflows for this Plan.</p>  <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"><li>Medical Authorizations</li><li>Medical Authorizations Log</li><li>Eligibility and Benefits Inquiry</li><li>Claim Status Inquiry</li><li>Report Inquiry</li><li>Claim Submission</li><li>Provider Directory</li></ul>
2.	<p>Click <b>Create New Authorization</b></p>  <p>NantHealth   NaviNet   WORKFLOWS   HEALTH PLANS</p> <p>&lt; 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>

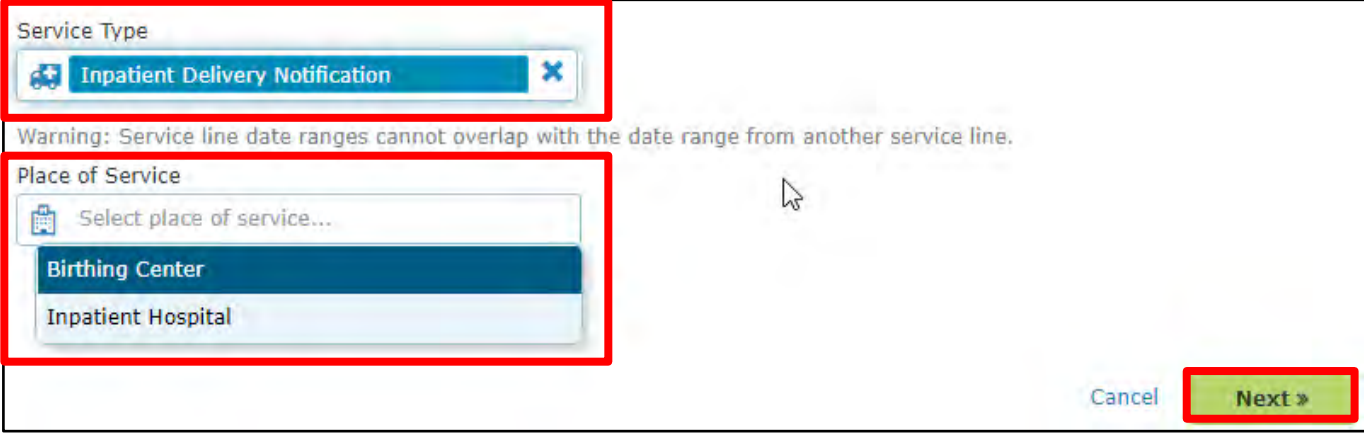
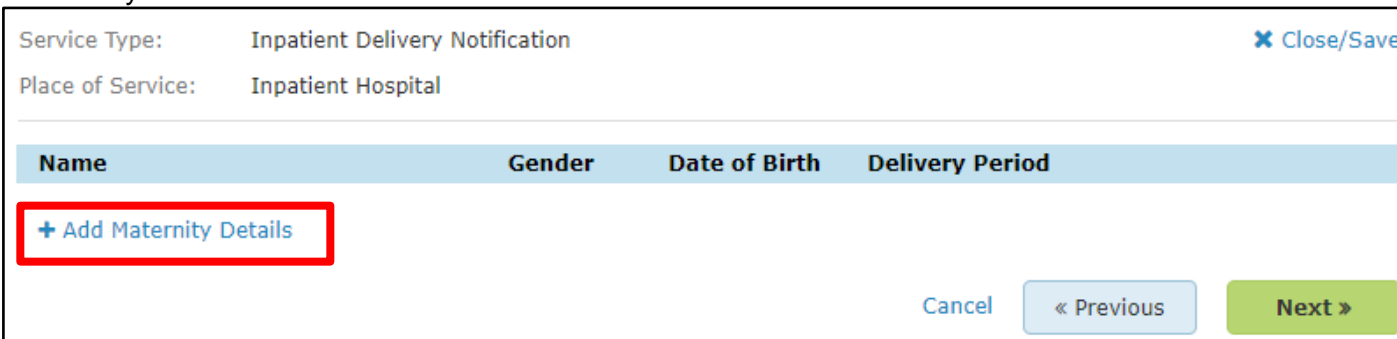
## Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select <b>Search</b>. 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="224 342 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="217 493 1123 1249" style="border: 1px solid black; padding: 10px; margin-top: 10px;">  </div> <p><b>Note:</b> If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="217 1312 966 1465" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Create New Authorization: Patient Search</p> <div style="border: 2px solid red; padding: 5px; margin-top: 5px;"> <span style="color: red;">✘</span> <b>Subscriber / Insured Not Found. Please Correct and Resubmit.</b> </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 <b>Continue</b>.</p> <p><b>Note:</b> If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="203 352 397 401">If...</th> <th data-bbox="397 352 1559 401">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 401 397 1249"> <p>The member has active coverage</p> </td> <td data-bbox="397 401 1559 1249"> <p>The provider will be advanced to the New Authorization Pre-Screening Questions</p> <div data-bbox="407 457 1446 1087" 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 1249 397 1633"> <p>The member is ineligible</p> </td> <td data-bbox="397 1249 1559 1633"> <p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1310 1458 1625" 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="407 457 1446 1087" 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 1310 1458 1625" data-label="Image"> </div>
If...	Then...						
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<p>The member is ineligible</p>	<p>The provider will receive the authorization cannot be created message.</p> <div data-bbox="407 1310 1458 1625" data-label="Image"> </div>						




## 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: <b>Inpatient Delivery Notification</b>            Place of Service: <b>Birthing Center</b> or <b>Inpatient Hospital</b>            Select <b>Next</b></p>  <p>Warning: Service line date ranges cannot overlap with the date range from another service line.</p>								
6.	<p>Click <b>+ Add Maternity Details</b> to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p>  <p>Service Type: Inpatient Delivery Notification <span style="float: right;">✕ Close/Save</span></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>	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 1182 1171"><p><b>Add Maternity Details</b> <span>✕</span></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"/> <span>?</span></p><p>5 Minute Apgar: <input type="text" value="Select"/> <span>?</span></p><p><b>Delivery</b></p><p>Delivery Outcome: <input type="text" value="Select"/></p><p>Delivery Method: <input type="text" value="Select"/></p><p>Delivery Period: <input type="text" value="Select"/></p><p>Estimated Gestational Age : <input type="text" value="Select"/> weeks <input type="text" value="0"/> days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/></p><p><input type="button" value="Cancel"/> <input type="button" value="Save"/></p></div>

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

Step	Action	
6.	<b>Baby's Last Name</b>	Free text field. Enter the baby's last name.  Baby's Last Name: <input type="text"/>
	<b>Baby's First Name</b>	Free text field. Enter the baby's first name.  Baby's First Name: <input type="text"/>
	<b>Gender</b>	Drop down field. The options are Male, Female, Unknown  Gender: <input type="text" value="Select"/> ▼
	<b>Date Of Birth</b>	Select a date from the calendar  Date Of Birth: <input type="text" value="MM/DD/YYYY"/> 
	<b>Weight in Grams</b>	Free text field. Enter the weight in grams  Weight in Grams: <input type="text"/>
	<b>1 Minute Apgar</b>	Drop down field - select 1-10. Click on the question mark for clarification.  1 Minute Apgar: <input type="text" value="1"/>  <input type="text" value="Select"/> ▼  <div data-bbox="542 1192 1463 1440" style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>1 Minute Apgar:  The Apgar score measures five things to check a baby's health. Each is scored on a scale of 0 to 2, with 2 being the best score.</p> <ol style="list-style-type: none"> <li>1. Appearance (skin color)</li> <li>2. Pulse (heart rate)</li> <li>3. Grimace response (reflexes)</li> <li>4. Activity (muscle tone)</li> <li>5. Respiration (breathing rate and effort)</li> </ol> </div>

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

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

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




Step	Action
8.	<p data-bbox="228 226 402 384"><b>Date of Admission/ Date of Discharge</b></p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 468" style="border: 1px solid black; padding: 5px;"><p data-bbox="435 365 613 390">Date Of Admission</p><input data-bbox="440 401 667 447" type="text" value="03/09/2022"/><p data-bbox="711 365 883 390">Date of Discharge</p><input data-bbox="716 401 943 447" type="text" value="Optional"/></div> <p data-bbox="418 485 1536 516"><b>Note:</b> If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1385 617" style="border: 2px solid red; padding: 5px;"><ul data-bbox="483 562 1338 590" style="list-style-type: none"><li data-bbox="483 562 1338 590">• <b>Invalid / Missing Date(s) of Service - Please Correct and Resubmit</b></li></ul></div>



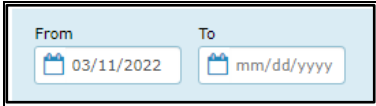
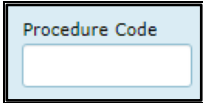
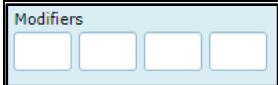

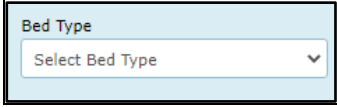
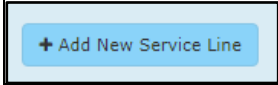
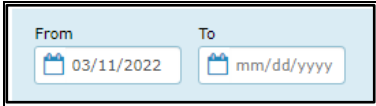
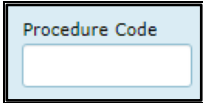
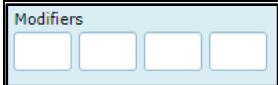

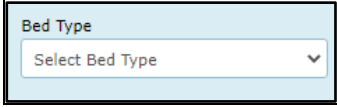
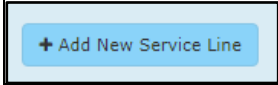
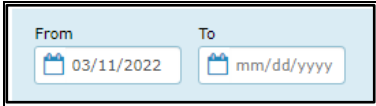
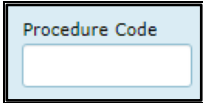
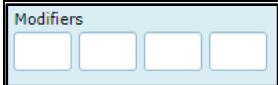

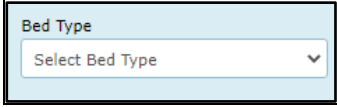
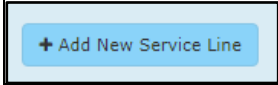
# Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<div data-bbox="203 220 519 777"> <p><b>Admission Type</b></p> </div> <div data-bbox="527 220 1559 777"> <p>Select the admission type – Elective, Urgent, or Emergent</p> <div data-bbox="535 273 1047 472"> </div> <div data-bbox="1144 273 1550 441"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <table border="1" data-bbox="535 525 1534 777"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td><b>Elective</b></td> <td>Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td><b>Urgent</b></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><b>Emergent</b></td> <td>Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> </div>	If	Then	<b>Elective</b>	Potential admission for illness/injury enrollee not currently admitted	<b>Urgent</b>	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	<b>Emergent</b>	Concurrent review, enrollee is currently admitted
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<b>Emergent</b>	Concurrent review, enrollee is currently admitted								
<p><b>Requesting Provider</b></p>	<p>Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> <div data-bbox="535 871 1079 987"> </div>								
<p><b>Servicing Provider</b></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="535 1113 1079 1218"> </div>								
<p><b>Servicing Facility</b></p>	<p>The servicing facility is the location where the service will be performed.</p> <div data-bbox="535 1291 1291 1428"> </div>								


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

Step	Action							
9.	<p data-bbox="207 222 370 254"><b>Diagnoses</b></p> <p data-bbox="207 260 370 296"><b>Diagnoses</b></p> <p data-bbox="537 260 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 346 930 464"> <p data-bbox="548 359 659 384"><b>Diagnoses</b></p> <p data-bbox="565 407 735 432">Add Diagnoses ...</p> </div> <p data-bbox="537 478 1536 625"><b>Note:</b> 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="537 640 1547 825"> <p data-bbox="548 653 659 678"><b>Diagnoses</b></p> <p data-bbox="565 701 735 726">Add Diagnoses ...</p> <table border="1" data-bbox="553 741 1536 814"> <tbody> <tr> <td data-bbox="553 741 570 766">1</td> <td data-bbox="586 741 651 766">(Primary) M62.81</td> <td data-bbox="805 741 1040 766">Muscle weakness (generalized)</td> <td data-bbox="1446 730 1536 783" rowspan="2">  </td> </tr> <tr> <td data-bbox="553 779 570 804">2</td> <td data-bbox="675 779 756 804">T67.01XA</td> <td data-bbox="805 779 1130 804">Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	1	(Primary) M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter
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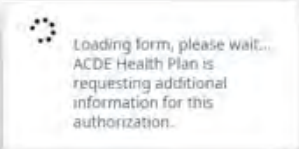
## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action												
9.	<p data-bbox="207 222 326 254"><b>Services</b></p> <table border="1" data-bbox="207 260 1471 1667"> <tr> <td data-bbox="207 260 526 495"><b>From / To</b></td> <td data-bbox="531 260 1471 495"> <p data-bbox="542 260 1409 369">From (start date) / To (end date). The From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p>  </td> </tr> <tr> <td data-bbox="207 501 526 852"><b>Procedure Code</b></td> <td data-bbox="531 501 1471 852"> <p data-bbox="542 501 1448 730">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 <b>not</b> be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 858 526 999"><b>Modifiers</b></td> <td data-bbox="531 858 1471 999"> <p data-bbox="542 858 1117 894">This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 1005 526 1209"><b>Units</b></td> <td data-bbox="531 1005 1471 1209"> <p data-bbox="542 1005 1455 1083">Free text numeric value. For the inpatient request, units are equivalent to days.</p>  </td> </tr> <tr> <td data-bbox="207 1215 526 1419"><b>Bed Type</b></td> <td data-bbox="531 1215 1471 1419"> <p data-bbox="542 1215 1380 1293">Select the appropriate bed type from the drop down list. This is a mandatory field.</p>  </td> </tr> <tr> <td data-bbox="207 1425 526 1667"><b>+ Add New Service Line</b></td> <td data-bbox="531 1425 1471 1667"> <p data-bbox="542 1425 1448 1537">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	<b>From / To</b>	<p data-bbox="542 260 1409 369">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> 	<b>Procedure Code</b>	<p data-bbox="542 501 1448 730">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 <b>not</b> 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> 	<b>Modifiers</b>	<p data-bbox="542 858 1117 894">This is a free text field and is not mandatory.</p> 	<b>Units</b>	<p data-bbox="542 1005 1455 1083">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	<b>Bed Type</b>	<p data-bbox="542 1215 1380 1293">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	<b>+ Add New Service Line</b>	<p data-bbox="542 1425 1448 1537">The user must add new service line for the system to recognize the request. The <b>Add New Service Line</b> will also be utilized when adding additional service requests.</p> 
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## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247"><b>Attachments</b></p> <p data-bbox="201 260 521 289"><b>Add Document</b></p> <p data-bbox="532 260 1562 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 653"> <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 1094" style="list-style-type: none"> <li>Select document type ...</li> <li>Progress Report</li> <li>Medical Record Attachment</li> <li>Patient Medical History Document</li> <li>Physical Therapy Notes</li> <li>Continued treatment</li> <li>Nursing Notes</li> <li>Physicians Report</li> <li>Physician Order</li> <li>Justification for Admission</li> <li>Durable Medical Equipment Prescription</li> <li>Orders and Treatment Document</li> <li>Initial Assessment</li> <li>Consent</li> <li>Discharge Summary</li> </ul> <p data-bbox="1312 800 1458 835">Delete</p> </div>

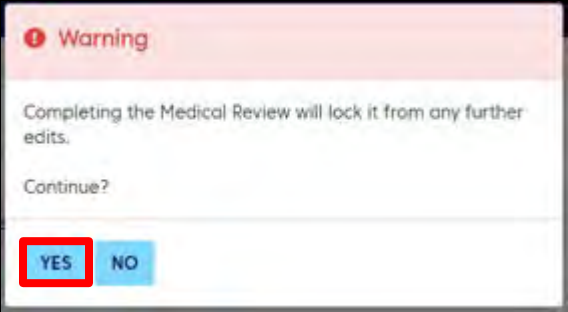
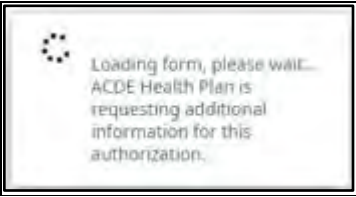
## Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p><b>Notes</b></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="537 390 1533 562" style="border: 1px solid black; padding: 5px;"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p style="text-align: right;">264 characters left</p> </div> <p><b>Contact Information</b></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 <b>Submit</b> when the request is complete.</p> <p><b>Note:</b> Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 831 1533 1239" style="border: 1px solid black; padding: 5px;"> <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><b>DECLARATION</b></p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;">Cancel <input type="button" value="« Previous"/> <input type="button" value="Submit"/></p> </div>
9.	<p>Selecting <b>Submit</b> may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>
10.	<p>If InterQual is launched, the message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 1461 634 1713" style="border: 1px solid black; padding: 10px; text-align: center;">  <p>Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization.</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 <b>Complete</b> at the bottom, then select <b>YES</b> to continue.  A warning dialog box with a red header containing a warning icon and the word "Warning". The main text reads: "Completing the Medical Review will lock it from any further edits." Below this is the question "Continue?". At the bottom are two buttons: "YES" (highlighted with a red border) and "NO".
14.	The following notice which indicates that the system is going back to NaviNet from InterQual.  A loading notice box with a circular progress indicator on the left. The text reads: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."

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


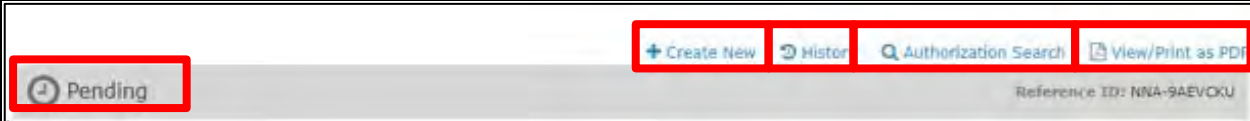
Step	Action
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' for FRANKIE MOCHRIE. The status is 'Pending', and the authorization number is 92204002349. The disposition is 'Disposition pending review'. The requesting provider is Ahmed, Mohamed F., located at 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934, with a phone number of (302) 698-4441. The servicing provider is Alfred I Dupont Hospital, located at 1600 Rockland Rd, Wilmington, DE 19803. The patient's insurance and primary care physician (Heather Bittner-Fagan) information is partially obscured. The date of admission is 04/13/2022, and the admission type is Emergent.</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	<div data-bbox="277 380 1520 499" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 506 1495 537"><b>Note:</b> Approved and partially approved requests can be amended (see chapter on Amending).</p> <p data-bbox="277 569 1495 600">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 604 1539 871"> <tr> <td><b>Amend</b></td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>Attach</b></td> <td>Attaching a document</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </table>	<b>Amend</b>	Extending existing services or requesting another service on the same authorization	<b>Create New</b>	Creating a new request	<b>Attach</b>	Attaching a document	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF
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<b>View/Print as PDF</b>	View and print authorization status request as PDF										
Pending	<div data-bbox="277 915 1520 1035" style="border: 1px solid black; padding: 5px;">  </div> <p data-bbox="277 1073 1495 1136"><b>Note:</b> Pending status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended.</p> <p data-bbox="277 1171 1495 1203">The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1207 1539 1365"> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>History</b></td> <td>Detailed history of the request</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </table>	<b>Create New</b>	Creating a new request	<b>History</b>	Detailed history of the request	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF		
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## **4 AMENDING AN AUTHORIZATION**

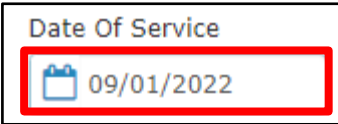
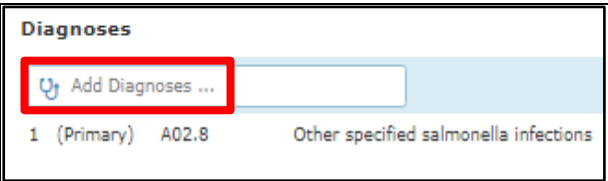
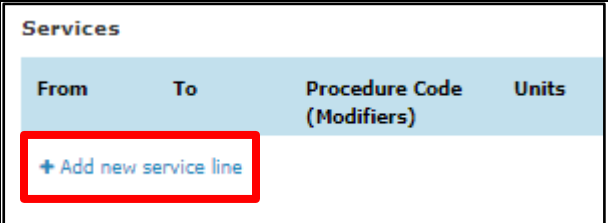
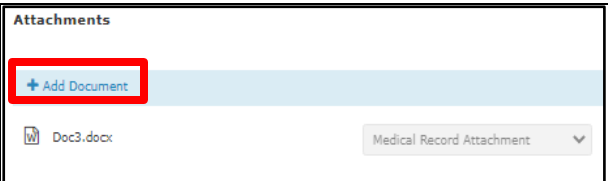
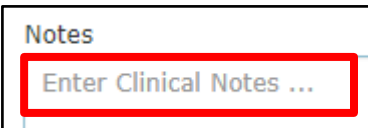
## Amending an Authorization Request

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

	<p>When making an amendment the user can add diagnoses, add services, add notes (if the maximum character limit has not been exceeded) and add documents.</p>
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Step	Action									
1.	<p>Locate the existing request under <b>Workflows for this Plan</b>.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>Workflows for this Plan</b></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 <b>Medical Authorizations Log</b></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 <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select <b>Medical Authorizations Log</b>	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select <b>Medical Authorizations</b> and then <b>Search for Existing Authorization</b> (also referred to as Authorization Inquiry by NaviNet)			
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2.	<p>Select <b>Auth Details</b> on the request that needs to be amended.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>GRETA EMERSON</b></td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: <span style="color: green;">✔</span> 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;"> <span style="border: 1px solid red; padding: 2px;">Auth Details</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔄 Refresh Status</span> </td> </tr> </table> </div>	<b>GRETA EMERSON</b>	Date of Service: 03/18/2022	Date of Submission: <span style="color: green;">✔</span> Approved as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		<span style="border: 1px solid red; padding: 2px;">Auth Details</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔄 Refresh Status</span>		
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AmeriHealth Caritas	Auth #: 92203003350									
<span style="border: 1px solid red; padding: 2px;">Auth Details</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔄 Refresh Status</span>										
3.	<p>Select <b>Amend</b>.</p> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"> <span style="border: 1px solid red; padding: 2px;">Amend</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔍 Authorization Search</span> <span style="margin-left: 10px;">📄 View/Print as PDF</span> </td> <td style="width: 30%;"></td> </tr> <tr style="background-color: #e0f0e0;"> <td style="text-align: center;">✔ Approved</td> <td style="text-align: center;">Authorization #: 92203003026</td> <td style="text-align: right;">Effective: 03/31/2022</td> </tr> </table> </div>		<span style="border: 1px solid red; padding: 2px;">Amend</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔍 Authorization Search</span> <span style="margin-left: 10px;">📄 View/Print as PDF</span>		✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022			
	<span style="border: 1px solid red; padding: 2px;">Amend</span> <span style="margin-left: 10px;">+ Create New</span> <span style="margin-left: 10px;">↻ History</span> <span style="margin-left: 10px;">📎 Attach</span> <span style="margin-left: 10px;">🔍 Authorization Search</span> <span style="margin-left: 10px;">📄 View/Print as PDF</span>									
✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022								

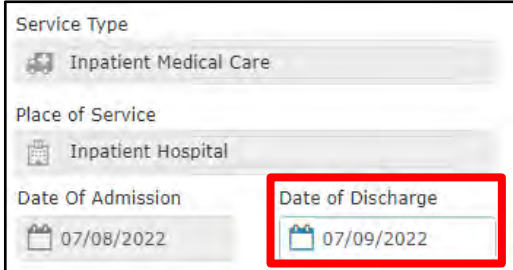
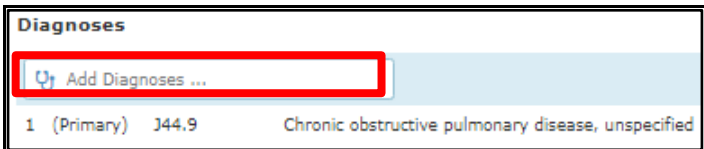
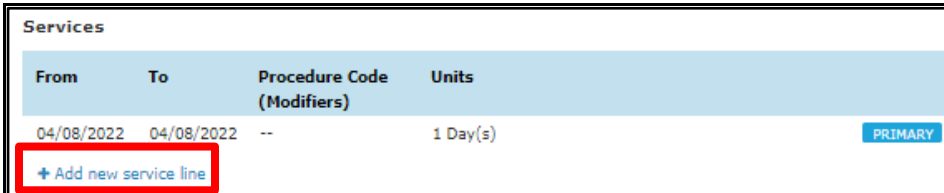
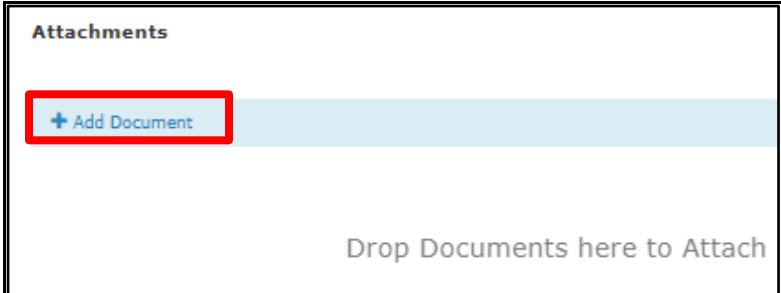
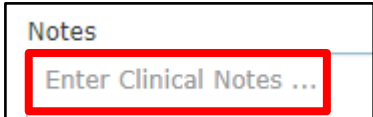
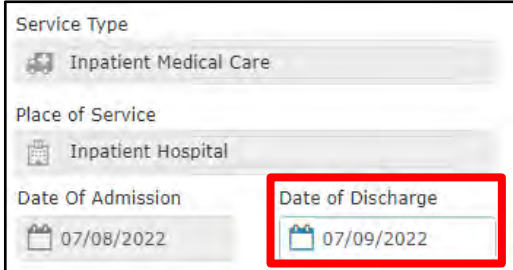
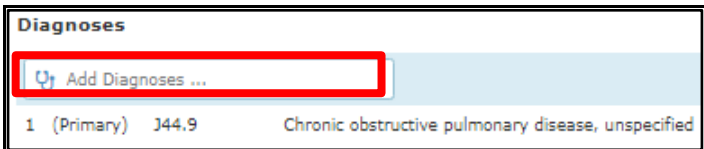
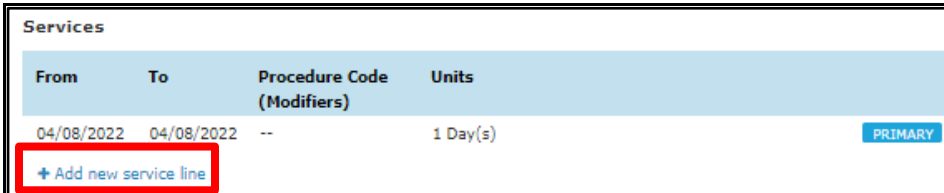
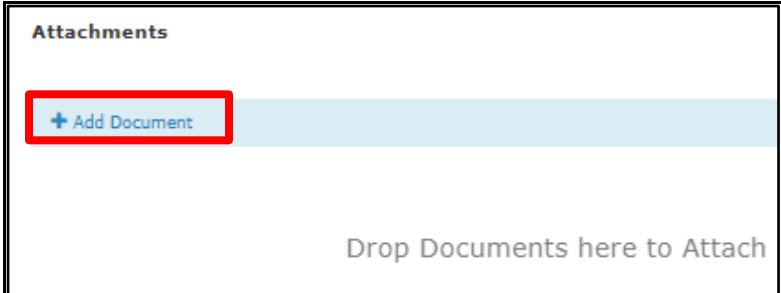
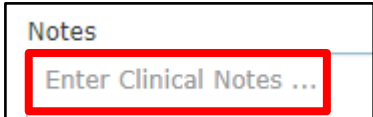
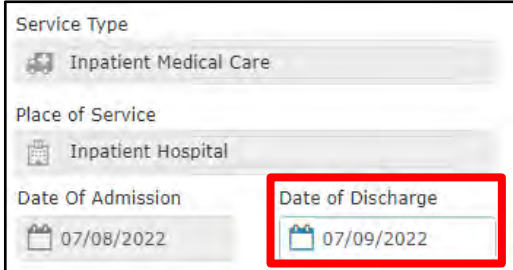
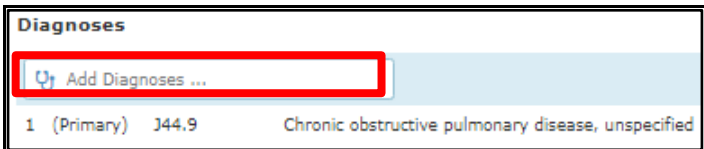
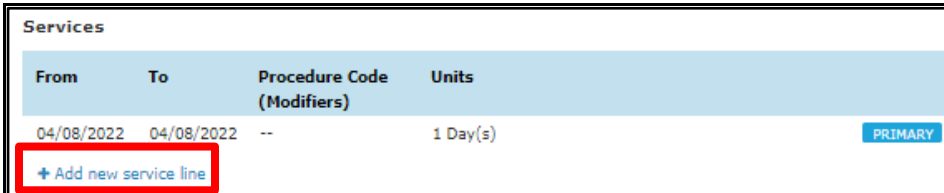
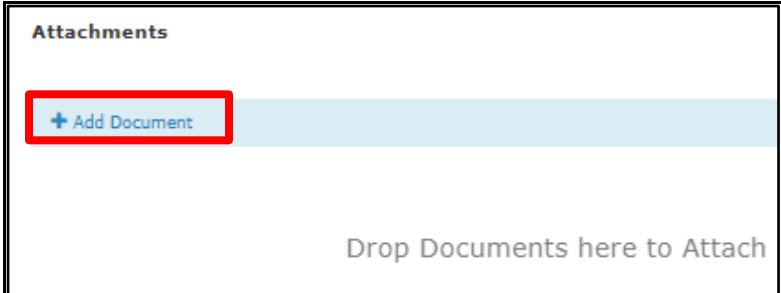
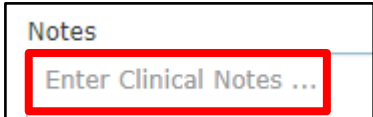
## Amending an Authorization Request (cont'd)

Step	Action				
4.	<table border="1"> <tr> <th data-bbox="240 275 548 325">If...</th> <th data-bbox="548 275 1562 325">Then....</th> </tr> <tr> <td data-bbox="240 325 548 405">Amending an outpatient request</td> <td data-bbox="548 325 1562 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> </table>	If...	Then....	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.
	If...	Then....			
	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.			
	Address the Date of Service				
	Add additional diagnoses if applicable				
	Add new service line				
Add attachments if applicable					
Add notes if applicable					

## Amending an Authorization Request (cont'd)

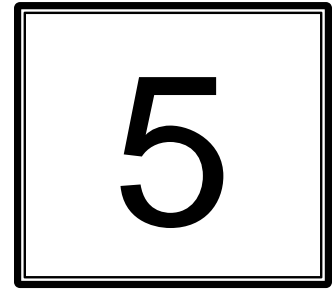
Step	Action												
4. (cont.)	<p>Amending an outpatient request</p> <p>Enter contact information, check the Declaration box, and <b>Submit</b>.</p> <div data-bbox="706 331 1563 699"><p>▼ Contact Information</p><table><tr><td>First Name</td><td>Phone Number</td></tr><tr><td>Beth</td><td>(843) 999-9999</td></tr><tr><td>Last Name</td><td>Fax Number</td></tr><tr><td>Williams</td><td>Optional</td></tr><tr><td>Email Address</td><td><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr><tr><td>Optional</td><td></td></tr></table><p><b>DECLARATION</b></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   <b>Submit</b></p></div>	First Name	Phone Number	Beth	(843) 999-9999	Last Name	Fax Number	Williams	Optional	Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations	Optional	
First Name	Phone Number												
Beth	(843) 999-9999												
Last Name	Fax Number												
Williams	Optional												
Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations												
Optional													

## 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="240 275 488 325">If...</th> <th data-bbox="488 275 1555 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 325 488 411">Amending an inpatient request</td> <td data-bbox="488 325 1555 411">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="597 457 1555 743">  </td> </tr> </table> <table border="1" data-bbox="240 743 1555 909"> <tr> <td data-bbox="240 743 597 909">Add additional diagnoses if applicable</td> <td data-bbox="597 743 1555 909">  </td> </tr> </table> <table border="1" data-bbox="240 909 1555 1161"> <tr> <td data-bbox="240 909 597 1161">Add new service line</td> <td data-bbox="597 909 1555 1161">  </td> </tr> </table> <table border="1" data-bbox="240 1161 1555 1472"> <tr> <td data-bbox="240 1161 597 1472">Add attachments if applicable</td> <td data-bbox="597 1161 1555 1472">  </td> </tr> </table> <table border="1" data-bbox="240 1472 1555 1608"> <tr> <td data-bbox="240 1472 597 1608">Add notes if applicable</td> <td data-bbox="597 1472 1555 1608">  </td> </tr> </table>	If...	Then....	Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information	Providers can enter the date of discharge for members that have discharged.		Add additional diagnoses if applicable		Add new service line		Add attachments if applicable		Add notes if applicable	
If...	Then....														
Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information														
Providers can enter the date of discharge for members that have discharged.															
Add additional diagnoses if applicable															
Add new service line															
Add attachments if applicable															
Add notes if applicable															

## 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 <b>Submit</b></p> <div data-bbox="565 283 1568 703"><p><b>Contact Information</b></p><p>First Name: Beth Last Name: Williams Email Address: Optional Phone Number: (843) 999-9999 Fax Number: Optional <input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p><b>DECLARATION</b></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   <b>Submit</b></p></div>

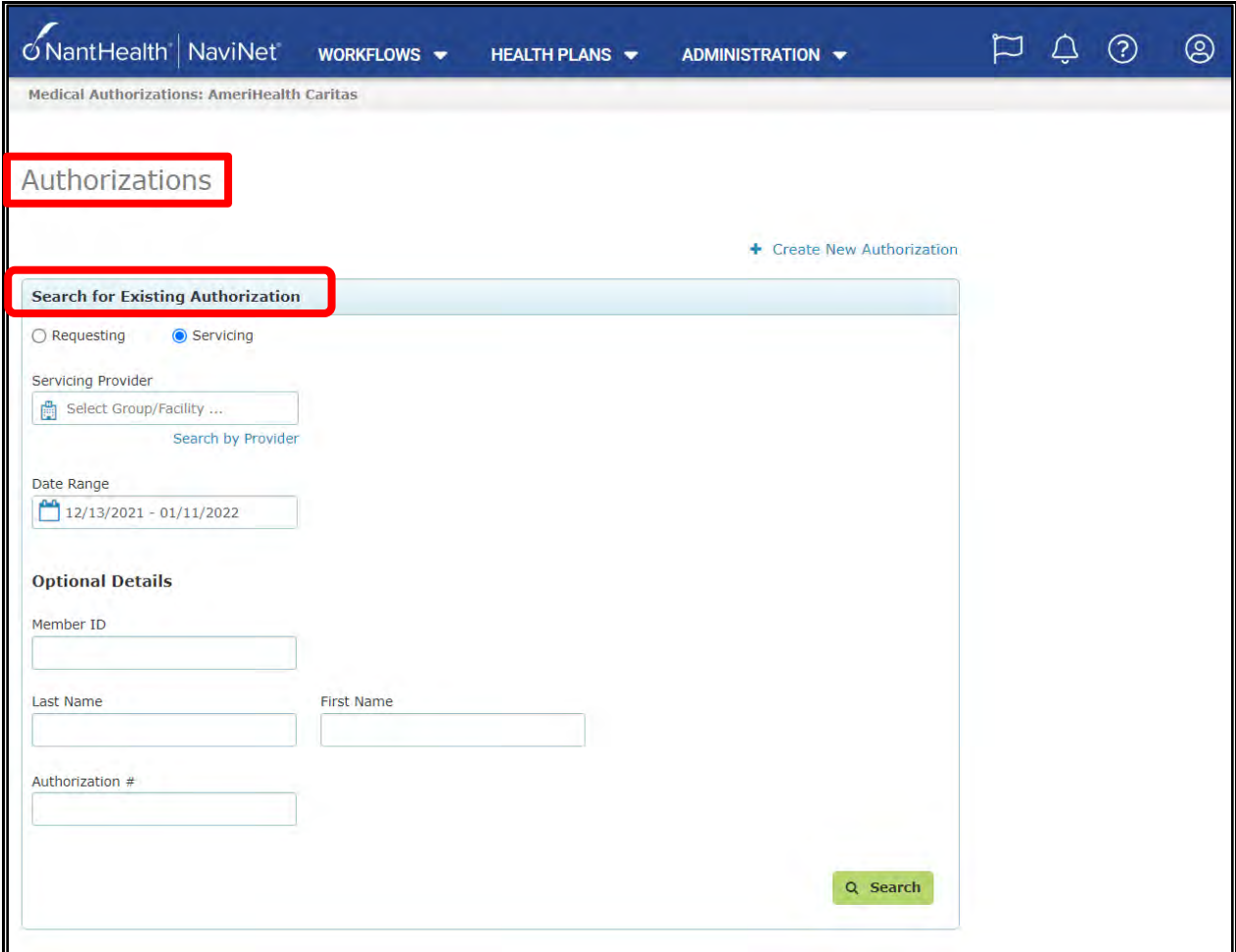


## **5 SEARCH FOR AN EXISTING AUTHORIZATION**



## 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.

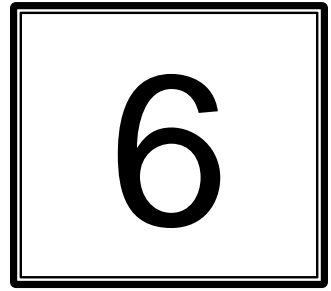
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select <b>Medical Authorizations</b> under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p><b>Workflows for this Plan</b></p><p>Medical Authorizations</p></div>  <p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'NantHealth   NaviNet', 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The page title is 'Medical Authorizations: AmeriHealth Caritas'. A red box highlights the 'Authorizations' tab. Another red box highlights the 'Search for Existing Authorization' section, which contains the following form fields:</p> <ul style="list-style-type: none"><li><input type="radio"/> Requesting <input checked="" type="radio"/> Servicing</li><li>Servicing Provider: <input type="text" value="Select Group/Facility ..."/> <a href="#">Search by Provider</a></li><li>Date Range: <input type="text" value="12/13/2021 - 01/11/2022"/></li><li>Optional Details:<ul style="list-style-type: none"><li>Member ID: <input type="text"/></li><li>Last Name: <input type="text"/> First Name: <input type="text"/></li><li>Authorization #: <input type="text"/></li></ul></li><li><input type="button" value="Search"/></li></ul>

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

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select <b>Search</b>.</p> <div data-bbox="243 268 1455 1247" style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Authorizations</h3> <p style="text-align: right; color: #0070C0;">+ Create New Authorization</p> <div style="border: 1px solid #ADD8E6; padding: 5px; margin-bottom: 10px;"> <p><b>Search for Existing Authorization</b></p> <div style="display: flex; align-items: center; gap: 10px;"> <input type="radio"/> Requesting           <input checked="" type="radio"/> Servicing         </div> <div style="margin-top: 5px;"> <p>Servicing Provider</p> <input type="text" value="Select Group/Facility ..."/> </div> <div style="margin-top: 5px;"> <p>Date Range</p> <input type="text" value="02/09/2022 - 03/10/2022"/> </div> </div> <div style="margin-top: 10px;"> <p><b>Optional Details</b></p> <p>Member ID <input type="text"/></p> <p>Last Name <input type="text"/> First Name <input type="text"/></p> <p>Authorization # <input type="text"/></p> <p style="text-align: right; margin-top: 20px;"><span style="border: 1px solid red; padding: 2px 5px;">Q Search</span></p> </div> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1442 1604" style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Authorizations: Search Results</h3> <div style="border: 1px solid #ADD8E6; padding: 5px; margin-bottom: 10px;"> <input type="text" value="Filter Results ..."/> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Authorization #</th> <th style="text-align: left;">Patient (Member ID) ^</th> <th style="text-align: left;">Status</th> <th style="text-align: left;">Requesting Provider</th> <th style="text-align: left;">Servicing Provider</th> <th style="text-align: left;">Proc.</th> <th style="text-align: left;">Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td style="color: red;">● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v																
92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022																
92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022																

## Search: Search for an Existing Authorization (cont'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 554" style="border: 1px solid black; padding: 5px;">  </div> <p><b>Note:</b> 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="240 663 1513 930"> <tbody> <tr> <td><b>Amend</b></td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td><b>Create New</b></td> <td>Creating a new request</td> </tr> <tr> <td><b>Attach</b></td> <td>Attaching a document</td> </tr> <tr> <td><b>Authorization Search</b></td> <td>Searching for an authorization</td> </tr> <tr> <td><b>View/Print as PDF</b></td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	<b>Amend</b>	Extending existing services or requesting another service on the same authorization	<b>Create New</b>	Creating a new request	<b>Attach</b>	Attaching a document	<b>Authorization Search</b>	Searching for an authorization	<b>View/Print as PDF</b>	View and print authorization status request as PDF
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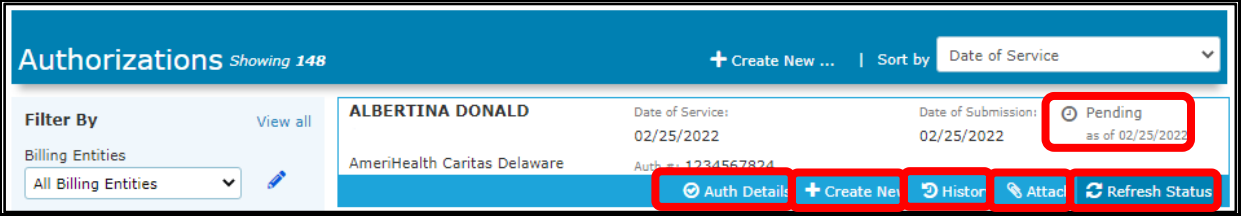

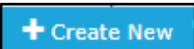




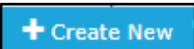




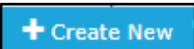



## **6 MEDICAL AUTHORIZATION LOG**

## 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).

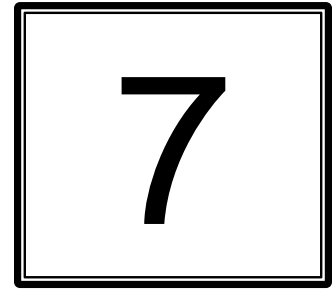
Step	Action																																
1.	<p>Select <b>Medical Authorization Log</b> under Workflows for this Plan.                      Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px;"> <p><b>Workflows for this Plan</b></p> <ul style="list-style-type: none"> <li>Medical Authorizations</li> <li>Medical Authorizations Log </li> </ul> </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 <b>Authorizations Created By Me</b>.</p> <div data-bbox="240 730 1563 1360" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 5px;"> <span>Authorizations <i>Showing 148</i></span> <span style="float: right;"> <span style="border: 1px solid red; padding: 2px 5px;">+ Create New ...</span> <span style="border: 1px solid red; padding: 2px 5px;">Sort by <span style="border-bottom: 1px solid white;">Date of Service</span> ▼</span> </span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; border: 1px solid red;">Filter By</th> <th style="width: 40%;"></th> <th style="width: 15%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid red;">                     Billing Entities                      All Billing Entities ▼                 </td> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: <span style="color: gray;">⌚</span> Pending as of 02/25/2022</td> </tr> <tr> <td style="border: 1px solid red;">                     Patient Details                      Search for name or ID...                 </td> <td>AmeriHealth Caritas Delaware</td> <td>Auth #: 1234567824 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="border: 1px solid red;">                     Authorization #                      [ ]                 </td> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022</td> </tr> <tr> <td style="border: 1px solid red;">                     Servicing Provider                      Search for name or ID...                 </td> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="border: 1px solid red;">                     Date of service                      12/11/2021-03/10/2022                 </td> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022</td> </tr> <tr> <td style="border: 1px solid red;"> <input type="checkbox"/> Authorizations Created By Me                 </td> <td>AmeriHealth Caritas Delaware</td> <td>Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa</td> <td></td> </tr> <tr> <td style="border: 1px solid red;">                     Status                 </td> <td><b>ALBERTINA DONALD</b></td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022</td> </tr> </tbody> </table> </div>	Filter By				Billing Entities All Billing Entities ▼	<b>ALBERTINA DONALD</b>	Date of Service: 02/25/2022	Date of Submission: <span style="color: gray;">⌚</span> Pending as of 02/25/2022	Patient Details Search for name or ID...	AmeriHealth Caritas Delaware	Auth #: 1234567824 Servicing: Shock Trauma Associates Pa		Authorization # [ ]	<b>ALBERTINA DONALD</b>	Date of Service: 02/25/2022	Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022	Servicing Provider Search for name or ID...	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa		Date of service 12/11/2021-03/10/2022	<b>ALBERTINA DONALD</b>	Date of Service: 02/25/2022	Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022	<input type="checkbox"/> Authorizations Created By Me	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa		Status	<b>ALBERTINA DONALD</b>	Date of Service: 02/25/2022	Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022
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Date of service 12/11/2021-03/10/2022	<b>ALBERTINA DONALD</b>	Date of Service: 02/25/2022	Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022																														
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Status	<b>ALBERTINA DONALD</b>	Date of Service: 02/25/2022	Date of Submission: <span style="color: orange;">⚠</span> Required as of 02/25/2022																														

## 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: <b>Auth Details, +Create New, History, Attach, and Refresh Status</b>.</p>  <p>The screenshot shows the 'Authorizations' section with a table listing a member named ALBERTINA DONALD. The status is 'Pending as of 02/25/2022'. Below the table, there are five action buttons: 'Auth Details', '+ Create New', 'History', 'Attach', and 'Refresh Status'. The 'Auth Details' and 'Refresh Status' buttons are highlighted with red boxes in the original image.</p> <table border="1" data-bbox="240 596 1524 980"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td> Auth Details</td> <td>Details related to the authorization</td> </tr> <tr> <td> + Create New</td> <td>Create New Authorization for the member</td> </tr> <tr> <td> History</td> <td>Provides detailed history of the request</td> </tr> <tr> <td> Attach</td> <td>Ability to attach documents</td> </tr> <tr> <td> Refresh Status</td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function	 Auth Details	Details related to the authorization	 + Create New	Create New Authorization for the member	 History	Provides detailed history of the request	 Attach	Ability to attach documents	 Refresh Status	Allows the user to refresh the status for any updates.
Field	Function												
 Auth Details	Details related to the authorization												
 + Create New	Create New Authorization for the member												
 History	Provides detailed history of the request												
 Attach	Ability to attach documents												
 Refresh Status	Allows the user to refresh the status for any updates.												

## Search: Medical Authorization Log (cont'd)

Step	Action										
<b>3. (cont.)</b>	<p>If the request is in draft status different fields are available.  <b>Continue, Delete, Create New, and History</b></p> <div data-bbox="256 338 1547 527" style="border: 1px solid black; padding: 5px;"> <p> <b>GRETA EMERSON</b>      Date of Service: 03/16/2022      Date of Submission: <span style="border: 1px solid red; padding: 2px;">Draft</span>  <small>as of 11:29am Today</small>            AmeriHealth Caritas Delaware      Reference Id: --         </p> <p style="text-align: right;"> <span style="border: 1px solid red; padding: 2px;">→ Continue</span> <span style="border: 1px solid red; padding: 2px;">🗑 Delete</span> <span style="border: 1px solid red; padding: 2px;">+ Create New</span> <span style="border: 1px solid red; padding: 2px;">🕒 History</span> </p> </div> <table border="1" data-bbox="256 573 1547 890"> <thead> <tr> <th data-bbox="256 573 493 615">Field</th> <th data-bbox="493 573 1547 615">Function</th> </tr> </thead> <tbody> <tr> <td data-bbox="256 615 493 684">  </td> <td data-bbox="493 615 1547 684">Allows the user to continue working on the request</td> </tr> <tr> <td data-bbox="256 684 493 747">  </td> <td data-bbox="493 684 1547 747">Allows the user to delete the request</td> </tr> <tr> <td data-bbox="256 747 493 816">  </td> <td data-bbox="493 747 1547 816">Allows the user to create a new authorization for the member</td> </tr> <tr> <td data-bbox="256 816 493 890">  </td> <td data-bbox="493 816 1547 890">Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function		Allows the user to continue working on the request		Allows the user to delete the request		Allows the user to create a new authorization for the member		Provides detailed history of the request
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	Allows the user to continue working on the request										
	Allows the user to delete the request										
	Allows the user to create a new authorization for the member										
	Provides detailed history of the request										



# **7 REQUEST FOR MORE INFORMATION (RFMI)**



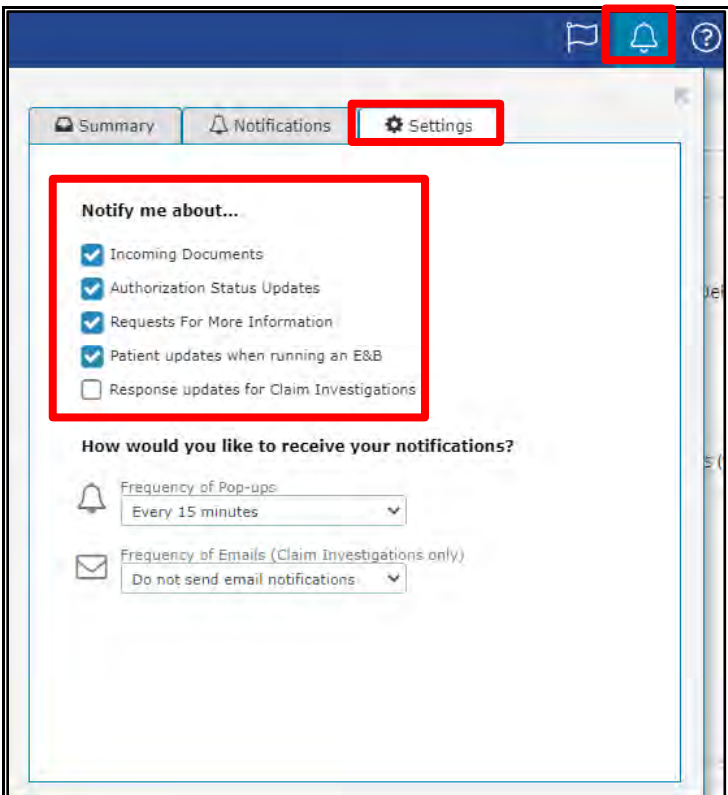
## Request for More Information (RFMI)

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.

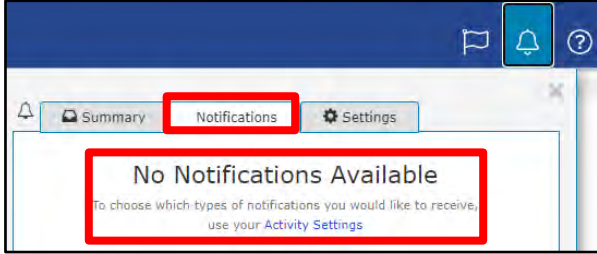
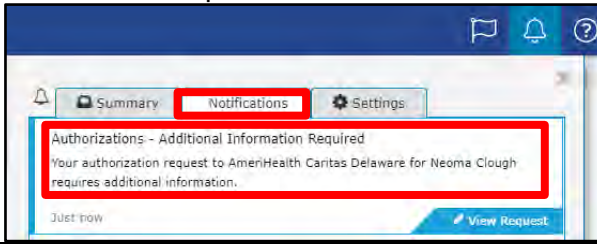
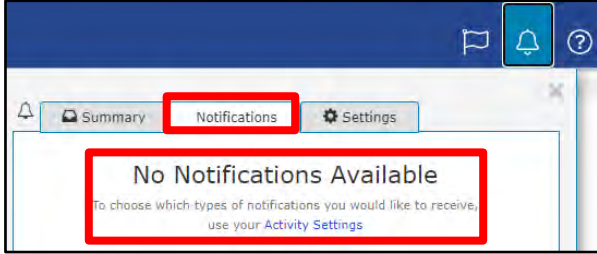
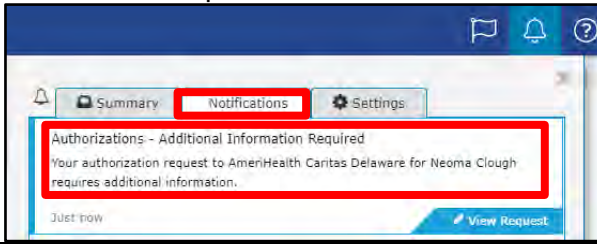
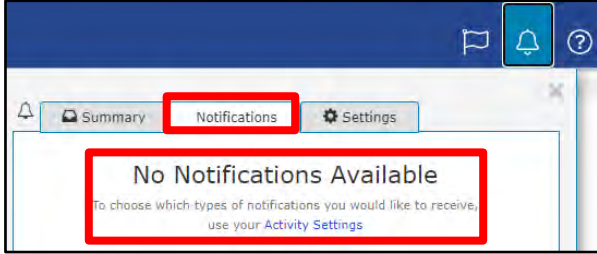
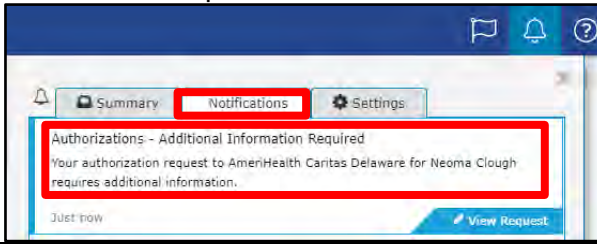
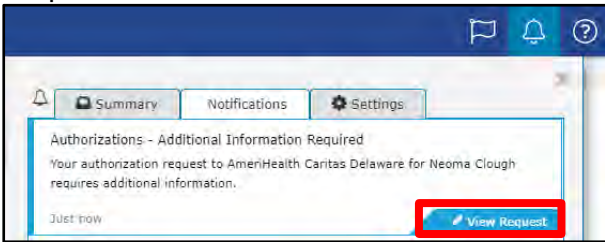
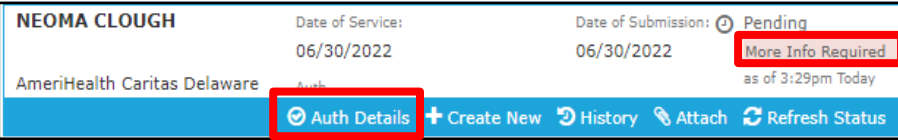


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


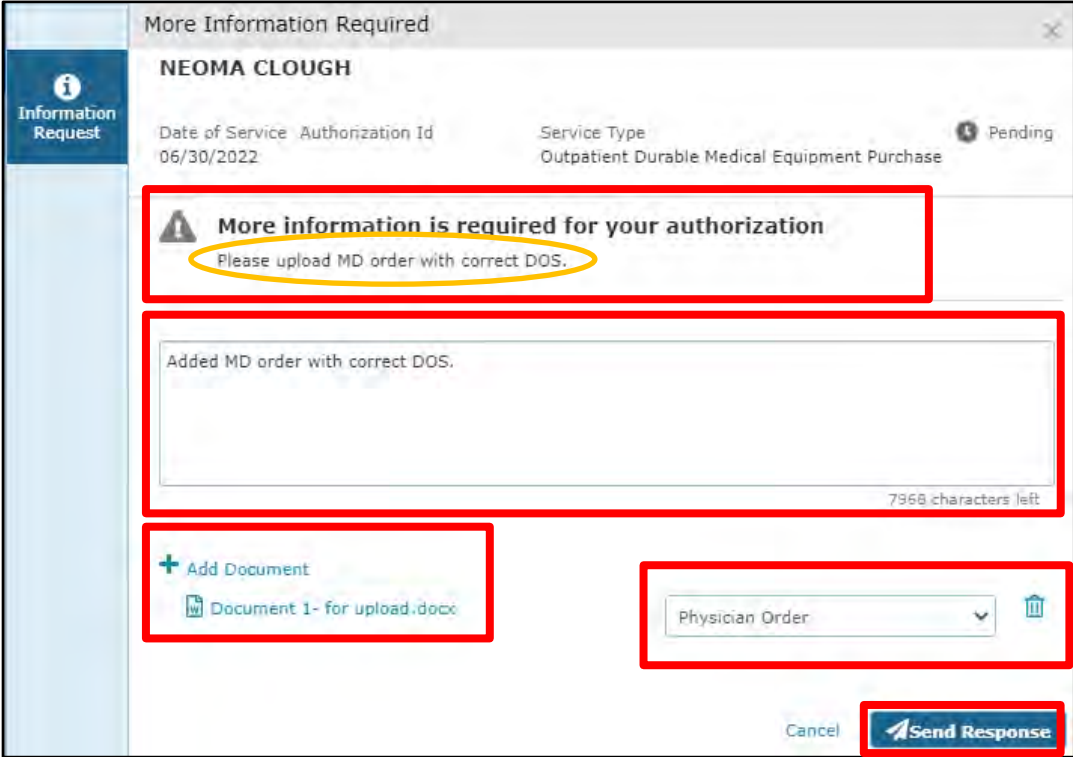
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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> 


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

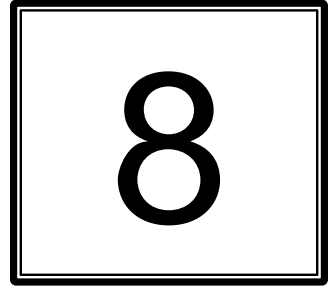
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 947"> <thead> <tr> <th data-bbox="240 275 618 310">If...</th> <th data-bbox="618 275 1312 310">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 310 618 638">No notifications exist</td> <td data-bbox="618 310 1312 638"> <p>The user will see No Notifications Available message.</p>  </td> </tr> <tr> <td data-bbox="240 638 618 947">Notifications are available</td> <td data-bbox="618 638 1312 947"> <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="240 1045 1567 1354"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  </li> <li data-bbox="240 1354 1567 1638"> <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>  </li> </ol>						

## 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 link labeled 'More Information Required' which is highlighted with a red rectangular box. Other elements include 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF' buttons.</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 <b>Send Response</b>.</p>  <p>The screenshot shows the 'More Information Required' form for NEOMA CLOUGH. A warning message states 'More information is required for your authorization' with the instruction 'Please upload MD order with correct DOS.' The text area contains 'Added MD order with correct DOS.' Below this is an 'Add Document' section with a file named 'Document 1- for upload.docx'. A dropdown menu is set to 'Physician Order'. At the bottom right, the 'Send Response' button is highlighted with a red box.</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 <b>History</b>.</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>From</th><th>Time</th></tr></thead><tbody><tr><td>Attached Physician Order</td><td>by Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>Response Sent</td><td>by Jessica Williams</td><td>07/27/2022 7:35pm</td></tr><tr><td>More Information Required</td><td>from Health Plan</td><td>07/27/2022 3:16pm</td></tr><tr><td>Pending</td><td>from Health Plan</td><td>06/30/2022 9:10am</td></tr></tbody></table>	Event	From	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

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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

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