



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

NaviNet Medical Authorizations Participant Guide

Corporate Clinical Systems Training Department

Original Date: 4/14/2022

Updated Date: 2/1/2023

Updated By: Kassandra Borges, &
Jessica Williams

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Review Cycle: Annually

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TABLE OF CONTENTS

1 Logging In To NaviNet	2
Logging in to NaviNet	3
2 Plan Central	6
Plan Central Overview	7
3 Creating a New Authorization	8
Creating a New Authorization	9
Creating a New Authorization - Outpatient Request.....	13
Creating a New Authorization – Inpatient Request	17
Creating a New Authorization – InterQual – Outpatient and Inpatient	23
Creating a New Authorization – Inpatient Emergent Admission Notification.....	27
Creating a New Authorization – Inpatient Delivery Notification	33
Authorization Status – Approved and Pending.....	49
4 Amending an Authorization	50
Amending an Authorization Request	51
5 Search For An Existing Authorization.....	56
Search for an Existing Authorization	57
6 Medical Authorization Log	60
Search: Medical Authorization Log	61
7 Request For More Information (RFMI).....	64
Request for More Information (RFMI)	65
8 Resources	69
Plan Contact Information	70
Escalation Process and Training Requests – Account Executives and Providers	71




1 LOGGING IN TO NAVINET

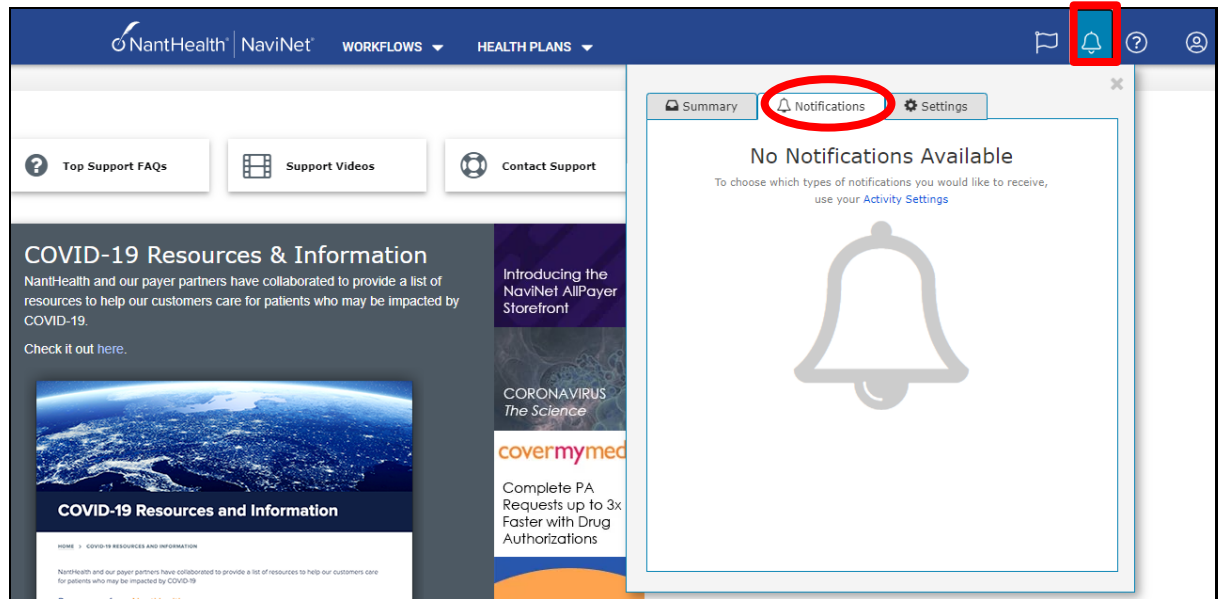
Logging in to NaviNet

Step	Action
1.	<p>Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge.</p> <div data-bbox="597 350 1149 1031" data-label="Form"></div>
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result: <i>The NaviNet Home screen will be displayed</i>

Logging in to NaviNet (cont'd)



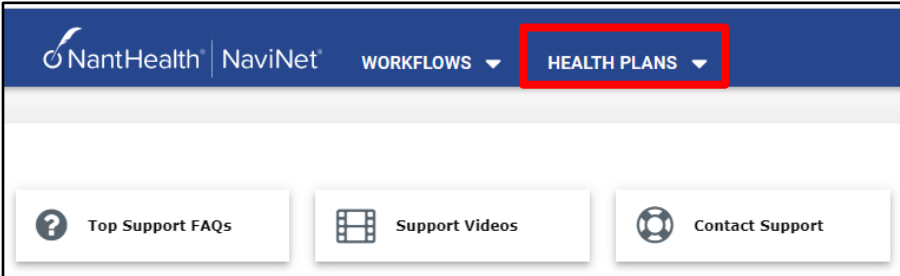
Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



The screenshot displays the NantHealth NaviNet user interface. At the top, there is a dark blue navigation bar with the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of this bar, there are icons for a flag, a bell (notifications), a question mark, and a user profile. A red box highlights the bell icon. Below the navigation bar, there are three main sections: 'Top Support FAQs', 'Support Videos', and 'Contact Support'. The main content area features a large banner for 'COVID-19 Resources & Information' with a blue and white image of a globe. To the right of this banner, there is a smaller section titled 'Introducing the NaviNet AllPayer Storefront' with a purple background and the text 'CORONAVIRUS The Science' and 'covermymed'. A modal window is open in the foreground, titled 'No Notifications Available'. The modal has a white background and a large grey bell icon. The text inside the modal reads: 'No Notifications Available. To choose which types of notifications you would like to receive, use your Activity Settings'. The modal has tabs for 'Summary', 'Notifications', and 'Settings', with 'Notifications' selected and circled in red.

Logging in to NaviNet (cont'd)

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

Step	Action																												
1.	<p>Click on HEALTH PLANS in the top menu.</p> 																												
2.	<p>Select the appropriate health plan from the displayed list. Once the appropriate health plan is selected, the user will be directed to Plan Central, see the next chapter for additional details.</p> <table border="1" data-bbox="207 737 1567 1119"> <thead> <tr> <th colspan="4">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

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

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

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

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

Use Quick Links:

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


FAQs

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


More ▾

Training Videos

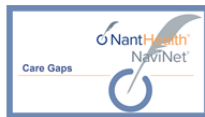
Claims Investigation




Intensive Case Management



Care Gaps



ADT Alerts



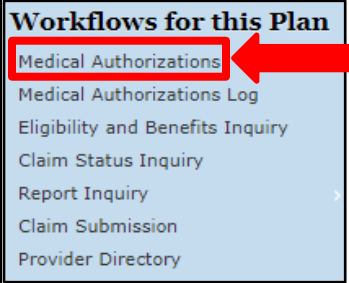
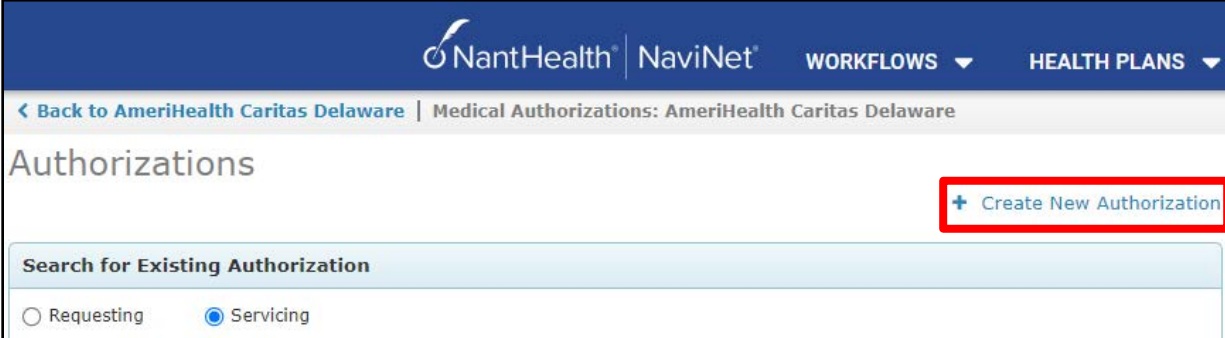
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	<ul style="list-style-type: none"> • Various functionalities are available to include initiating medical authorizations, inquiries, etc.
FAQs	Frequently Asked Questions	<ul style="list-style-type: none"> • Includes answers to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



3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

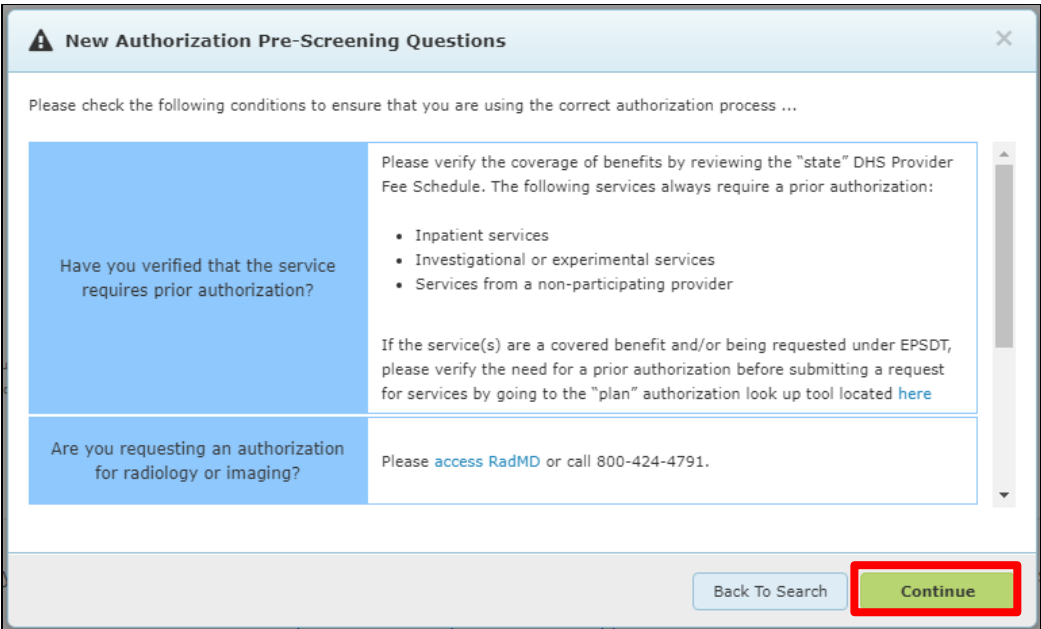
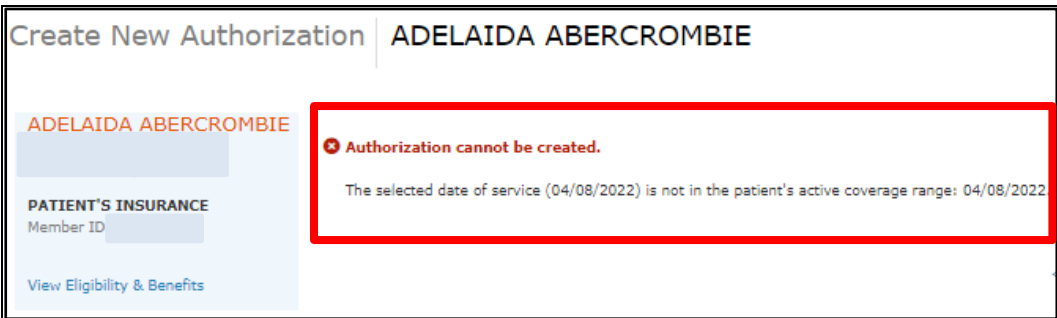
To create a new authorization:

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




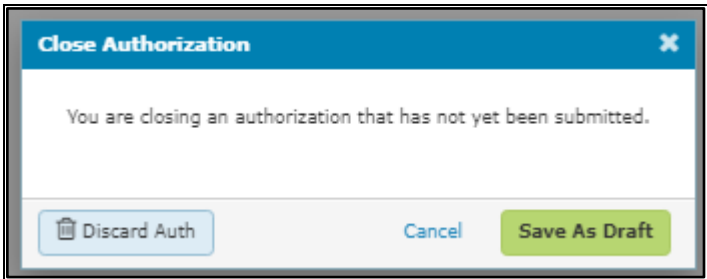
Creating a New Authorization (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="240 394 347 499"> </div> <div data-bbox="407 384 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="217 527 1125 1283"> </div> <div data-bbox="228 1346 1252 1381"> <p>Note: If you enter an incorrect/invalid member ID you will receive the following:</p> </div> <div data-bbox="240 1394 956 1547"> </div>

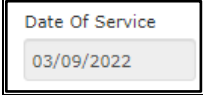
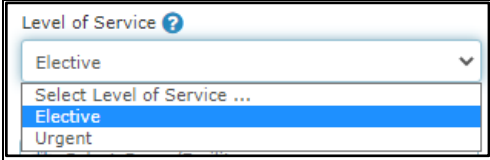
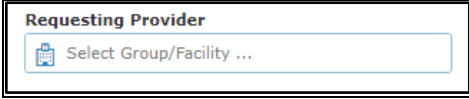

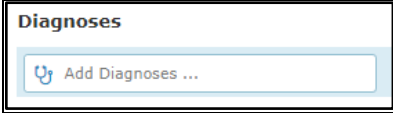
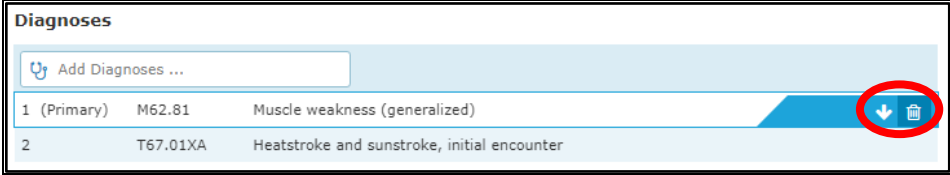
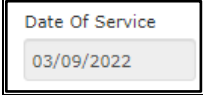
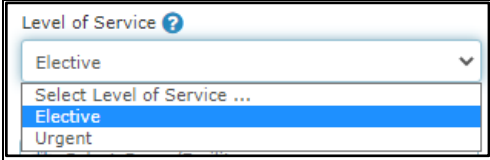
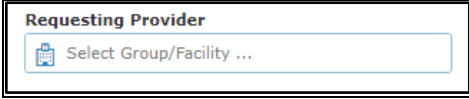

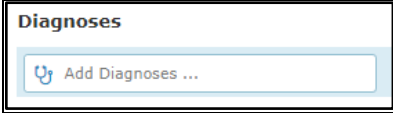
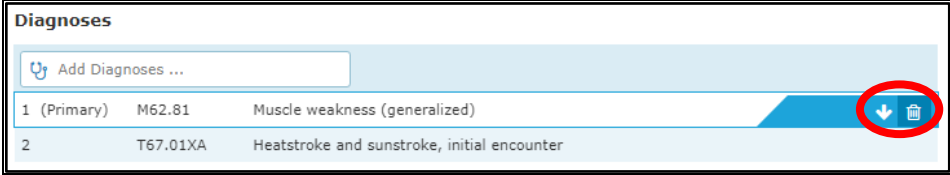
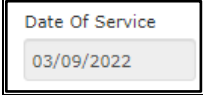
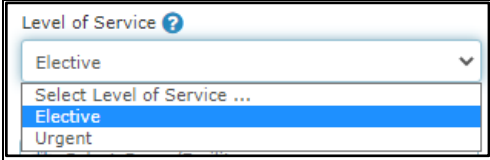
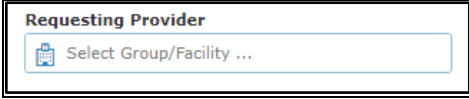

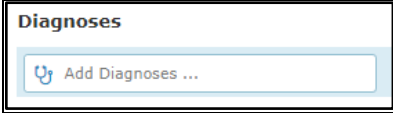
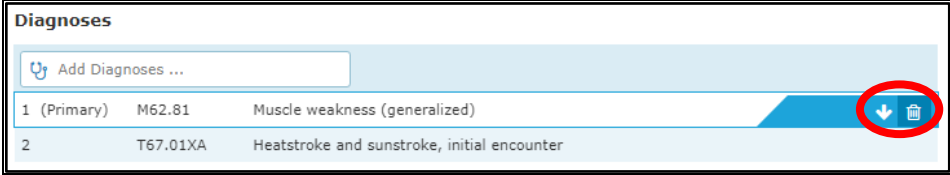
Creating a New Authorization (cont'd)

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

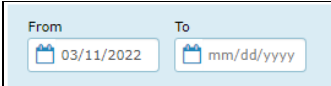

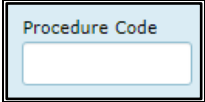

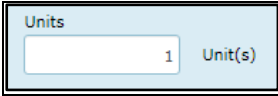
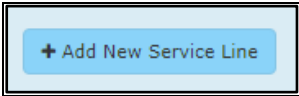
Creating a New Authorization (cont'd)

Step	Action						
5.	<p>Enter service type and place of service, then select Next</p> <div data-bbox="224 264 1539 380">  <p>View Eligibility & Benefits is available to view under the member's demographic information.</p> </div> <div data-bbox="204 390 1523 894">  </div> <p>Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if the request is for home health care the user will not be prompted to select a place of service because the place of service is in the home. If the service type is physical therapy the user will be prompted to specify a place of service (comprehensive outpatient rehabilitation facility, home, independent clinic, off campus-outpatient hospital, office). If an inpatient service type is selected the user will not be prompted to enter a place of service on this screen.</p> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Creating an outpatient episode</td> <td>Continue to the next step (step 6)</td> </tr> <tr> <td>Creating an inpatient episode</td> <td>Continue to step 7</td> </tr> </tbody> </table> <p>Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.</p> <div data-bbox="204 1535 906 1812">  </div> <div data-bbox="935 1535 1500 1812"> <p>Discard Auth – deletes the request</p> <p>Cancel – allows the user to continue</p> <p>Save As Draft – allows the user to come back and complete the request later</p> </div>	If...	Then...	Creating an outpatient episode	Continue to the next step (step 6)	Creating an inpatient episode	Continue to step 7
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Creating an outpatient episode	Continue to the next step (step 6)						
Creating an inpatient episode	Continue to step 7						



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"> <tr> <td data-bbox="207 289 461 443">Date of Service</td> <td data-bbox="466 289 1552 443"> This defaults to the current date and is not available to be changed. <div data-bbox="477 342 678 436">  </div> </td> </tr> <tr> <td data-bbox="207 449 461 856">Level of Service</td> <td data-bbox="466 449 1552 856"> Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="477 501 964 659">  </div> <table border="1"> <thead> <tr> <th data-bbox="477 665 646 701">If</th> <th data-bbox="651 665 1468 701">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 707 646 764">Elective</td> <td data-bbox="651 707 1468 764">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="477 770 646 850">Urgent</td> <td data-bbox="651 770 1468 850">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="207 863 461 1056">Requesting Provider</td> <td data-bbox="466 863 1552 1056"> Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service. <div data-bbox="477 953 943 1050">  </div> </td> </tr> <tr> <td data-bbox="207 1062 461 1255">Servicing Provider</td> <td data-bbox="466 1062 1552 1255"> Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. <div data-bbox="477 1152 943 1249">  </div> </td> </tr> <tr> <td data-bbox="207 1262 461 1858">Diagnoses</td> <td data-bbox="466 1262 1552 1858"> This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="477 1346 867 1457">  </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="477 1635 1422 1808">  <table border="1"> <thead> <tr> <th colspan="3">Diagnoses</th> </tr> </thead> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div> </td> </tr> </table>	Date of Service	This defaults to the current date and is not available to be changed. <div data-bbox="477 342 678 436">  </div>	Level of Service	Choose the appropriate selection from the drop-down list – elective or urgent. <div data-bbox="477 501 964 659">  </div> <table border="1"> <thead> <tr> <th data-bbox="477 665 646 701">If</th> <th data-bbox="651 665 1468 701">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 707 646 764">Elective</td> <td data-bbox="651 707 1468 764">Services scheduled in advance that do not involve a medical emergency</td> </tr> <tr> <td data-bbox="477 770 646 850">Urgent</td> <td data-bbox="651 770 1468 850">Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td> </tr> </tbody> </table>	If	Then	Elective	Services scheduled in advance that do not involve a medical emergency	Urgent	Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.	Requesting Provider	Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service. <div data-bbox="477 953 943 1050">  </div>	Servicing Provider	Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. <div data-bbox="477 1152 943 1249">  </div>	Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="477 1346 867 1457">  </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="477 1635 1422 1808">  <table border="1"> <thead> <tr> <th colspan="3">Diagnoses</th> </tr> </thead> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	Diagnoses			1 (Primary)	M62.81	Muscle weakness (generalized)	2	T67.01XA	Heatstroke and sunstroke, initial encounter
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Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is 12). <div data-bbox="477 1346 867 1457">  </div> <p>Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow) and or delete (trashcan) the diagnosis.</p> <div data-bbox="477 1635 1422 1808">  <table border="1"> <thead> <tr> <th colspan="3">Diagnoses</th> </tr> </thead> <tbody> <tr> <td>1 (Primary)</td> <td>M62.81</td> <td>Muscle weakness (generalized)</td> </tr> <tr> <td>2</td> <td>T67.01XA</td> <td>Heatstroke and sunstroke, initial encounter</td> </tr> </tbody> </table> </div>	Diagnoses			1 (Primary)	M62.81	Muscle weakness (generalized)	2	T67.01XA	Heatstroke and sunstroke, initial encounter																
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1 (Primary)	M62.81	Muscle weakness (generalized)																								
2	T67.01XA	Heatstroke and sunstroke, initial encounter																								

Creating a New Authorization - Outpatient (cont'd)

Step	Action
6.	<p>Services</p> <p>From / To</p> <p>From (start date) / To (end date)</p>  <p>Note: The user will not be able to submit requests for identical service codes for the same dates. The error message below will be received when the system detects a duplication of services for the same date range. If InterQual is applicable the error message will appear after InterQual is completed. If InterQual is not applicable, the error message will appear when the user clicks Submit.</p>  <p>Procedure Code</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>  <p>Modifiers</p> <p>Free text field. This is not a mandatory field.</p>  <p>Units</p> <p>Free text numeric value.</p>  <p>Add New Service Line</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 Add New Service Line will also be utilized when adding additional service requests.</p> 









Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p data-bbox="228 226 410 258">Attachments</p> <p data-bbox="228 279 467 310">+ Add Document</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">Attachments</p> <p data-bbox="565 579 711 611">+ Add Document</p> <p data-bbox="841 688 1214 720">Drop Documents here to Attach</p> </div> <div data-bbox="540 768 1520 1213"> <p data-bbox="565 783 686 804">Attachments</p> <p data-bbox="565 831 711 863">+ Add Document</p> <p data-bbox="565 888 824 909">  Document 1- for upload.docx </p> <p data-bbox="1003 888 1279 909"> Select document type ... ▼ </p> <p data-bbox="1328 888 1482 930">  Delete </p> <ul data-bbox="1003 930 1295 1203" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary </div>

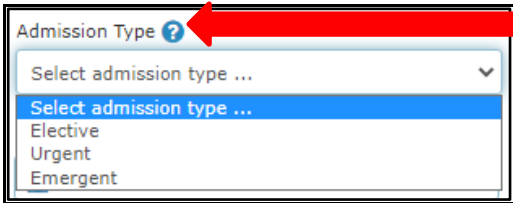
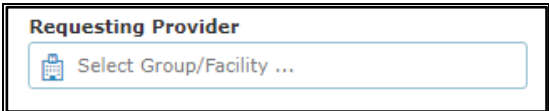

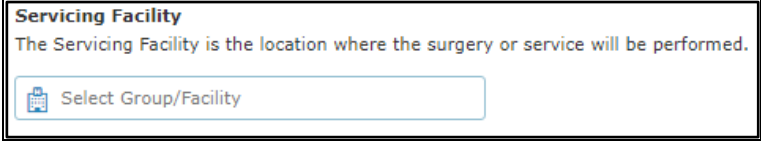
Creating a New Authorization – Outpatient (cont'd)

Step	Action
6.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="565 390 1455 552"> <p>Notes</p> <p>Enter Clinical Notes ...</p> <p>264 characters left</p> </div> <p>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="565 863 1544 1287"> <p>▼ Contact Information</p> <p>First Name: Beth</p> <p>Last Name: Williams</p> <p>Email Address: Optional</p> <p>Phone Number: (843) 999-9999</p> <p>Fax Number: Optional</p> <p><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p>Cancel << Previous Submit</p> </div> <p>***Proceed to Step 8 for InterQual instructions***</p>







Creating a New Authorization – Inpatient Request

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

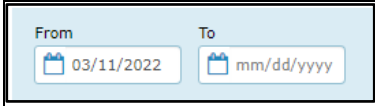
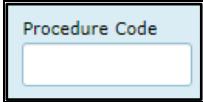

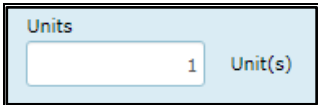
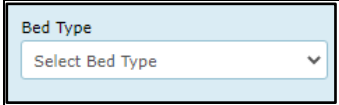
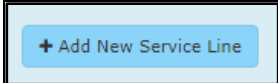
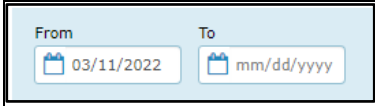
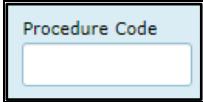

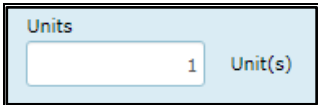
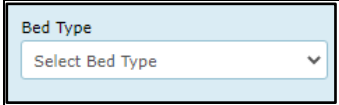
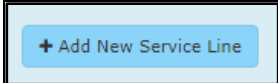
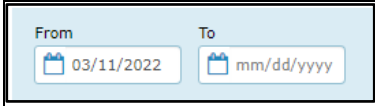
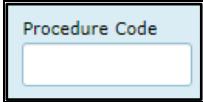

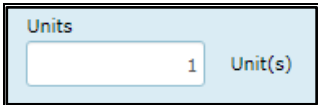
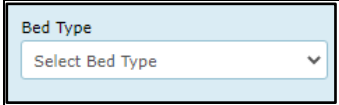
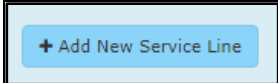
Creating a New Authorization – Inpatient Request (cont'd)

Step	Action								
7.	<p data-bbox="217 228 375 296">Admission Type</p> <p data-bbox="418 228 1495 296">Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent.</p> <div data-bbox="418 310 927 510">  </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 772"> <thead> <tr> <th data-bbox="423 520 586 552">If</th> <th data-bbox="591 520 1406 552">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 558 586 621">Elective</td> <td data-bbox="591 558 1406 621">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 627 586 722">Urgent</td> <td data-bbox="591 627 1406 722">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="423 728 586 760">Emergent</td> <td data-bbox="591 728 1406 760">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
If	Then								
Elective	Potential admission for illness/injury enrollee not currently admitted								
Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted								
Emergent	Concurrent review, enrollee is currently admitted								
	<p data-bbox="217 833 375 900">Requesting Provider</p> <p data-bbox="418 833 1479 900">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 1024">  </div>								
	<p data-bbox="217 1071 375 1138">Servicing Provider</p> <p data-bbox="418 1071 1528 1138">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 1262">  </div>								
	<p data-bbox="217 1287 375 1354">Servicing Facility</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 1333 1174 1472">  </div>								


Creating a New Authorization – Inpatient (cont'd)

Step	Action										
7.	<p data-bbox="207 222 521 254">Diagnoses</p> <p data-bbox="207 260 521 827">Diagnoses</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="548 317 919 342">Diagnoses</p><input data-bbox="553 359 914 415" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="537 436 1552 583">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder using the arrow icon and or delete the diagnosis by selecting the trash icon.</p> <div data-bbox="537 598 1552 783"><p data-bbox="548 604 919 630">Diagnoses</p><input data-bbox="553 646 906 695" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="548 699 1544 772"><tbody><tr><td data-bbox="553 705 581 726">1</td><td data-bbox="586 705 651 726">(Primary)</td><td data-bbox="667 705 743 726">M62.81</td><td data-bbox="797 705 1040 726">Muscle weakness (generalized)</td><td data-bbox="1446 695 1528 741"> </td></tr><tr><td data-bbox="553 741 570 762">2</td><td data-bbox="586 741 602 762"></td><td data-bbox="667 741 760 762">T67.01XA</td><td data-bbox="797 741 1133 762">Heatstroke and sunstroke, initial encounter</td><td data-bbox="1446 741 1528 762"></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">Services</p> <table border="1" data-bbox="207 260 1471 1629"> <tr> <td data-bbox="207 260 526 457">From / To</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 the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 348 914 453">  </div> </td> </tr> <tr> <td data-bbox="207 464 526 814">Procedure Code</td> <td data-bbox="531 464 1471 814"> <p data-bbox="542 464 1459 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="542 709 743 810">  </div> </td> </tr> <tr> <td data-bbox="207 821 526 961">Modifiers</td> <td data-bbox="531 821 1471 961"> <p data-bbox="542 821 1117 856">This is a free text field and is not mandatory.</p> <div data-bbox="542 871 818 957">  </div> </td> </tr> <tr> <td data-bbox="207 968 526 1171">Units</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 1060 857 1163">  </div> </td> </tr> <tr> <td data-bbox="207 1178 526 1381">Bed Type</td> <td data-bbox="531 1178 1471 1381"> <p data-bbox="542 1178 1378 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1270 878 1373">  </div> </td> </tr> <tr> <td data-bbox="207 1388 526 1629">+ Add New Service Line</td> <td data-bbox="531 1388 1471 1629"> <p data-bbox="542 1388 1459 1499">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1514 818 1596">  </div> </td> </tr> </table>	From / To	<p data-bbox="542 260 1459 331">From (start date) / To (end date). From and To dates are mandatory. If the To date is unknown, advance it by 1 day from the From date.</p> <div data-bbox="542 348 914 453">  </div>	Procedure Code	<p data-bbox="542 464 1459 695">Free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code do not place anything in the procedure code field.</p> <div data-bbox="542 709 743 810">  </div>	Modifiers	<p data-bbox="542 821 1117 856">This is a free text field and is not mandatory.</p> <div data-bbox="542 871 818 957">  </div>	Units	<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 1060 857 1163">  </div>	Bed Type	<p data-bbox="542 1178 1378 1255">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="542 1270 878 1373">  </div>	+ Add New Service Line	<p data-bbox="542 1388 1459 1499">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="542 1514 818 1596">  </div>
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Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 222 381 254">Attachments</p> <p data-bbox="219 262 430 294">Add Document</p> <p data-bbox="537 262 1542 409">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="560 436 678 457">Attachments</p> <p data-bbox="560 485 716 520">+ Add Document</p> <p data-bbox="829 596 1195 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1108"> <p data-bbox="560 682 678 703">Attachments</p> <p data-bbox="560 730 716 766">+ Add Document</p> <p data-bbox="560 787 812 814">  Document 1- for upload.docx </p> <p data-bbox="992 793 1252 821">Select document type ...</p> <ul data-bbox="992 829 1274 1094" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1300 793 1446 835">Delete</p> </div>


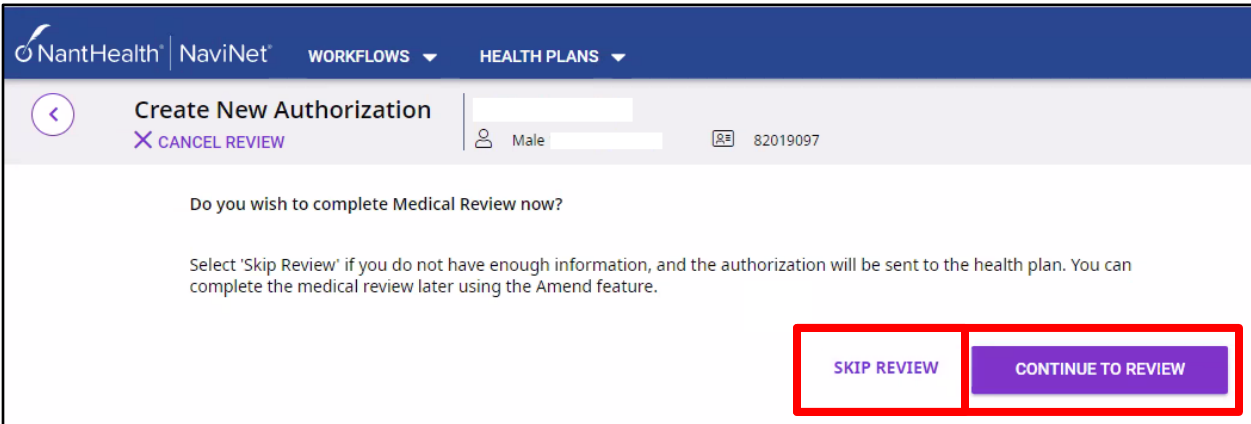
Creating a New Authorization – Inpatient (cont'd)

Step	Action
7.	<p data-bbox="207 239 305 268">Notes</p> <p data-bbox="207 281 305 310">Notes</p> <p data-bbox="537 281 1516 394">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 data-bbox="548 415 597 436">Notes</p><p data-bbox="565 445 734 466">Enter Clinical Notes ...</p><p data-bbox="1393 554 1523 575">264 characters left</p></div> <p data-bbox="207 596 500 625">Contact Information</p> <p data-bbox="537 596 1533 751">Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p data-bbox="537 764 1516 835">Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 848 1533 1289"><p data-bbox="548 856 760 877">▼ Contact Information</p><p data-bbox="548 890 636 911">First Name</p><p data-bbox="548 924 597 945">Beth</p><p data-bbox="548 974 636 995">Last Name</p><p data-bbox="548 1008 620 1029">Williams</p><p data-bbox="548 1058 662 1079">Email Address</p><p data-bbox="548 1092 620 1113">Optional</p><p data-bbox="1058 890 1172 911">Phone Number</p><p data-bbox="1058 924 1188 945">(843) 999-9999</p><p data-bbox="1058 974 1156 995">Fax Number</p><p data-bbox="1058 1008 1133 1029">Optional</p><p data-bbox="1058 1041 1367 1092"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p data-bbox="565 1150 695 1171">DECLARATION</p><p data-bbox="565 1184 1253 1205"><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1214 1247 1269 1268">Cancel</p><p data-bbox="1302 1247 1393 1268">« Previous</p><p data-bbox="1442 1247 1513 1268">Submit</p></div>

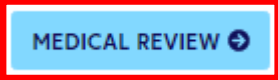
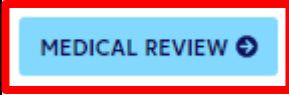
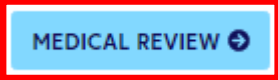
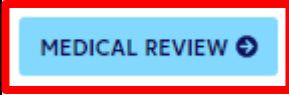
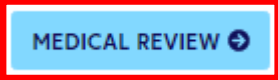
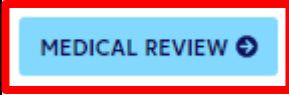
Creating a New Authorization – InterQual – Outpatient and Inpatient



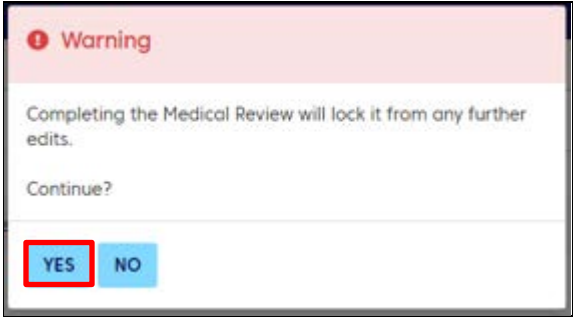
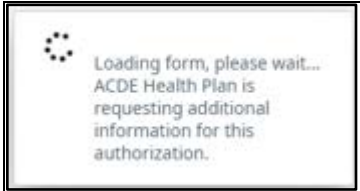
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	<p>After completion of the previous steps, when the user selects Submit, InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.</p>						
9.	<p>The message below will populate indicating the InterQual page is loading.</p> <div data-bbox="207 531 636 785" style="border: 1px solid black; padding: 10px; text-align: center;">  </div>						
10.	<p>Once routed to InterQual, users will have two options ‘Skip Review’ or ‘Continue to Review.’</p> <div data-bbox="207 898 1451 1318" style="border: 1px solid black; padding: 10px;">  </div> <table border="1" data-bbox="207 1367 1469 1890"> <thead> <tr> <th data-bbox="207 1367 524 1415">If...</th> <th data-bbox="524 1367 1469 1415">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1415 524 1686"> <p>Skip Review</p> </td> <td data-bbox="524 1415 1469 1686"> <p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p> </td> </tr> <tr> <td data-bbox="207 1686 524 1890"> <p>Continue to Review</p> </td> <td data-bbox="524 1686 1469 1890"> <p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p> </td> </tr> </tbody> </table>	If...	Then...	<p>Skip Review</p>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>	<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>
If...	Then...						
<p>Skip Review</p>	<p>The user will return to the authorization details page and will be provided with a summary of the request along with the status and the pending authorization number. Note: <i>If the InterQual medical review is skipped, the medical review is completed by the health plan. If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.</i></p>						
<p>Continue to Review</p>	<p>The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: <i>If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.</i></p>						

Creating a New Authorization - InterQual (cont'd)

Step	Action						
11.	<table border="1"><thead><tr><th data-bbox="237 247 415 300">If...</th><th data-bbox="415 247 1401 300">Then...</th></tr></thead><tbody><tr><td data-bbox="237 300 415 579">Outpatient</td><td data-bbox="415 300 1401 579"><p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p><p>Answer the questions as they relate to the patient/member.</p></td></tr><tr><td data-bbox="237 579 415 930">Inpatient</td><td data-bbox="415 579 1401 930"><p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p><p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p></td></tr></tbody></table>	If...	Then...	Outpatient	<p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p>  <p>Answer the questions as they relate to the patient/member.</p>	Inpatient	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>
If...	Then...						
Outpatient	<p>The system will determine the criteria set and subset based on the diagnosis code and the procedure code (if applicable). To begin the review, click on medical review at the bottom of the screen.</p>  <p>Answer the questions as they relate to the patient/member.</p>						
Inpatient	<p>The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.</p>  <p>Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.</p>						

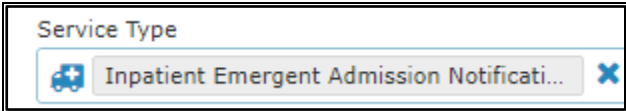


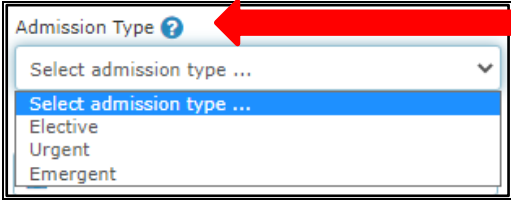
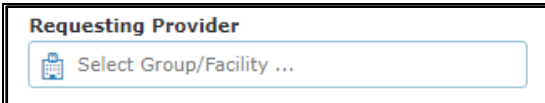
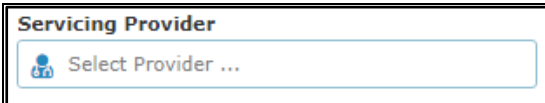
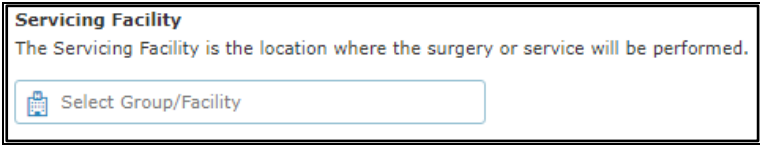
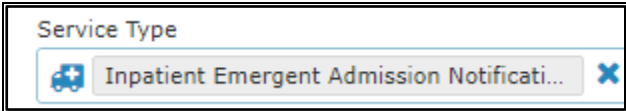


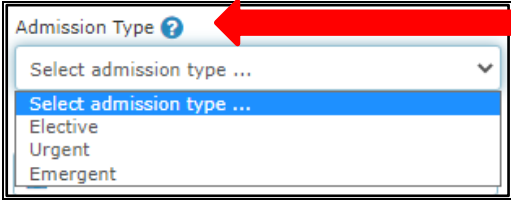
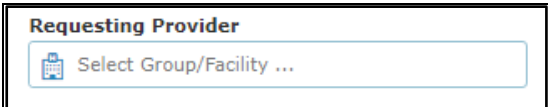
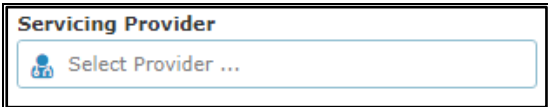
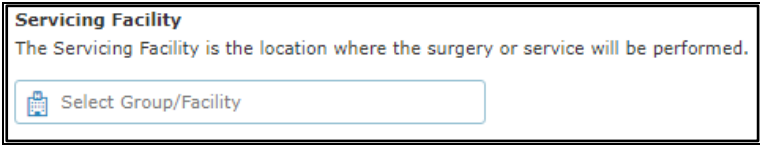
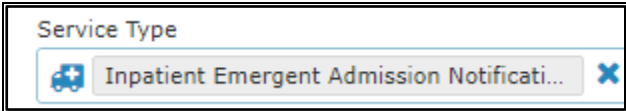


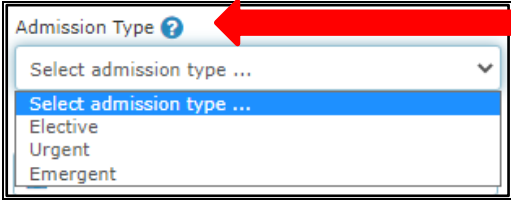
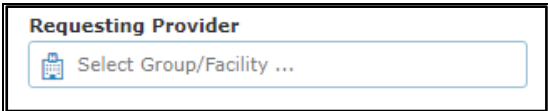

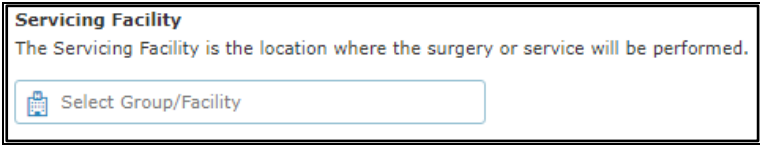
Creating a New Authorization - InterQual (cont'd)

Step	Action						
12.	<p>At the end of the InterQual review...</p> <table border="1" data-bbox="204 264 1559 632"> <thead> <tr> <th data-bbox="204 264 703 310">If....</th> <th data-bbox="708 264 1559 310">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 317 703 428">Q&A criteria is used (outpatient)</td> <td data-bbox="708 317 1559 428">After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td> </tr> <tr> <td data-bbox="204 434 703 546">Decision tree is used (inpatient)</td> <td data-bbox="708 434 1559 546">Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.</td> </tr> </tbody> </table>	If....	Then....	Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.	Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.
If....	Then....						
Q&A criteria is used (outpatient)	After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.						
Decision tree is used (inpatient)	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if the criteria meet or does not meet, the user should continue.						
13.	<p>When the review is complete, click Complete, then select YES to continue.</p>  <p>The image shows a warning dialog box with a red header and a red exclamation mark icon. The text reads: "Warning", "Completing the Medical Review will lock it from any further edits.", and "Continue?". At the bottom, there are two buttons: "YES" (highlighted with a red box) and "NO".</p>						
14.	<p>The following notice which indicates that the user is being sent back to NaviNet from InterQual.</p>  <p>The image shows a loading notice with a circular refresh icon. The text reads: "Loading form, please wait...", "ACDE Health Plan is requesting additional information for this authorization.", and "authorization.".</p>						







Creating a New Authorization - InterQual (cont'd)

Step	Action
15.	<p>Once the user arrives back in NaviNet, it defaults to the authorization details screen.</p> <div data-bbox="207 296 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. The date of admission is 04/13/2022, and the admission type is Emergent. The service type is Inpatient Medical Care, and the place of service is Inpatient Hospital.</p></div>

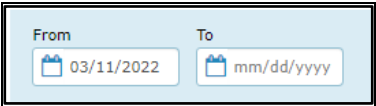
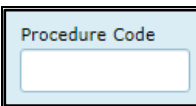

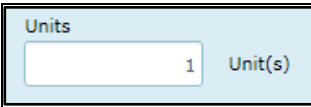
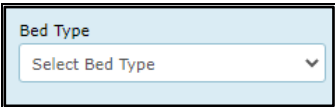
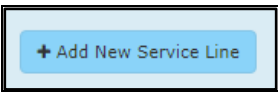
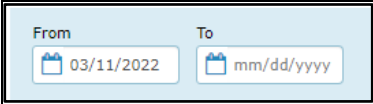
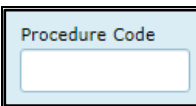

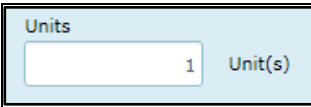
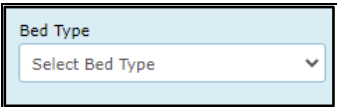
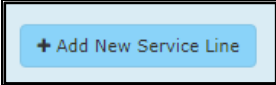
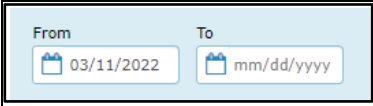
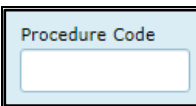
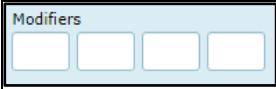
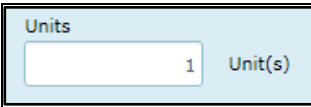
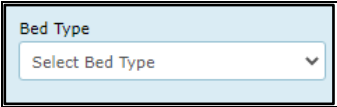
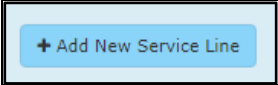
Creating a New Authorization – Inpatient Emergent Admission Notification

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"> <p>Service Type</p> </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 Next to continue.</p> <div data-bbox="537 583 776 684">  </div> </td> </tr> <tr> <td data-bbox="207 695 521 909"> <p>Date of Admission/ Date of Discharge</p> </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 905">  </div> </td> </tr> <tr> <td data-bbox="207 915 521 1213"> <p>Admission Type</p> </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 1167">  </div> <div data-bbox="1062 961 1520 1104" style="border: 1px solid black; padding: 5px;"> <p>The question mark provides information regarding the types of admissions.</p> </div> </td> </tr> <tr> <td data-bbox="207 1220 521 1381"> <p>Requesting Provider</p> </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 1377">  </div> </td> </tr> <tr> <td data-bbox="207 1388 521 1591"> <p>Servicing Provider</p> </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 1587">  </div> </td> </tr> <tr> <td data-bbox="207 1598 521 1812"> <p>Servicing Facility</p> </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 1797">  </div> </td> </tr> </table>	<p>Service Type</p>	<p>Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).</p> <div data-bbox="537 411 1159 520">  </div> <p>Click Next to continue.</p> <div data-bbox="537 583 776 684">  </div>	<p>Date of Admission/ Date of Discharge</p>	<p>Date of Admission is a mandatory field. Date of Discharge is optional because it may not be known at the time the request is initiated.</p> <div data-bbox="537 789 1101 905">  </div>	<p>Admission Type</p>	<p>Select the appropriate admission type– Elective, Urgent, or Emergent.</p> <div data-bbox="537 968 1045 1167">  </div> <div data-bbox="1062 961 1520 1104" style="border: 1px solid black; padding: 5px;"> <p>The question mark provides information regarding the types of admissions.</p> </div>	<p>Requesting Provider</p>	<p>Requesting provider is the provider that is requesting the service.</p> <div data-bbox="537 1272 1081 1377">  </div>	<p>Servicing Provider</p>	<p>Servicing provider is the provider completing the service, also known as the attending provider.</p> <div data-bbox="537 1482 1081 1587">  </div>	<p>Servicing Facility</p>	<p>Servicing Facility is where the service will be performed.</p> <div data-bbox="537 1650 1292 1797">  </div>
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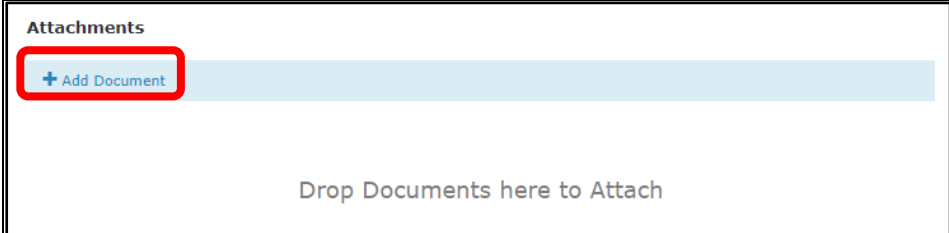
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action								
6.	<p data-bbox="219 222 365 254">Diagnoses</p> <p data-bbox="219 264 381 296">Diagnoses</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="548 348 940 464"><p data-bbox="560 359 673 380">Diagnoses</p><input data-bbox="560 401 919 443" type="text" value="Add Diagnoses ..."/></div> <p data-bbox="548 478 1542 625">Note: The user can change the primary diagnosis if more than 1 diagnosis exists and there is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="548 642 1559 821"><p data-bbox="560 653 673 674">Diagnoses</p><input data-bbox="560 695 919 737" type="text" value="Add Diagnoses ..."/><table border="1" data-bbox="560 737 1542 810"><tbody><tr><td data-bbox="560 737 673 768">1 (Primary)</td><td data-bbox="673 737 803 768">M62.81</td><td data-bbox="803 737 1347 768">Muscle weakness (generalized)</td><td data-bbox="1347 737 1542 768"> </td></tr><tr><td data-bbox="560 768 673 800">2</td><td data-bbox="673 768 803 800">T67.01XA</td><td data-bbox="803 768 1347 800">Heatstroke and sunstroke, initial encounter</td><td data-bbox="1347 768 1542 800"></td></tr></tbody></table></div>	1 (Primary)	M62.81	Muscle weakness (generalized)	 	2	T67.01XA	Heatstroke and sunstroke, initial encounter	
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2	T67.01XA	Heatstroke and sunstroke, initial encounter							

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

Step	Action												
6.	<p data-bbox="207 222 354 254">Services</p> <table border="1" data-bbox="207 260 1471 1602"> <tr> <td data-bbox="207 260 527 457">From / To</td> <td data-bbox="532 260 1471 457"> <p data-bbox="544 260 1461 336">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="544 346 917 451">  </div> </td> </tr> <tr> <td data-bbox="207 464 527 814">Procedure Code</td> <td data-bbox="532 464 1471 814"> <p data-bbox="544 464 1461 693">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="544 703 743 808">  </div> </td> </tr> <tr> <td data-bbox="207 821 527 968">Modifiers</td> <td data-bbox="532 821 1471 968"> <p data-bbox="544 821 1201 861">This is a free text field and is not a mandatory field.</p> <div data-bbox="544 871 820 955">  </div> </td> </tr> <tr> <td data-bbox="207 974 527 1171">Units</td> <td data-bbox="532 974 1471 1171"> <p data-bbox="544 974 1461 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1060 857 1165">  </div> </td> </tr> <tr> <td data-bbox="207 1178 527 1339">Bed Type</td> <td data-bbox="532 1178 1471 1339"> <p data-bbox="544 1178 1388 1218">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1228 876 1333">  </div> </td> </tr> <tr> <td data-bbox="207 1346 527 1602">+ Add New Service Line</td> <td data-bbox="532 1346 1471 1602"> <p data-bbox="544 1346 1388 1459">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="544 1470 820 1564">  </div> </td> </tr> </table>	From / To	<p data-bbox="544 260 1461 336">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="544 346 917 451">  </div>	Procedure Code	<p data-bbox="544 464 1461 693">This is a free text field. If an incorrect procedure code is entered the request may not be processed. The procedure code field is free text and not a lookup field. The user will not be notified if an incorrect code is entered so it is very important that the correct code is entered. If this is an inpatient (IP) only request and there is no procedure code do not enter anything in the procedure code field.</p> <div data-bbox="544 703 743 808">  </div>	Modifiers	<p data-bbox="544 821 1201 861">This is a free text field and is not a mandatory field.</p> <div data-bbox="544 871 820 955">  </div>	Units	<p data-bbox="544 974 1461 1050">Free text numeric value. For the inpatient request, units are equivalent to days.</p> <div data-bbox="544 1060 857 1165">  </div>	Bed Type	<p data-bbox="544 1178 1388 1218">Select bed type from the drop down list. This is a mandatory field.</p> <div data-bbox="544 1228 876 1333">  </div>	+ Add New Service Line	<p data-bbox="544 1346 1388 1459">Click on Add New Service Line for the system to recognize the request. Add New Service Line will also be utilized when adding additional service requests.</p> <div data-bbox="544 1470 820 1564">  </div>
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Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p data-bbox="201 239 386 268">Attachments</p> <p data-bbox="215 279 430 308">Add Document</p> <p data-bbox="532 279 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="537 443 1481 674"> <p data-bbox="558 457 678 478">Attachments</p> <p data-bbox="558 499 711 529">+ Add Document</p> <p data-bbox="829 615 1195 644">Drop Documents here to Attach</p> </div> <div data-bbox="537 688 1481 1125"> <p data-bbox="558 703 678 724">Attachments</p> <p data-bbox="558 745 711 774">+ Add Document</p> <p data-bbox="558 806 812 835">  Document 1- for upload.docx </p> <p data-bbox="987 814 1252 844">Select document type ...</p> <ul data-bbox="987 844 1276 1117" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1300 806 1456 856">Delete</p> </div>

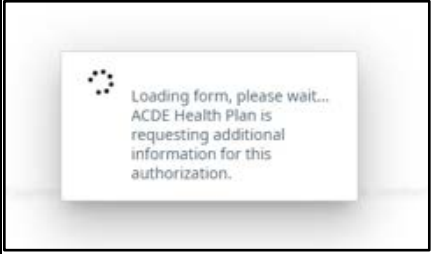
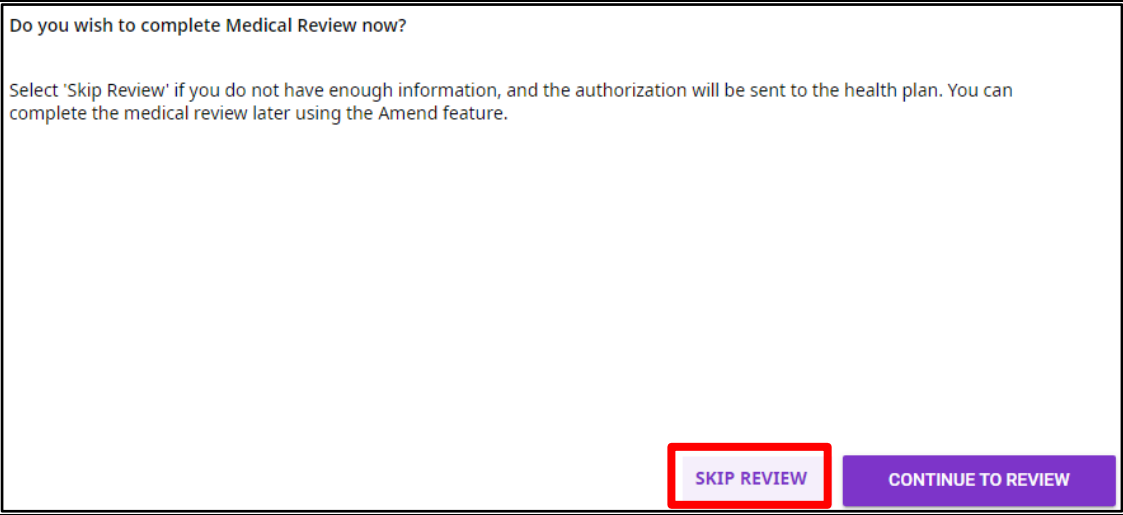
Creating a New Authorization – Inpatient Emergent Admission Notification (cont'd)

Step	Action
6.	<p>Notes</p> <p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 407 1533 583" 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>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 846 1533 1255" 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>DECLARATION</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;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input type="button" value="Submit"/> </p> </div>

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


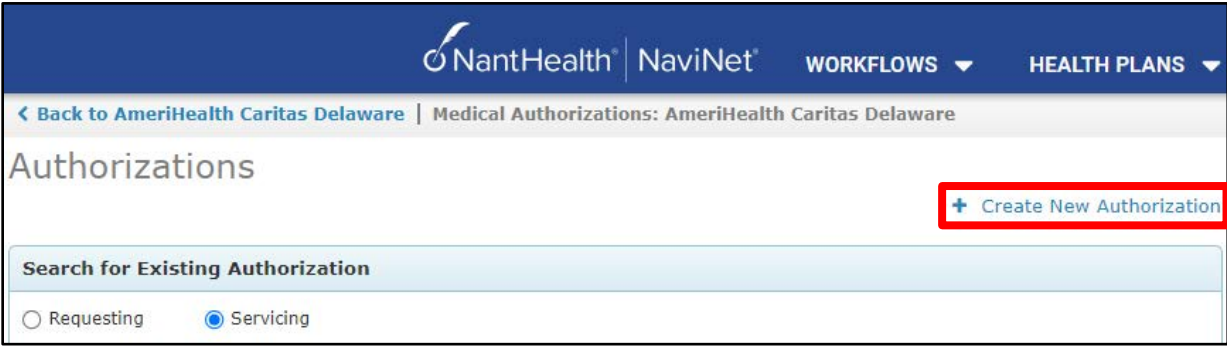


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.


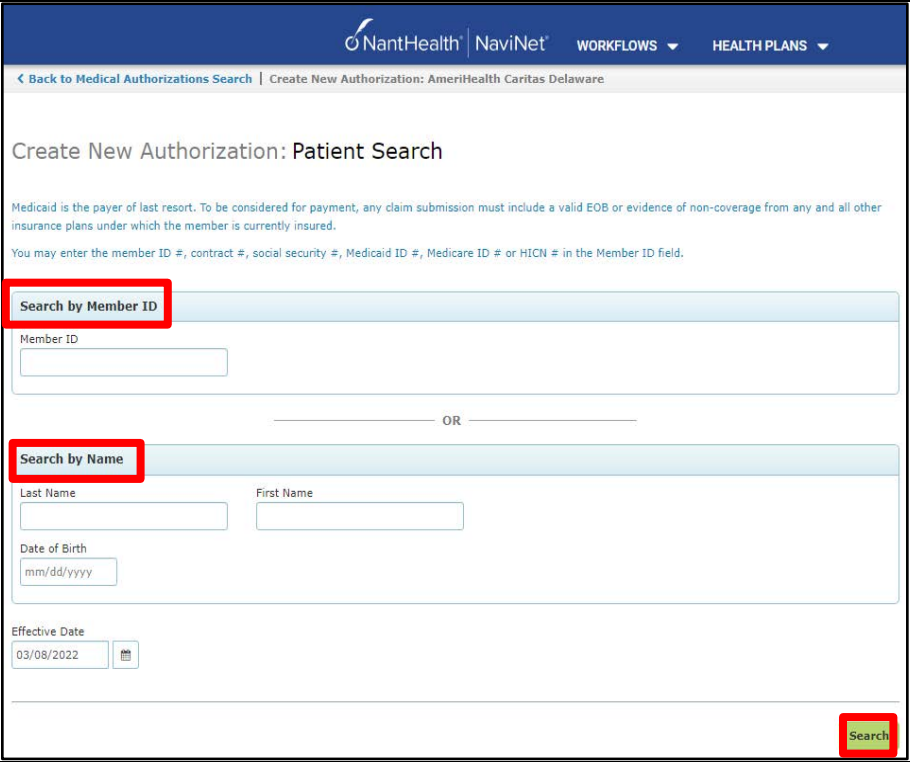
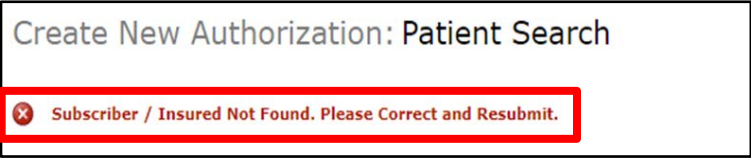
Step	Action
7.	<p>The message below will populate indicating the InterQual page is loading.</p>  <p>A white rectangular message box with a light gray border. It contains a loading spinner icon on the left and the following text: "Loading form, please wait... ACDE Health Plan is requesting additional information for this authorization."</p>
8.	<p>The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select "Skip Review."</p>  <p>A screenshot of a web form. At the top, it asks "Do you wish to complete Medical Review now?". Below this, it provides instructions: "Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature." At the bottom right, there are two buttons: "SKIP REVIEW" (highlighted with a red border) and "CONTINUE TO REVIEW" (purple).</p> <p>Note: After selecting Skip Review, the user will be routed back to the authorization page notifying them of the status.</p>

Creating a New Authorization – Inpatient Delivery Notification

To create an Inpatient Delivery Notification:

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

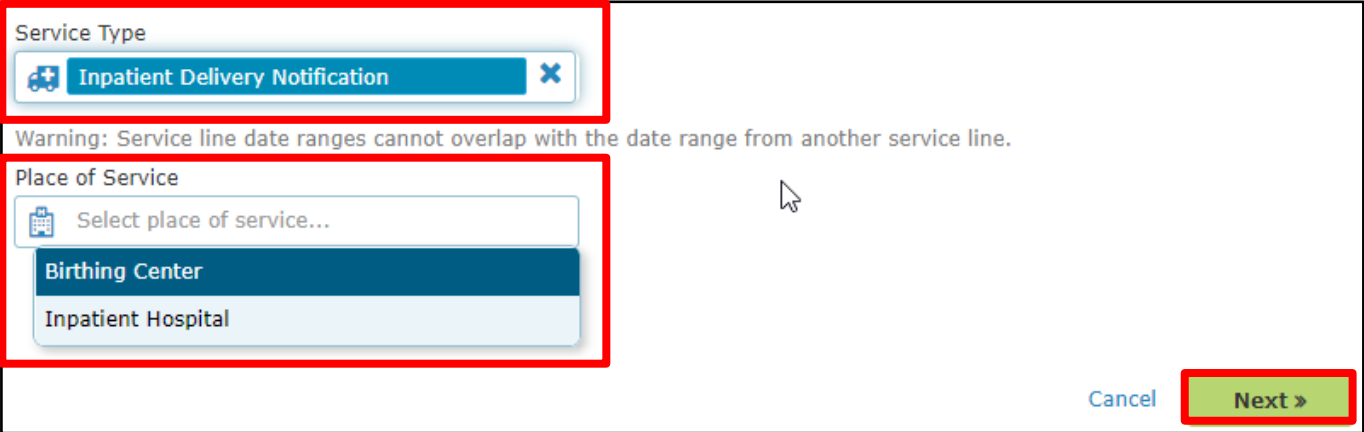
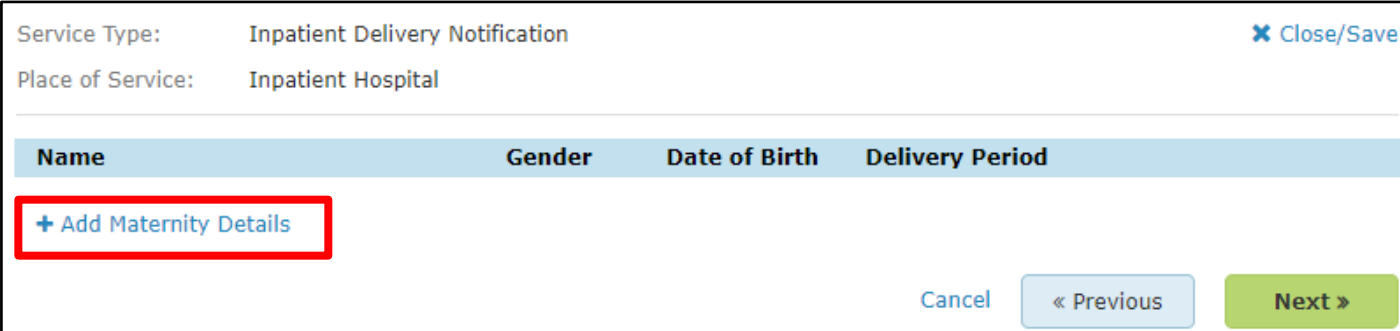
Creating a New Authorization – Inpatient Delivery Notification (cont'd)

Step	Action
3.	<p>Enter patient search criteria information then select Search. The patient search screen allows the user to search by Member ID or Search by Name. If searching by name, the member's first name, last name, and date of birth (DOB) are required.</p> <div data-bbox="220 338 1552 485"><p>If there are multiple matches based on criteria entered, the user will get a search results screen. On the search results screen, select the appropriate member from the list returned. If there is an exact match, the user is taken to the pre-screening questions.</p></div> <div data-bbox="220 495 1125 1251"></div> <p>Note: If an incorrect/invalid member ID is entered, the message below appears:</p> <div data-bbox="220 1314 967 1472"></div>

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

Step	Action						
4.	<p>Address the pre-screening questions pop up box then select Continue.</p> <p>Note: If a member is not active with the health plan, the user will not be advanced to the pre-screening questions.</p>						
	<table border="1"> <thead> <tr> <th data-bbox="203 352 397 401">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>
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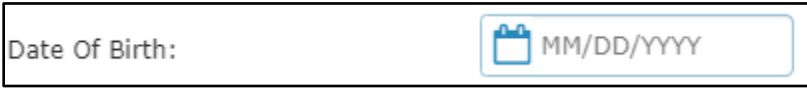
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
5.	<p>Complete the required fields following the guidelines below for an Inpatient Delivery Notification:</p> <p>Service Type: Inpatient Delivery Notification Place of Service: Birthing Center or Inpatient Hospital Select Next</p> 
6.	<p>Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory.</p> 



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

Step	Action
6.	<div data-bbox="207 226 1179 1167"><p>Add Maternity Details ✕</p><p>Baby's Last Name: <input type="text"/></p><p>Baby's First Name: <input type="text"/></p><p>Gender: <input type="text" value="Select"/> ▼</p><p>Date Of Birth: <input type="text" value="MM/DD/YYYY"/></p><p>Weight in Grams: <input type="text"/></p><p>1 Minute Apgar: <input type="text" value="Select"/> ▼</p><p>5 Minute Apgar: <input type="text" value="Select"/> ▼</p><p>Delivery</p><p>Delivery Outcome: <input type="text" value="Select"/> ▼</p><p>Delivery Method: <input type="text" value="Select"/> ▼</p><p>Delivery Period: <input type="text" value="Select"/> ▼</p><p>Estimated Gestational Age : <input type="text" value="Select"/> ▼ weeks <input type="text" value="0"/> ▼ days</p><p>Estimated Confinement Date: <input type="text" value="MM/DD/YYYY"/></p><p>Nursery type: <input type="text" value="Select"/> ▼</p><p>Cancel Save</p></div>







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

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

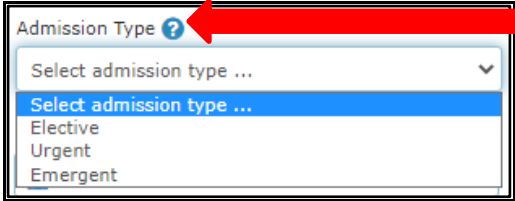
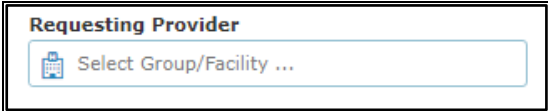

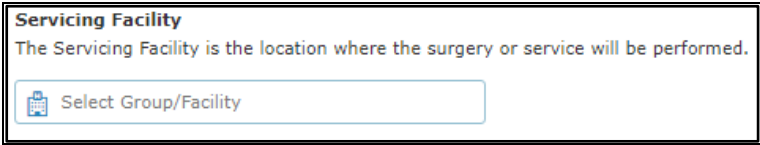
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

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




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

Step	Action		
8.	<p data-bbox="228 226 402 386">Date of Admission/ Date of Discharge</p> <p data-bbox="418 226 1507 338">Date of admission is a mandatory field. Date of discharge is optional because it may not be known at the time the request is initiated. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter).</p> <div data-bbox="418 352 980 470"><table border="1"><tr><td data-bbox="423 359 667 449">Date Of Admission  03/09/2022</td><td data-bbox="667 359 976 449">Date of Discharge  Optional</td></tr></table></div> <p data-bbox="418 485 1536 520">Note: If the dates of service overlap in the same case, the message below will display.</p> <div data-bbox="418 527 1386 617"><ul style="list-style-type: none"><li data-bbox="483 562 1338 590">• Invalid / Missing Date(s) of Service - Please Correct and Resubmit</div>	Date Of Admission  03/09/2022	Date of Discharge  Optional
Date Of Admission  03/09/2022	Date of Discharge  Optional		

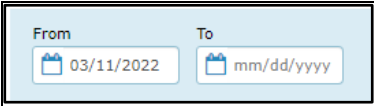
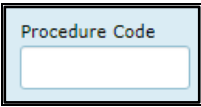


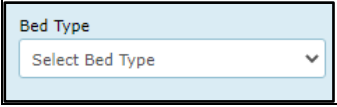

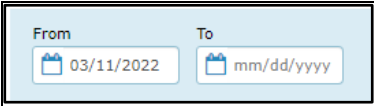
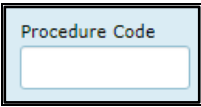


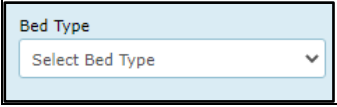

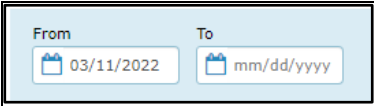
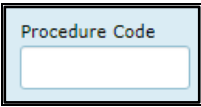


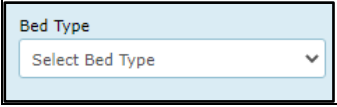

Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	<div data-bbox="212 222 521 783"> <p>Admission Type</p> </div> <div data-bbox="537 222 1547 262"> <p>Select the admission type – Elective, Urgent, or Emergent</p> </div> <div data-bbox="537 275 1049 474">  </div> <div data-bbox="1143 275 1531 443"> <p>The question mark beside admission type provides information regarding the types of admissions.</p> </div> <div data-bbox="537 527 1531 783"> <table border="1"> <thead> <tr> <th data-bbox="537 527 711 562">If</th> <th data-bbox="711 527 1531 562">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 562 711 632">Elective</td> <td data-bbox="711 562 1531 632">Potential admission for illness/injury enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 632 711 732">Urgent</td> <td data-bbox="711 632 1531 732">Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td> </tr> <tr> <td data-bbox="537 732 711 783">Emergent</td> <td data-bbox="711 732 1531 783">Concurrent review, enrollee is currently admitted</td> </tr> </tbody> </table> </div> <div data-bbox="212 789 521 1020"> <p>Requesting Provider</p> </div> <div data-bbox="537 789 1547 867"> <p>Select the requesting provider. Requesting provider is the provider that is requesting the service.</p> </div> <div data-bbox="537 879 1081 989">  </div> <div data-bbox="212 1026 521 1236"> <p>Servicing Provider</p> </div> <div data-bbox="537 1026 1547 1104"> <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> <div data-bbox="537 1117 1081 1226">  </div> <div data-bbox="212 1243 521 1474"> <p>Servicing Facility</p> </div> <div data-bbox="537 1243 1547 1278"> <p>The servicing facility is the location where the service will be performed.</p> </div> <div data-bbox="537 1291 1292 1434">  </div>	If	Then	Elective	Potential admission for illness/injury enrollee not currently admitted	Urgent	Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted	Emergent	Concurrent review, enrollee is currently admitted
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Emergent	Concurrent review, enrollee is currently admitted								


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

Step	Action							
9.	<p data-bbox="207 224 370 256">Diagnoses</p> <p data-bbox="207 262 370 294">Diagnoses</p> <p data-bbox="537 262 1479 331">Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).</p> <div data-bbox="537 348 930 464"> <p data-bbox="548 359 659 384">Diagnoses</p> <p data-bbox="565 407 735 432">Add Diagnoses ...</p> </div> <p data-bbox="537 478 1533 625">Note: The primary diagnosis can be changed if more than 1 diagnosis exists. There is also the ability to delete a diagnosis that may have been entered in error. The user can hover over the row to reorder (arrow icon) and or delete (trash icon) the diagnosis.</p> <div data-bbox="537 638 1544 825"> <p data-bbox="548 648 659 674">Diagnoses</p> <p data-bbox="565 697 735 722">Add Diagnoses ...</p> <table border="1" data-bbox="553 737 1533 814"> <tbody> <tr> <td data-bbox="558 743 574 764">1</td> <td data-bbox="591 743 656 764">(Primary) M62.81</td> <td data-bbox="802 743 1040 764">Muscle weakness (generalized)</td> <td data-bbox="1451 730 1533 785" rowspan="2">  </td> </tr> <tr> <td data-bbox="558 779 574 800">2</td> <td data-bbox="672 779 753 800">T67.01XA</td> <td data-bbox="802 779 1133 800">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="207 222 324 254">Services</p> <table border="1" data-bbox="207 260 1471 1673"> <tr> <td data-bbox="207 260 527 495">From / To</td> <td data-bbox="532 260 1471 495"> <p data-bbox="544 260 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="207 501 527 852">Procedure Code</td> <td data-bbox="532 501 1471 852"> <p data-bbox="544 501 1450 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 not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p>  </td> </tr> <tr> <td data-bbox="207 858 527 999">Modifiers</td> <td data-bbox="532 858 1471 999"> <p data-bbox="544 858 1117 894">This is a free text field and is not mandatory.</p>  </td> </tr> <tr> <td data-bbox="207 1005 527 1209">Units</td> <td data-bbox="532 1005 1471 1209"> <p data-bbox="544 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 527 1419">Bed Type</td> <td data-bbox="532 1215 1471 1419"> <p data-bbox="544 1215 1382 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 527 1673">+ Add New Service Line</td> <td data-bbox="532 1425 1471 1673"> <p data-bbox="544 1425 1446 1535">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p>  </td> </tr> </table>	From / To	<p data-bbox="544 260 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> 	Procedure Code	<p data-bbox="544 501 1450 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 not be notified if an incorrect code is entered so it is important for the user to enter the correct code. If this is an inpatient only request and there is no procedure code, do not place anything in the procedure code field.</p> 	Modifiers	<p data-bbox="544 858 1117 894">This is a free text field and is not mandatory.</p> 	Units	<p data-bbox="544 1005 1455 1083">Free text numeric value. For the inpatient request, units are equivalent to days.</p> 	Bed Type	<p data-bbox="544 1215 1382 1293">Select the appropriate bed type from the drop down list. This is a mandatory field.</p> 	+ Add New Service Line	<p data-bbox="544 1425 1446 1535">The user must add new service line for the system to recognize the request. The Add New Service Line will also be utilized when adding additional service requests.</p> 
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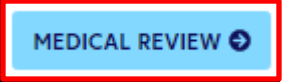
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p data-bbox="201 218 521 247">Attachments</p> <p data-bbox="217 260 431 289">Add Document</p> <p data-bbox="537 260 1536 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="558 485 716 516">+ Add Document</p> <p data-bbox="829 596 1195 625">Drop Documents here to Attach</p> </div> <div data-bbox="537 674 1484 1104"> <p data-bbox="558 688 678 709">Attachments</p> <p data-bbox="558 737 716 768">+ Add Document</p> <p data-bbox="558 789 813 810">  Document 1- for upload.docx </p> <p data-bbox="992 789 1252 821">Select document type ...</p> <ul data-bbox="992 827 1276 1094" style="list-style-type: none"> Select document type ... Progress Report Medical Record Attachment Patient Medical History Document Physical Therapy Notes Continued treatment Nursing Notes Physicians Report Physician Order Justification for Admission Durable Medical Equipment Prescription Orders and Treatment Document Initial Assessment Consent Discharge Summary <p data-bbox="1308 800 1455 831">Delete</p> </div>

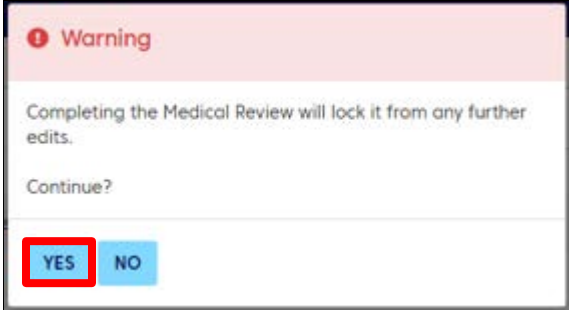
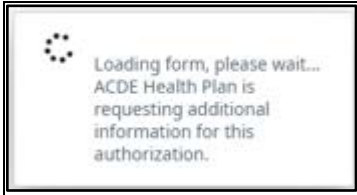
Creating a New Authorization – Inpatient Delivery Notification(cont'd)

Step	Action
9.	<p>Notes</p> <p>Add pertinent notes. There is a 264 character limit. Once the max character limit is reached, the box will turn red and the user will be unable to add additional characters.</p> <div data-bbox="537 388 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>Contact Information</p> <p>Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional fields. The Declaration check box is mandatory and must be checked to submit the request. Select Submit when the request is complete.</p> <p>Note: Check Save as default Contact Information for Medical Authorizations to save time in the future.</p> <div data-bbox="537 829 1533 1234" style="border: 1px solid black; padding: 5px;"> <p>▼ Contact Information</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Email Address <input type="text"/></p> <p style="text-align: right;">Optional</p> </div> <div style="width: 45%;"> <p>Phone Number <input type="text"/></p> <p>Fax Number <input type="text"/></p> <p style="text-align: right;">Optional</p> <p><input type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>DECLARATION</p> <p><input type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> </div> <p style="text-align: right;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input style="background-color: #90EE90;" type="button" value="Submit"/> </p> </div>

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

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

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

Step	Action
12.	Address all pertinent findings/interventions based on the day selected for the review. At the end of the review the user will receive criteria met or criteria not met. Regardless of if it meets or does not meet, the user should continue.
13.	When the review is complete, click Complete at the bottom, then select YES to continue.  A warning dialog box with a red header bar 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)

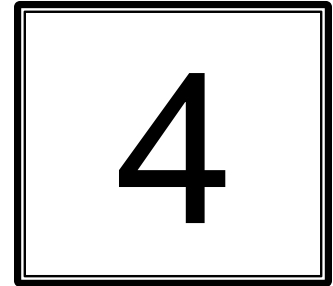
Step	Action
15.	<p>Once the user arrives back in NaviNet, they will arrive on the authorization details screen.</p> <p>The screenshot displays the 'Authorization Details' page for a patient named FRANKIE MOCHRIE. The page header includes the AmeriHealth Caritas Delaware logo and navigation options: '+ Create New', 'History', 'Authorization Search', and 'View/Print as PDF'. The status is 'Pending', and the authorization number is 92204002349. A message indicates 'Disposition pending review'. The details are organized into three columns:</p> <ul style="list-style-type: none"> Requesting Provider: FRANKIE MOCHRIE, Ahmed, Mohamed F., 379 Walmart Dr Ste 101, Camden Wyoming, DE 19934--1365, (302) 698-4441. Servicing Provider: Alfred I Dupont Hospital, 1600 Rockland Rd, Wilmington, DE 19803--3607. Date of Admission: 04/13/2022, Admission Type: Emergent, Service Type: Inpatient Medical Care, Place of Service: Inpatient Hospital. Servicing Facility: Alfred I Dupont Hospital, 1600 Rockland Rd, Wilmington, DE 19803--3607. Patient's Insurance: (Redacted) Primary Care Physician: HEATHER BITTNER-FAGAN, NPI: (Redacted). A link for 'View Eligibility & Benefits' is provided.

Authorization Status – Approved and Pending

The episode will be approved or be in a pending status when the request has been submitted to the health plan.

Note: Denials are not processed automatically, pending status submissions will require medical review by the health plan. If a denial is processed by the plan, a telephone call/letter will be made/sent to the provider.


If...	Then it will look like this...										
Approved	<div data-bbox="277 380 1528 506" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Approved and partially approved requests can be amended (see chapter on Amending).</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 611 1528 884"> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
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Attach	Attaching a document										
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View/Print as PDF	View and print authorization status request as PDF										
Pending	<div data-bbox="277 921 1528 1047" style="border: 1px solid black; padding: 5px;">  </div> <p>Note: Pending status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended.</p> <p>The following actions can be taken on an approved request from the authorization status page:</p> <table border="1" data-bbox="277 1215 1528 1379"> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>History</td> <td>Detailed history of the request</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
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History	Detailed history of the request										
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4 AMENDING AN AUTHORIZATION


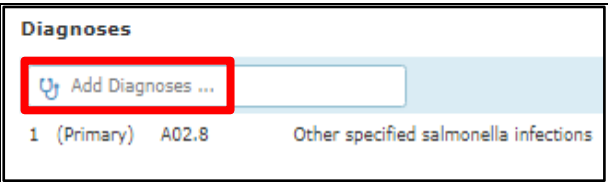
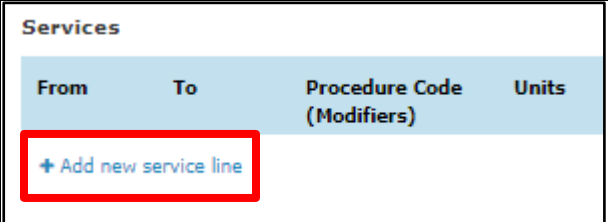
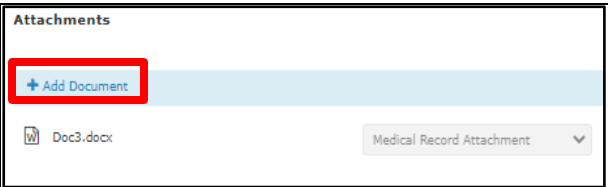
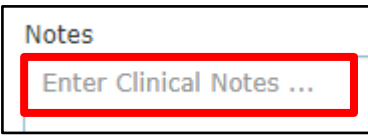
Amending an Authorization Request

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 Workflows for this Plan.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workflows for this Plan</p> <p>Medical Authorizations</p> <p>Medical Authorizations Log</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If...</th> <th style="width: 50%;">Then...</th> </tr> </thead> <tbody> <tr> <td>The request was created in NaviNet</td> <td>Select Medical Authorizations Log</td> </tr> <tr> <td>The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td> <td>Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td> </tr> </tbody> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)			
If...	Then...									
The request was created in NaviNet	Select Medical Authorizations Log									
The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)									
2.	<p>Select Auth Details 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%;">GRETA EMERSON</td> <td style="width: 30%;">Date of Service: 03/18/2022</td> <td style="width: 30%;">Date of Submission: ✔ Approved 03/18/2022 as of 03/18/2022</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>Auth #: 92203003350</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status </td> </tr> </table> </div>	GRETA EMERSON	Date of Service: 03/18/2022	Date of Submission: ✔ Approved 03/18/2022 as of 03/18/2022	AmeriHealth Caritas	Auth #: 92203003350		Auth Details + Create New ↻ History 📎 Attach 🔄 Refresh Status		
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3.	<p>Select Amend.</p> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"> Amend + Create New ↻ History 📎 Attach 🔍 Authorization Search 🖨 View/Print as PDF </td> <td style="width: 30%; text-align: center;"> ✔ Approved </td> <td style="width: 30%; text-align: center;"> Authorization #: 92203003026 Effective: 03/31/2022 </td> </tr> </table> </div>	Amend + Create New ↻ History 📎 Attach 🔍 Authorization Search 🖨 View/Print as PDF	✔ Approved	Authorization #: 92203003026 Effective: 03/31/2022						
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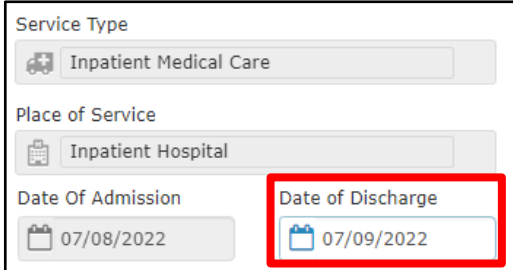
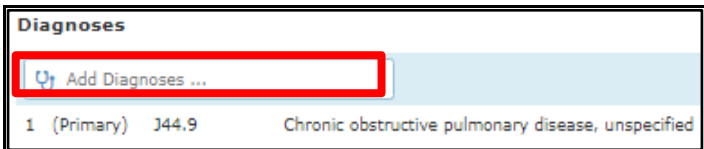
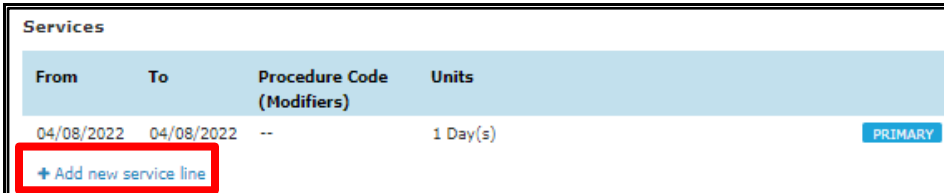
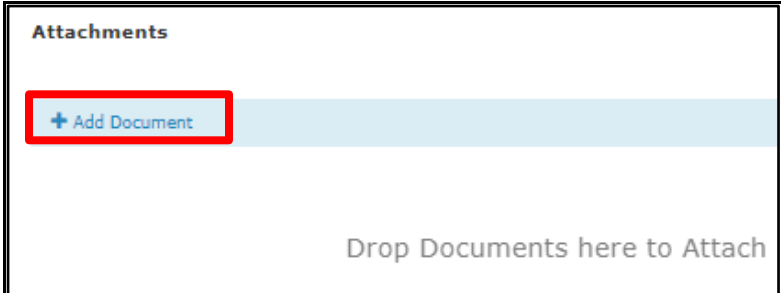
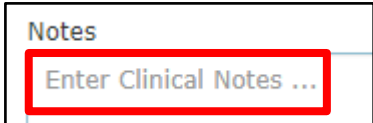
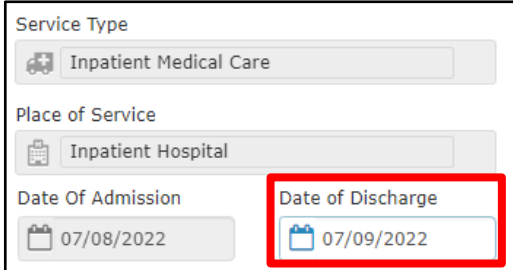
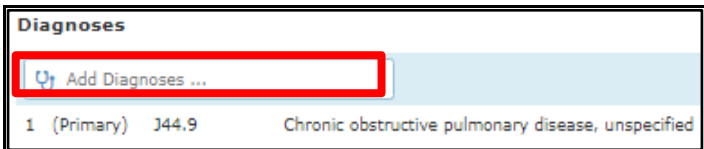
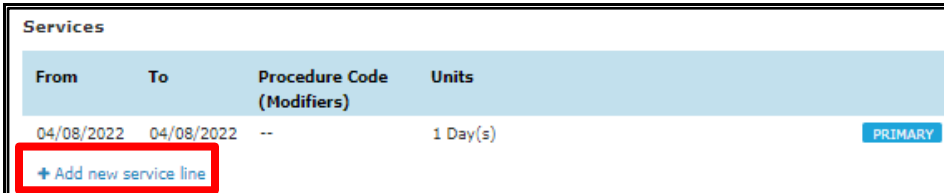
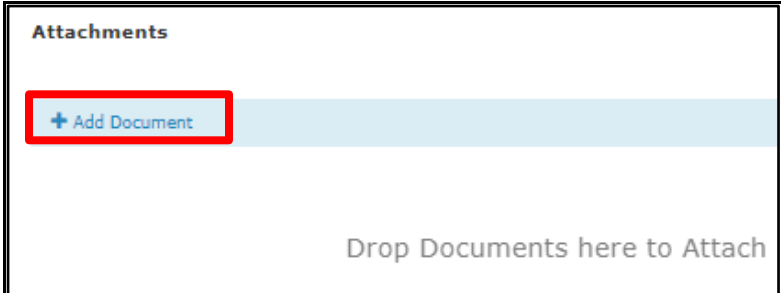
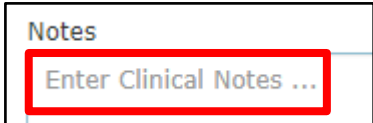
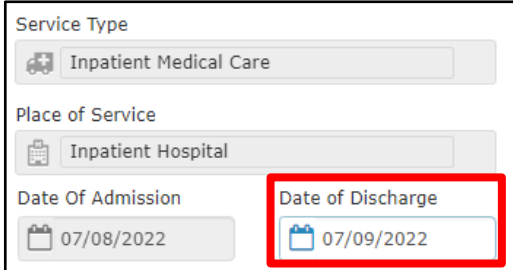
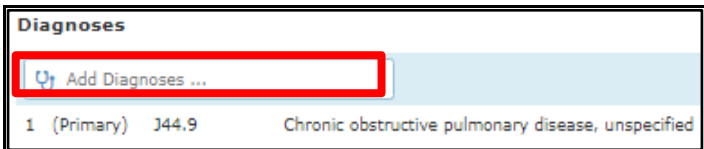
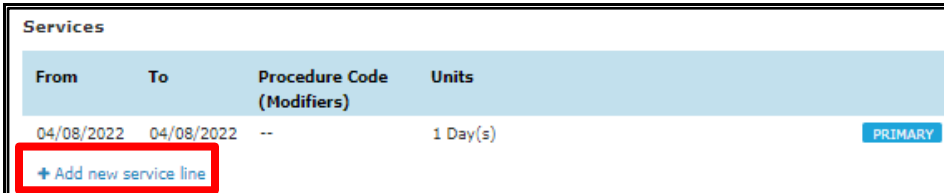
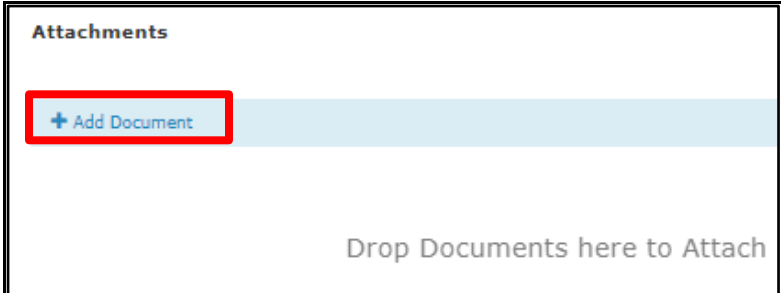
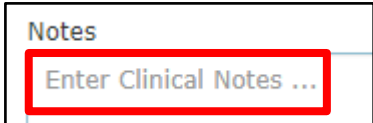
Amending an Authorization Request (cont'd)

Step	Action				
4.	<table border="1"> <thead> <tr> <th data-bbox="228 275 548 325">If...</th> <th data-bbox="548 275 1563 325">Then....</th> </tr> </thead> <tbody> <tr> <td data-bbox="228 325 548 405">Amending an outpatient request</td> <td data-bbox="548 325 1563 405">The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.</td> </tr> </tbody> </table>	If...	Then....	Amending an outpatient request	The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.
	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 data-bbox="251 237 673 273">Amending an outpatient request</p> <p data-bbox="251 283 673 409">Enter contact information, check the Declaration box, and Submit.</p> <div data-bbox="706 325 1563 703"><p data-bbox="711 336 893 357">▼ Contact Information</p><table data-bbox="711 367 1559 556"><tr><td data-bbox="711 367 974 420">First Name Beth</td><td data-bbox="1136 367 1299 420">Phone Number (843) 999-9999</td></tr><tr><td data-bbox="711 430 974 493">Last Name Williams</td><td data-bbox="1136 430 1299 493">Fax Number Optional</td></tr><tr><td data-bbox="711 504 974 556">Email Address Optional</td><td data-bbox="1136 493 1559 556"><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td></tr></table><p data-bbox="711 577 1550 640">DECLARATION <input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p data-bbox="1274 661 1559 693">Cancel « Previous Submit</p></div>	First Name Beth	Phone Number (843) 999-9999	Last Name Williams	Fax Number Optional	Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
First Name Beth	Phone Number (843) 999-9999						
Last Name Williams	Fax Number Optional						
Email Address Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations						

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">  <p>Service Type Inpatient Medical Care</p> <p>Place of Service Inpatient Hospital</p> <p>Date Of Admission 07/08/2022</p> <p>Date of Discharge 07/09/2022</p> </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">  <p>Diagnoses</p> <p>+ Add Diagnoses ...</p> <p>1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p> </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">  <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p>+ Add new service line</p> </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">  <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p> </td> </tr> </table> <table border="1" data-bbox="240 1472 1555 1614"> <tr> <td data-bbox="240 1472 597 1614">Add notes if applicable</td> <td data-bbox="597 1472 1555 1614">  <p>Notes</p> <p>Enter Clinical Notes ...</p> </td> </tr> </table>	If...	Then....	Amending an inpatient request	The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information	Providers can enter the date of discharge for members that have discharged.	 <p>Service Type Inpatient Medical Care</p> <p>Place of Service Inpatient Hospital</p> <p>Date Of Admission 07/08/2022</p> <p>Date of Discharge 07/09/2022</p>	Add additional diagnoses if applicable	 <p>Diagnoses</p> <p>+ Add Diagnoses ...</p> <p>1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified</p>	Add new service line	 <p>Services</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Procedure Code (Modifiers)</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>04/08/2022</td> <td>04/08/2022</td> <td>--</td> <td>1 Day(s)</td> </tr> </tbody> </table> <p>+ Add new service line</p>	From	To	Procedure Code (Modifiers)	Units	04/08/2022	04/08/2022	--	1 Day(s)	Add attachments if applicable	 <p>Attachments</p> <p>+ Add Document</p> <p>Drop Documents here to Attach</p>	Add notes if applicable	 <p>Notes</p> <p>Enter Clinical Notes ...</p>
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04/08/2022	04/08/2022	--	1 Day(s)																				
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Add notes if applicable	 <p>Notes</p> <p>Enter Clinical Notes ...</p>																						

Amending an Authorization Request (cont'd)

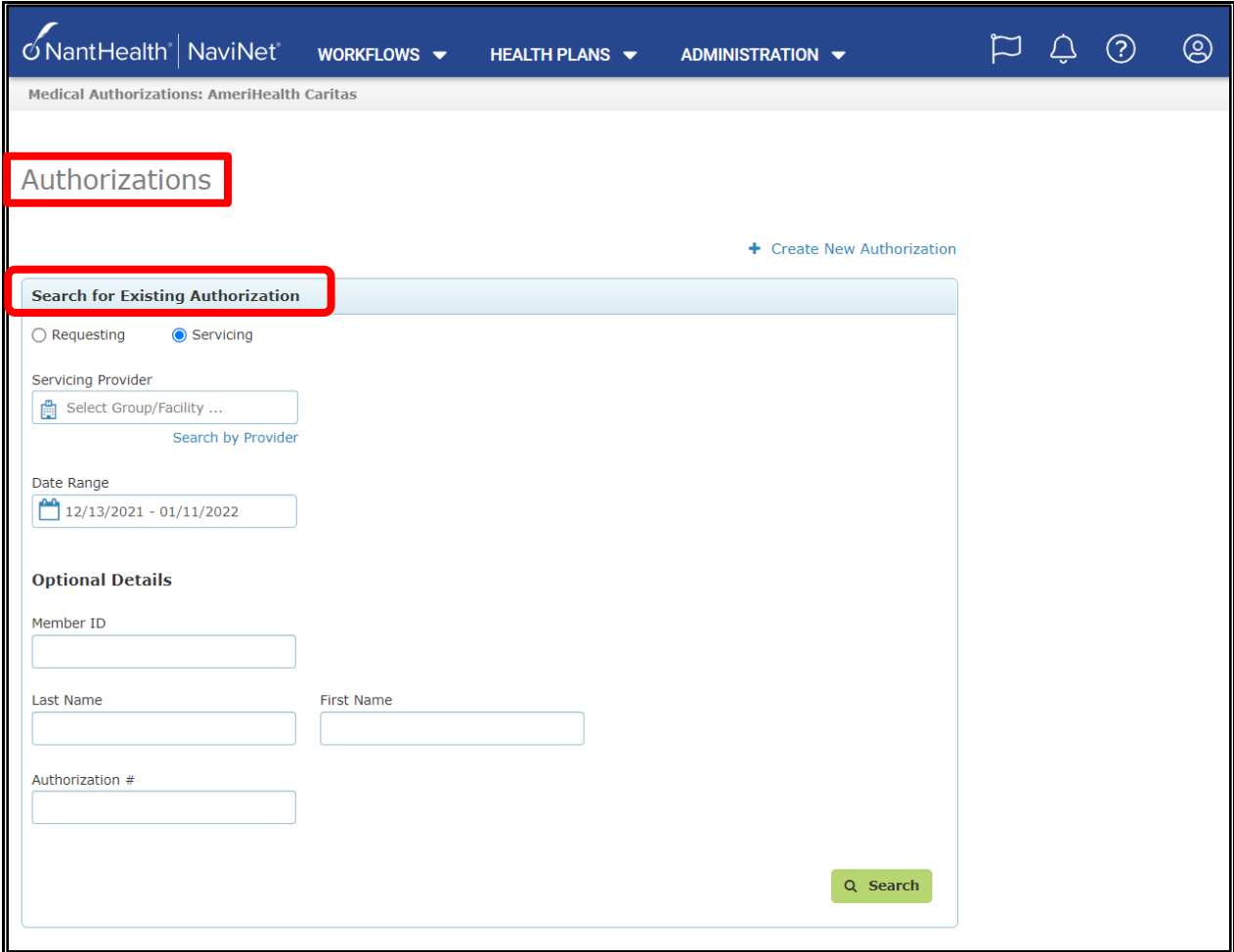
Step	Action
5. (cont.)	<p>Amending an inpatient request</p> <p>Enter contact information, check the Declaration box, and Submit</p> <div data-bbox="565 285 1568 697"><p>Contact Information</p><p>First Name: Beth Last Name: Williams Email Address: Optional Phone Number: (843) 999-9999 Fax Number: Optional <input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p><p>DECLARATION</p><p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p><p>Cancel « Previous Submit</p></div>



5 SEARCH FOR AN EXISTING AUTHORIZATION

Search for an Existing Authorization

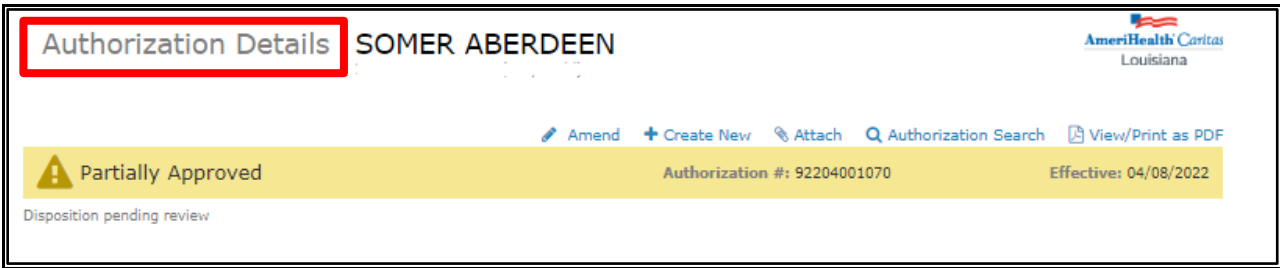
Search for an Existing Authorization (also known as Authorization Inquiry) is a way to search for authorizations that may not have been initiated in NaviNet, for example they may have phoned, faxed, or created in Jiva.

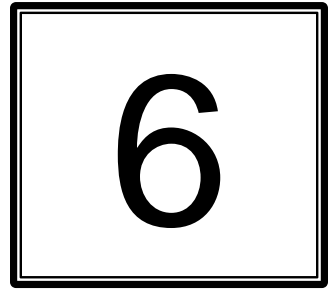
Step	Action
1.	<p>Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan.</p> <div data-bbox="240 394 634 491"><p>Workflows for this Plan</p><p>Medical Authorizations</p></div>  <p>The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The main content area is titled 'Medical Authorizations: AmeriHealth Caritas'. A red box highlights the 'Authorizations' tab. Below it, a '+ Create New Authorization' link is visible. A red box highlights the 'Search for Existing Authorization' section, which contains the following fields and options:</p> <ul style="list-style-type: none"><input type="radio"/> Requesting <input checked="" type="radio"/> ServicingServicing Provider: Select Group/Facility ... (with a 'Search by Provider' link)Date Range: 12/13/2021 - 01/11/2022Optional Details:<ul style="list-style-type: none">Member ID: [Text Input]Last Name: [Text Input] First Name: [Text Input]Authorization #: [Text Input][Search] button

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

Step	Action																					
2.	<p>Select Servicing or Requesting Provider and adjust the date range then select Search.</p> <div data-bbox="243 268 1455 1245" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations</h3> <p style="text-align: right;">+ Create New Authorization</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Search for Existing Authorization</p> <p> <input type="radio"/> Requesting <input checked="" type="radio"/> Servicing </p> <p>Servicing Provider</p> <p><input type="text" value="Select Group/Facility ..."/></p> <p>Date Range</p> <p><input type="text" value="02/09/2022 - 03/10/2022"/></p> <p>Optional Details</p> <p>Member ID</p> <p><input type="text"/></p> <p>Last Name First Name</p> <p><input type="text"/> <input type="text"/></p> <p>Authorization #</p> <p><input type="text"/></p> <p style="text-align: right;"><input type="button" value="Q Search"/></p> </div> </div>																					
3.	<p>Click the authorization that you wish to view.</p> <div data-bbox="243 1318 1442 1608" style="border: 1px solid black; padding: 10px;"> <h3>Authorizations: Search Results</h3> <p><input type="text" value="Filter Results ..."/></p> <table border="1"> <thead> <tr> <th>Authorization #</th> <th>Patient (Member ID) ^</th> <th>Status</th> <th>Requesting Provider</th> <th>Servicing Provider</th> <th>Proc.</th> <th>Date of Service v</th> </tr> </thead> <tbody> <tr> <td>92204001070</td> <td>SOMER ABERDEEN</td> <td>● Cancelled</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>06/07/2022</td> </tr> <tr> <td>92204001069</td> <td>SOMER ABERDEEN</td> <td>○ Pending</td> <td>CUTTING</td> <td>CUTTING</td> <td>31365</td> <td>05/07/2022</td> </tr> </tbody> </table> </div>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	● Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	○ Pending	CUTTING	CUTTING	31365	05/07/2022
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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>Note: Additional actions may be accessed from the authorization details to include amending (only available for approved or partially approved requests), create new, attach, authorization search, and view/print as PDF.</p> <table border="1" data-bbox="240 663 1539 940"> <tbody> <tr> <td>Amend</td> <td>Extending existing services or requesting another service on the same authorization</td> </tr> <tr> <td>Create New</td> <td>Creating a new request</td> </tr> <tr> <td>Attach</td> <td>Attaching a document</td> </tr> <tr> <td>Authorization Search</td> <td>Searching for an authorization</td> </tr> <tr> <td>View/Print as PDF</td> <td>View and print authorization status request as PDF</td> </tr> </tbody> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization										
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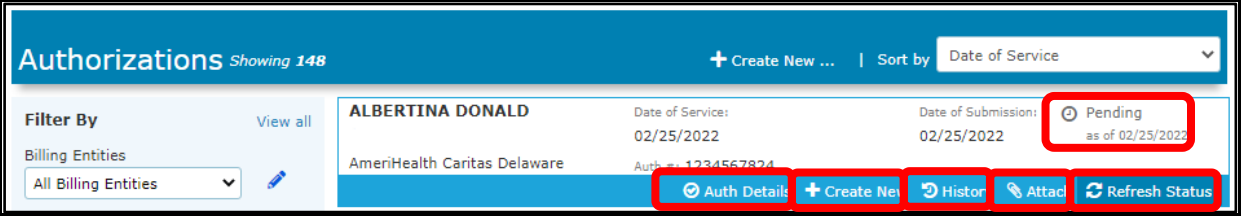

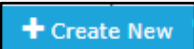




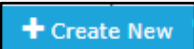




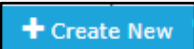



6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

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

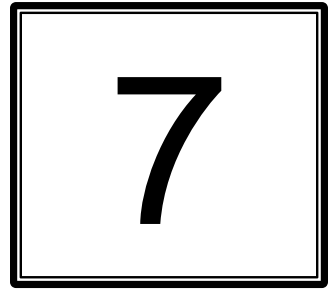
Step	Action																																
1.	<p>Select Medical Authorization Log under Workflows for this Plan.</p> <p>Result: All requests submitted by your office/facility via NaviNet can be found here.</p> <div data-bbox="240 436 667 604" style="border: 1px solid black; padding: 5px;"> <p>Workflows for this Plan</p> <ul style="list-style-type: none"> Medical Authorizations Medical Authorizations Log  </div>																																
2.	<p>The user can +Create New, Sort by and Filter By. To see Authorizations created by you, check the box in front of Authorizations Created By Me.</p> <div data-bbox="240 730 1563 1360" style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070c0; color: white; padding: 5px;"> Authorizations <i>Showing 148</i> + Create New ... Sort by Date of Service ▼ </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: 30%;"></th> <th style="width: 15%;"></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid red;"> Billing Entities All Billing Entities ▼ </td> <td>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⌚ 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>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ 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>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ 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>ALBERTINA DONALD</td> <td>Date of Service: 02/25/2022</td> <td>Date of Submission: ⚠ Required as of 02/25/2022</td> </tr> </tbody> </table> </div>	Filter By				Billing Entities All Billing Entities ▼	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⌚ Pending as of 02/25/2022	Patient Details Search for name or ID...	AmeriHealth Caritas Delaware	Auth #: 1234567824 Servicing: Shock Trauma Associates Pa		Authorization # []	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ 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	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ 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	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: ⚠ Required as of 02/25/2022
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Search: Medical Authorization Log (cont'd)

Step	Action												
3.	<p>Once the user selects the desired authorization for review they have the ability to view the following if the request is in pending status: Auth Details, +Create New, History, Attach, and Refresh Status.</p>  <p>The screenshot shows the 'Authorizations' interface with the following details:</p> <ul style="list-style-type: none"> Header: Authorizations Showing 148, + Create New ..., Sort by Date of Service Filter By: View all, Billing Entities (All Billing Entities) Member: ALBERTINA DONALD Date of Service: 02/25/2022 Date of Submission: 02/25/2022 Status: Pending as of 02/25/2022 Buttons: Auth Details, + Create New, History, Attach, Refresh Status <table border="1" data-bbox="240 596 1526 982"> <thead> <tr> <th>Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td></td> <td>Details related to the authorization</td> </tr> <tr> <td></td> <td>Create New Authorization for the member</td> </tr> <tr> <td></td> <td>Provides detailed history of the request</td> </tr> <tr> <td></td> <td>Ability to attach documents</td> </tr> <tr> <td></td> <td>Allows the user to refresh the status for any updates.</td> </tr> </tbody> </table>	Field	Function		Details related to the authorization		Create New Authorization for the member		Provides detailed history of the request		Ability to attach documents		Allows the user to refresh the status for any updates.
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	Provides detailed history of the request												
	Ability to attach documents												
	Allows the user to refresh the status for any updates.												

Search: Medical Authorization Log (cont'd)

Step	Action										
3. (cont.)	<p>If the request is in draft status different fields are available. Continue, Delete, Create New, and History</p> <div data-bbox="256 338 1546 525" style="border: 1px solid black; padding: 5px;"> <p> GRETA EMERSON Date of Service: 03/16/2022 Date of Submission: Draft <small>as of 11:29am Today</small> AmeriHealth Caritas Delaware Reference Id: -- </p> <p style="text-align: right;"> → Continue 🗑 Delete + Create New ↺ History </p> </div> <table border="1" data-bbox="256 573 1546 892" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Field</th> <th>Function</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">→ Continue</td> <td>Allows the user to continue working on the request</td> </tr> <tr> <td style="text-align: center;">🗑 Delete</td> <td>Allows the user to delete the request</td> </tr> <tr> <td style="text-align: center;">+ Create New</td> <td>Allows the user to create a new authorization for the member</td> </tr> <tr> <td style="text-align: center;">↺ History</td> <td>Provides detailed history of the request</td> </tr> </tbody> </table>	Field	Function	→ Continue	Allows the user to continue working on the request	🗑 Delete	Allows the user to delete the request	+ Create New	Allows the user to create a new authorization for the member	↺ History	Provides detailed history of the request
Field	Function										
→ Continue	Allows the user to continue working on the request										
🗑 Delete	Allows the user to delete the request										
+ Create New	Allows the user to create a new authorization for the member										
↺ History	Provides detailed history of the request										



7 REQUEST FOR MORE INFORMATION (RFMI)

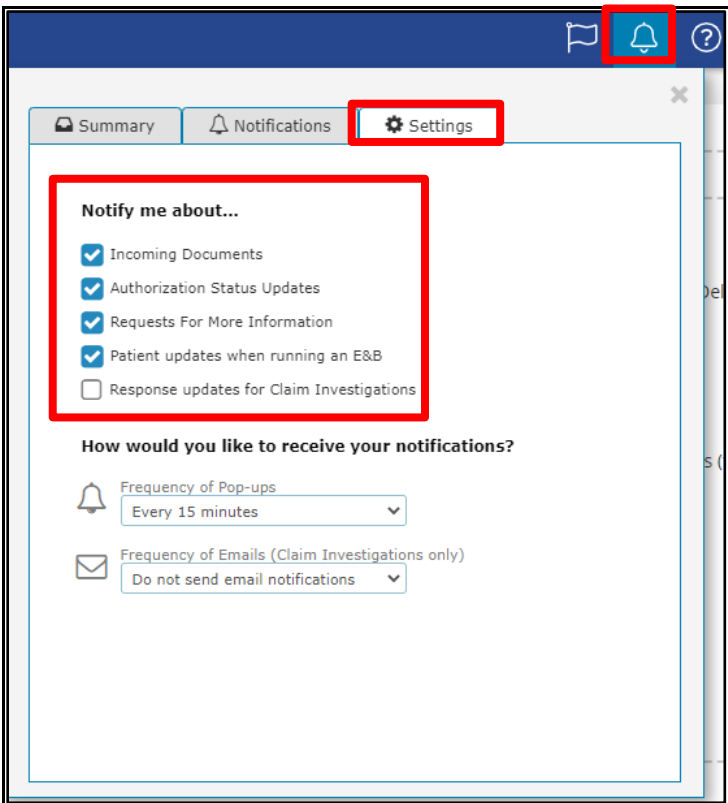
Request for More Information (RFMI)

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.

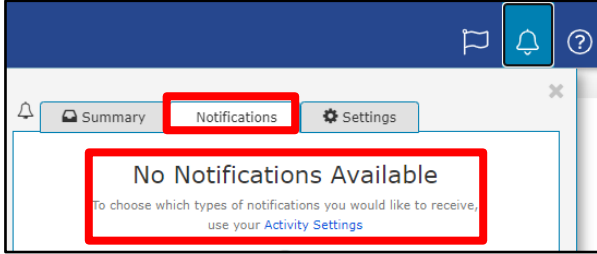
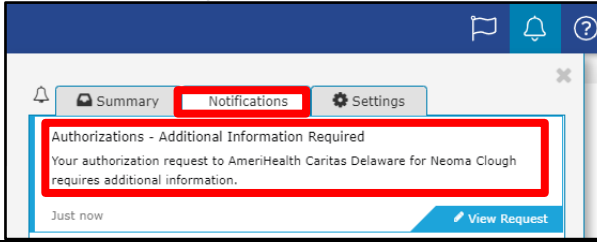
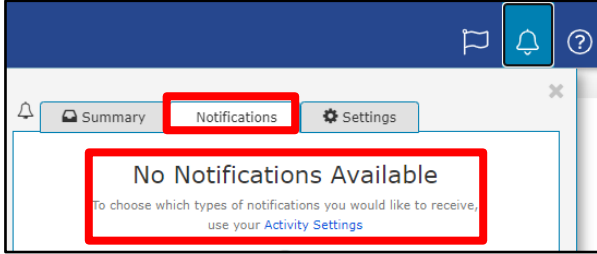
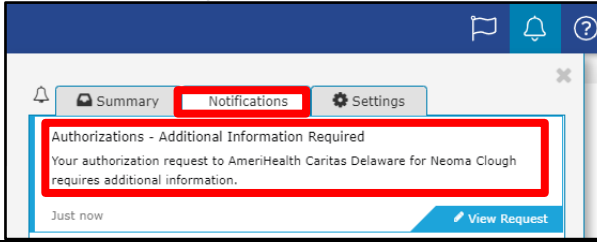
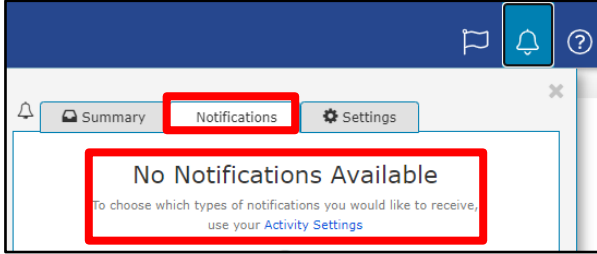
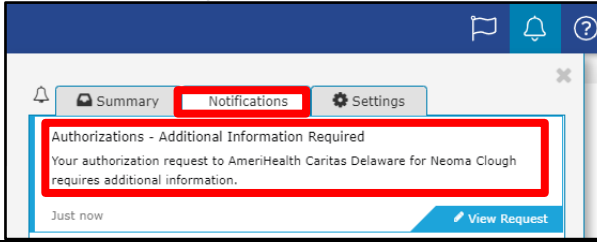
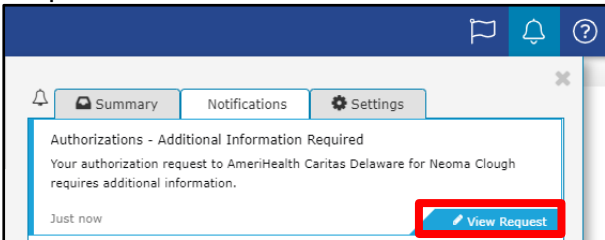
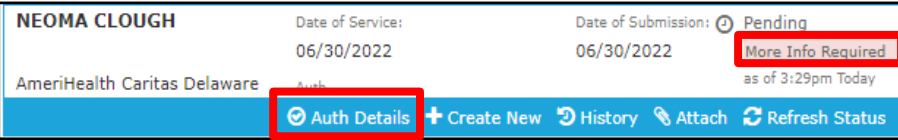


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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


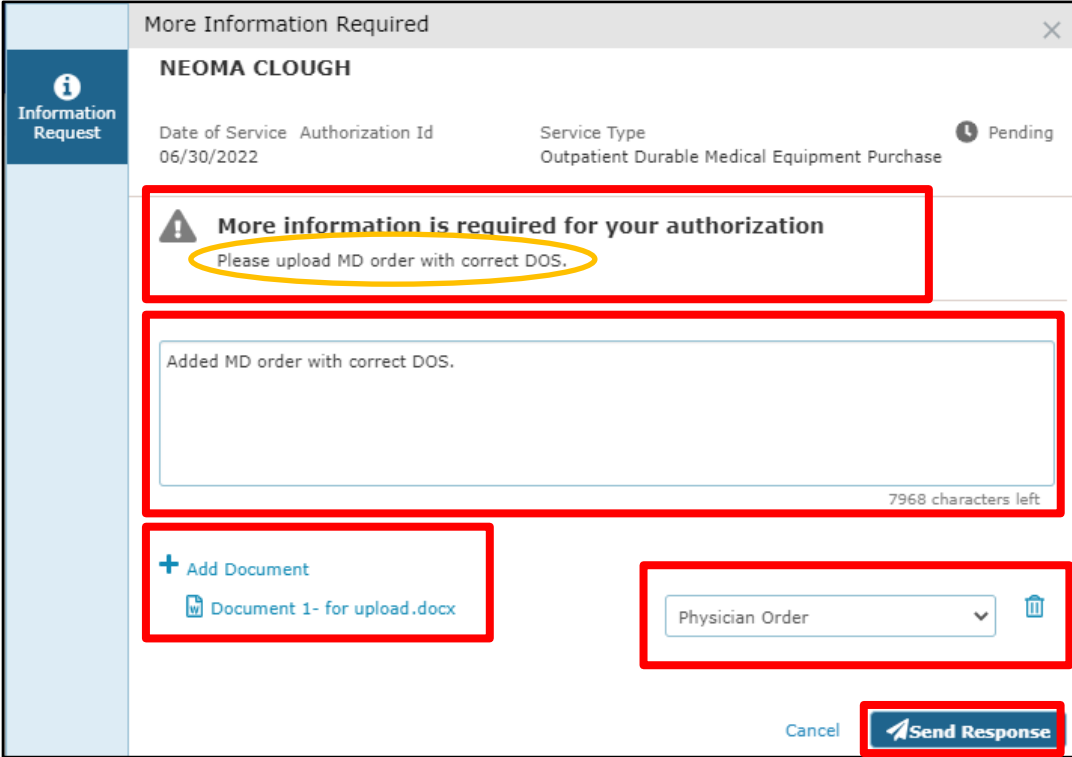
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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)

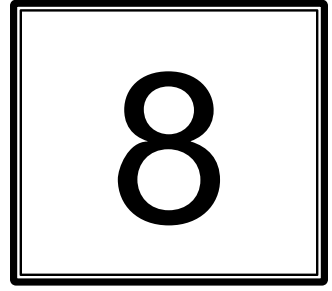
Step	Action						
2.	<p>To view notifications, select Notifications.</p> <table border="1" data-bbox="240 275 1312 947"> <thead> <tr> <th data-bbox="240 275 618 317">If...</th> <th data-bbox="618 275 1312 317">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 317 618 638">No notifications exist</td> <td data-bbox="618 317 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 1568 1352"> <p>From Notifications the user will select View Request which activates the More Information Required area.</p>  <li data-bbox="240 1352 1568 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>  						

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

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

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

Step	Action
5.	<p>To see that the requested information has been sent back to the health plan, select History.</p>  <p>The screenshot shows the 'Authorization Details' page for NEOMA CLOUGH. The status is 'Pending'. The 'History' button is highlighted with a red box. A dropdown menu is open, showing a list of events:</p> <ul style="list-style-type: none"> 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) <p>The 'Response Sent' event is also highlighted with a red box.</p>



8 RESOURCES

Plan Contact Information

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

Escalation Process and Training Requests – Account Executives and Providers

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