

NaviNet Medical Authorizations Participant Guide

Population Health Training

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Updated Date: 1/14/2025

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Review Cycle: Annually

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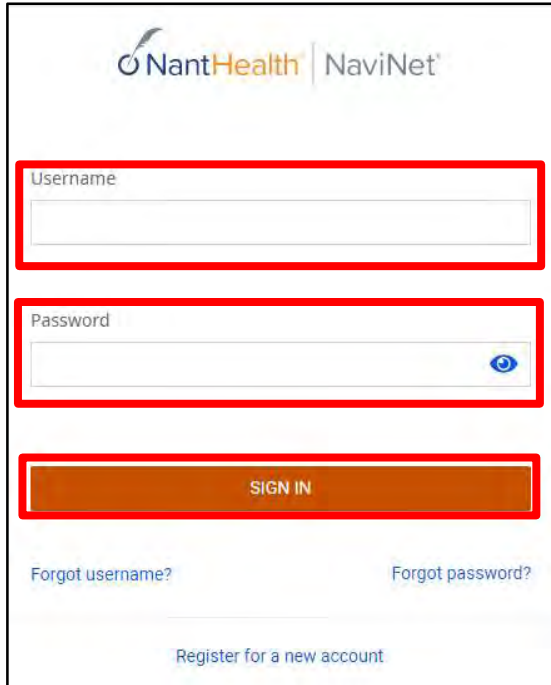
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1 LOGGING IN TO NAVINET

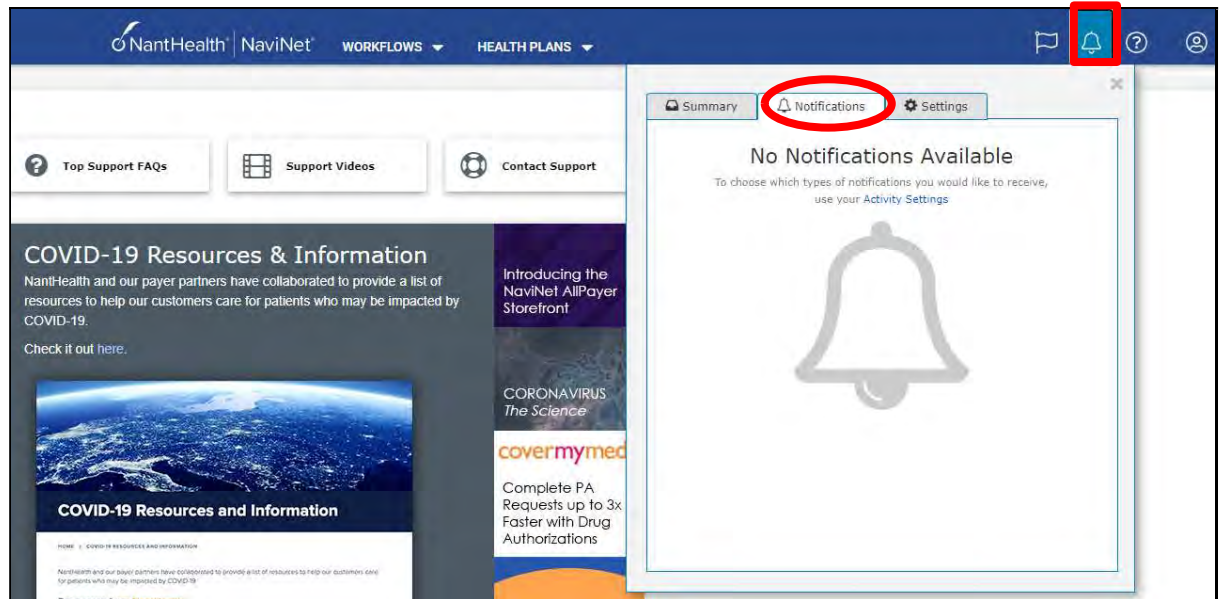
Logging in to NaviNet

Step	Action
1.	Access NaviNet using the following address: https://navinet.navimedix.com. The following web browsers are supported: Chrome, Firefox, Safari, and Edge. 
2.	Enter your Username
3.	Enter your Password
4.	Click Sign In Result The NaviNet Home screen will be displayed

Logging in to NaviNet (cont.)

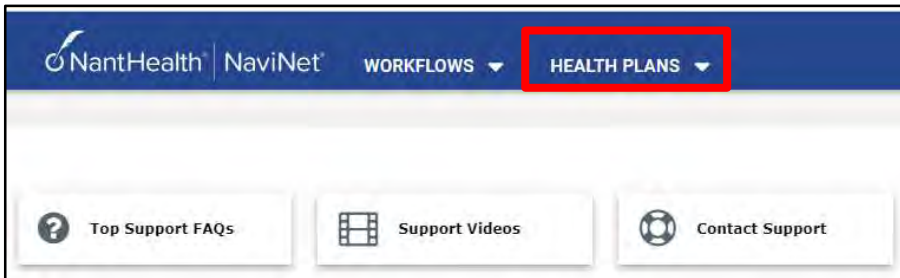


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon  in the top right banner on the home page.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



Logging in to NaviNet (cont.)

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

Step	Action																												
1.	Click on HEALTH PLANS in the top menu. 																												
2.	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. <table><tr><th colspan="4">My Plans</th></tr><tr><td>AmeriHealth Caritas Delaware</td><td>AmeriHealth Caritas Next</td><td>Blue Cross Complete of Michigan</td><td>Medicare</td></tr><tr><td>AmeriHealth Caritas District of Columbia (ACDC)</td><td>AmeriHealth Caritas Ohio</td><td>First Choice Next</td><td>New Jersey Children's System of Care, Contracted System Administrator - PerformCare</td></tr><tr><td>AmeriHealth Caritas Florida</td><td>AmeriHealth Caritas PA Community HealthChoices</td><td>First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)</td><td>PerformCare</td></tr><tr><td>AmeriHealth Caritas Louisiana</td><td>AmeriHealth Caritas VIP Care</td><td>Keystone First</td><td>Select Health of South Carolina</td></tr><tr><td>AmeriHealth Caritas New Hampshire</td><td>AmeriHealth Caritas VIP Care Plus</td><td>Keystone First Community HealthChoices</td><td></td></tr><tr><td>AmeriHealth Caritas North Carolina</td><td>AmeriHealth PA Medical Assistance Plan</td><td>Keystone First VIP Choice</td><td></td></tr></table>	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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AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice																											



2 PLAN CENTRAL

Plan Central Overview

Plan Central is the health plan specific homepage.

Workflows for this Plan

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

Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET**. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.

Important information for providers regarding COVID-19.

AmeriHealth Caritas Delaware has worked with NantHealth | NaviNet to bring you, Medical Authorizations, a robust, intuitive, and streamlined online authorizations workflow on **Monday, September 12, 2022**. In addition to submitting and inquiring on existing Authorizations, you will also be able to:

- Verify if **No Authorization is Required**
- Receive **Auto Approvals**, in some circumstances
- Submit **Amended Authorization**
- Attach supplemental documentation**
- Sign up for **in-app status change notifications** directly from the health plan
- Access a **multi-payer Authorization log**

Want to learn more about Medical Authorizations? Video tutorials and step-by-step instructions are available via the NantHealth Help Center:

- Tutorial — Authorization Inquiry Process
- Tutorial — Authorization Submission Process

AmeriHealth Caritas Delaware will offer training on the new system. Provider Network Management Account Executives will contact providers with training dates and times.

Training Videos

- Tutorial — Authorization Inquiry Process
- Tutorial — Authorization Submission Process

Latest Updates

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

Hours of Availability

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

Resources

- NaviNet Medical Authorizations Participant Guide
- NaviNet Medical Authorizations Frequently Asked Questions
- Submit Medical Records to Optum

Contact Us

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

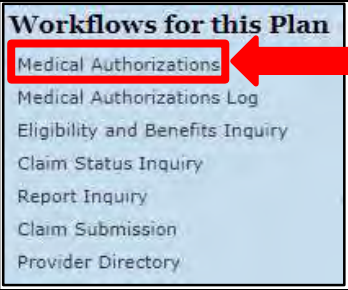
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	Various functionalities are available to include initiating medical authorizations, inquiries, etc.
Training Videos	Training Videos	Instructional videos on system usage.
Latest Updates	Latest News and Updates	New functionalities to make your experience more efficient.

3

3 CREATING A NEW AUTHORIZATION

Creating a New Authorization

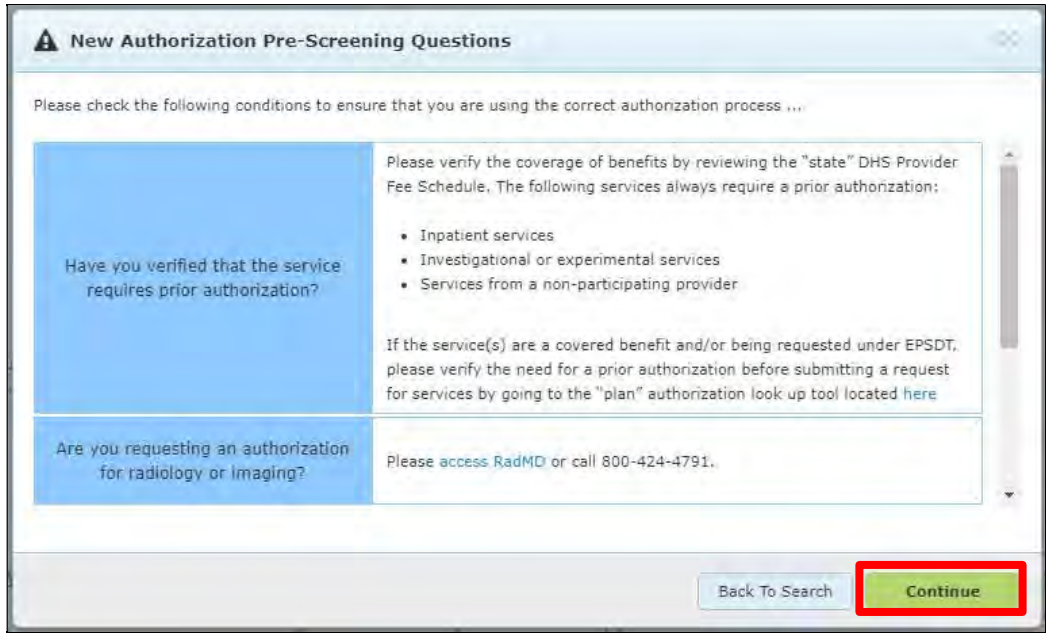
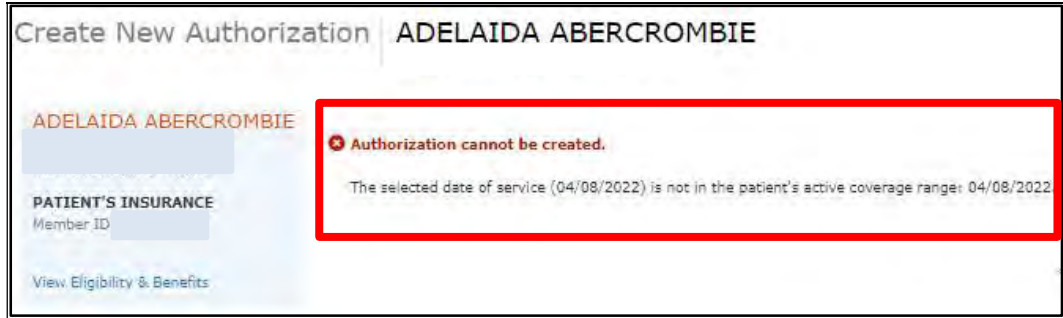
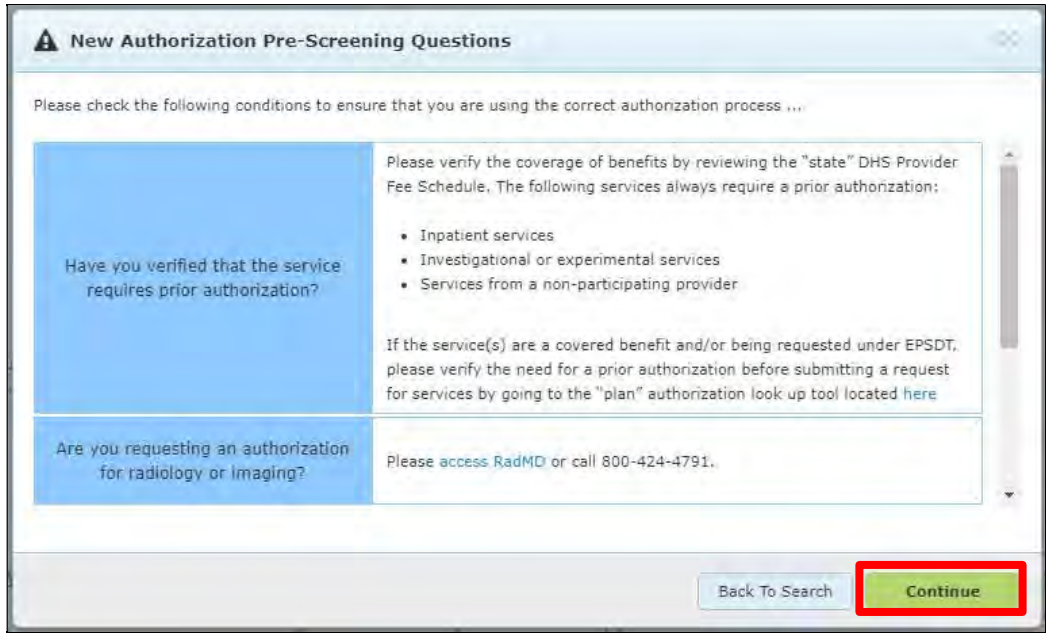
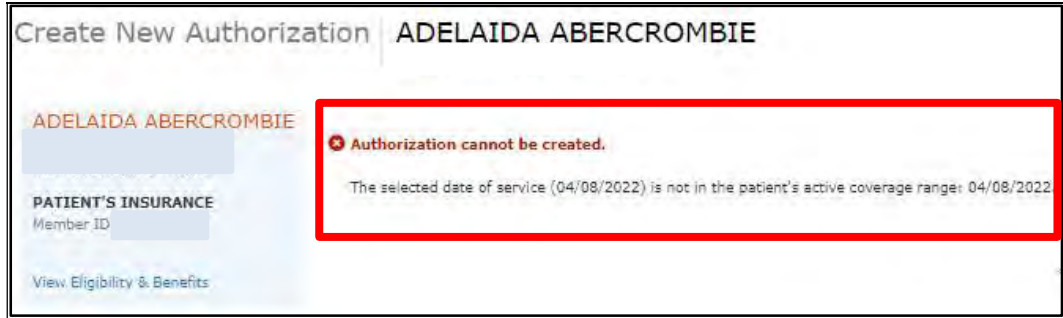
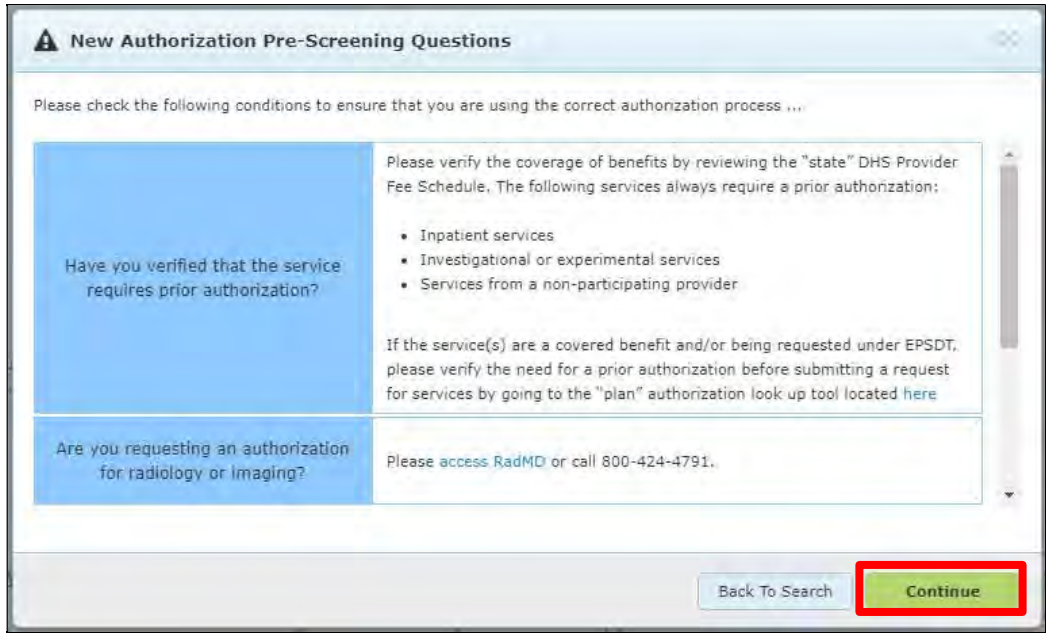
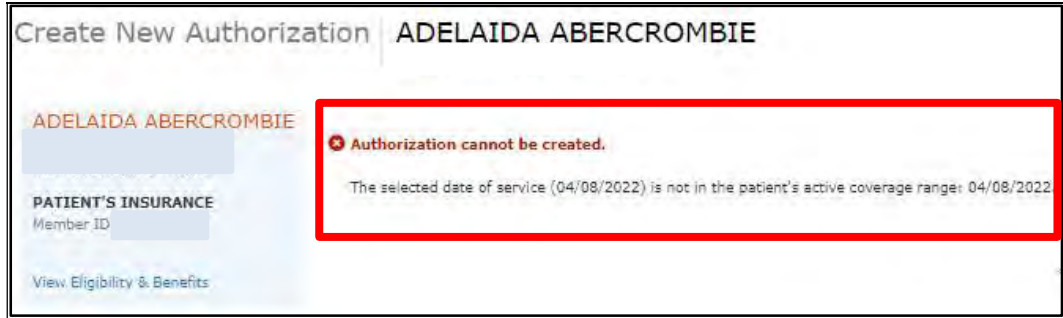
To create a new authorization:

Step	Action
1.	Launch Medical Authorizations under Workflows for this Plan. 
2.	Click Create New Authorization 

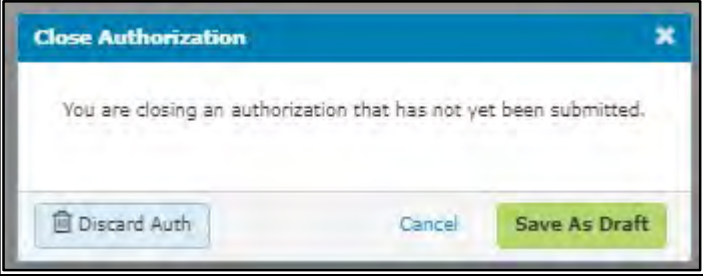
Creating a New Authorization (cont.)

Step	Action
3.	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. 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. Note: If you enter an incorrect/invalid member ID you will receive the following:

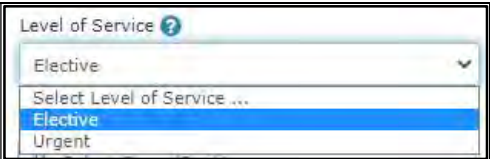
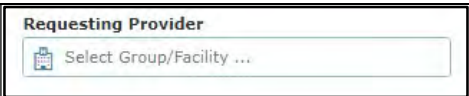
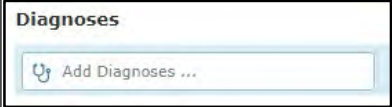
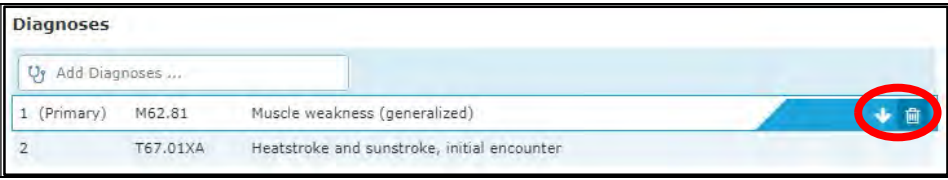
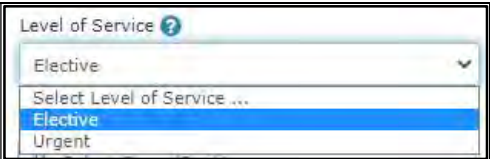
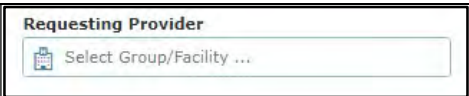
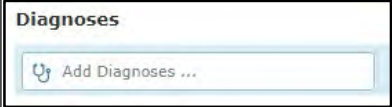
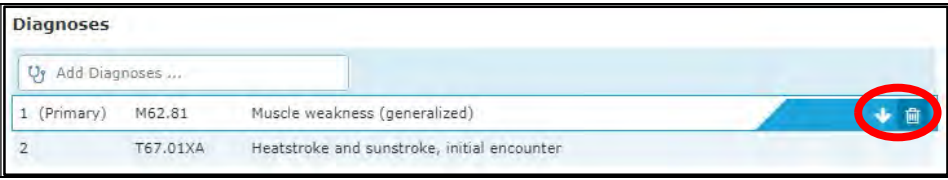
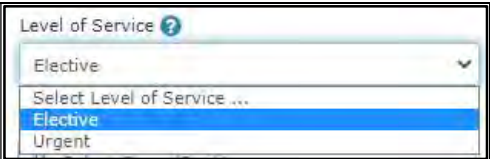
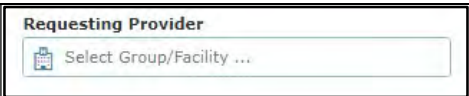
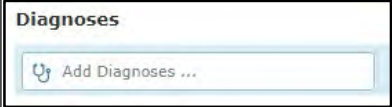
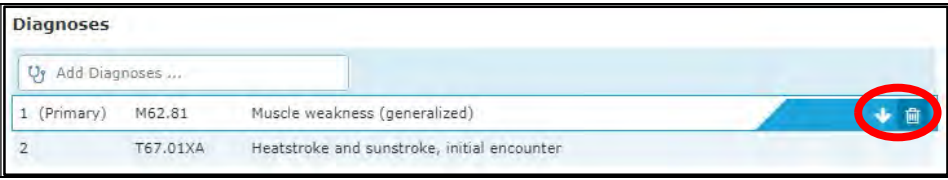
Creating a New Authorization (cont.)

Step	Action						
4.	Address the pre-screening questions pop up box and select Continue. Note: If a member is not active with the health plan, you will not be advanced to the pre-screening questions. <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>The member has active coverage</td><td> The provider will be advanced to the New Authorization Pre-Screening Questions  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. </td></tr> <tr> <td>The member is ineligible</td><td> The provider will receive the authorization cannot be created message.  </td></tr> </tbody> </table>	If...	Then...	The member has active coverage	The provider will be advanced to the New Authorization Pre-Screening Questions  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.	The member is ineligible	The provider will receive the authorization cannot be created message. 
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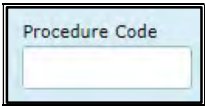
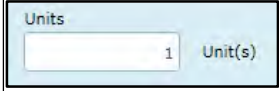
Creating a New Authorization (cont.)

Step	Action						
5.	Enter service type and place of service, then select Next  View Eligibility & Benefits is available to view under the member's demographic information. Eligibility & Benefits can be viewed here. 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. <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> Note: At any time while creating an authorization if you wish to close or save the request select  which will enable the following pop up and allows the user to discard auth, cancel, and save as draft.  Discard Auth – deletes the request Cancel – allows the user to continue Save As Draft – allows the user to come back and complete the request later	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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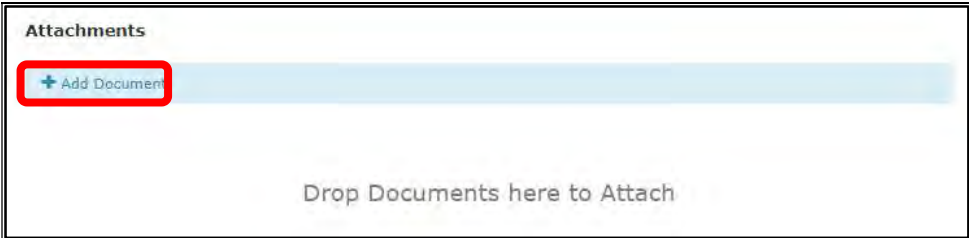
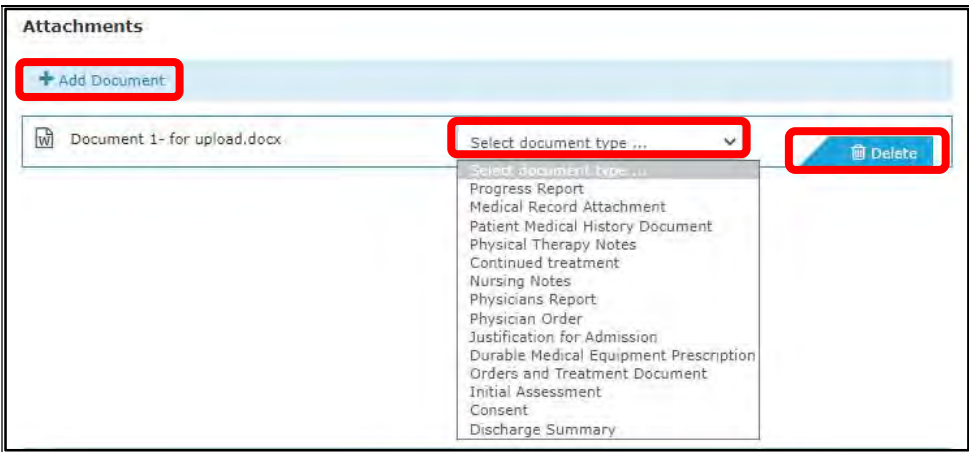
Creating a New Authorization - Outpatient Request

Step	Action																
6.	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. <table> <tr> <td>Date of Service</td><td> This defaults to the current date and is not available to be changed.  </td></tr> <tr> <td>Level of Service</td><td> Choose the appropriate selection from the drop-down list – elective or urgent.  <table> <tr> <th>If</th><th>Then</th></tr> <tr> <td>Elective</td><td>Services scheduled in advance that do not involve a medical emergency</td></tr> <tr> <td>Urgent</td><td>Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td></tr> </table> </td></tr> <tr> <td>Requesting Provider</td><td> Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service.  </td></tr> <tr> <td>Servicing Provider</td><td> Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service.  </td></tr> <tr> <td>Diagnoses</td><td> This is a look up field (max number of diagnosis codes that can be attached is 12).  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.  </td></tr> </table>	Date of Service	This defaults to the current date and is not available to be changed. 	Level of Service	Choose the appropriate selection from the drop-down list – elective or urgent.  <table> <tr> <th>If</th><th>Then</th></tr> <tr> <td>Elective</td><td>Services scheduled in advance that do not involve a medical emergency</td></tr> <tr> <td>Urgent</td><td>Unscheduled admission of patient. An unexpected illness or injury that needs prompt medical attention.</td></tr> </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. 	Servicing Provider	Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service. 	Diagnoses	This is a look up field (max number of diagnosis codes that can be attached is 12).  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. 
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Creating a New Authorization - Outpatient (cont.)

Step	Action
6.	Services From / To From (start date) / To (end date)  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.  Procedure Code 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.  Modifiers Free text field. This is not a mandatory field.  Units Free text numeric value.  Add New Service Line 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. 

Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	Attachments + Add Document 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.  

Creating a New Authorization – Outpatient (cont.)

Step	Action
6.	Notes 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. Notes Enter Clinical Notes ... 264 characters left Contact Information 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. Note: Check Save as default Contact Information for Medical Authorizations to save time in the future. Contact Information First Name Beth Last Name Williams Email Address Optional Phone Number (843) 999-9999 Fax Number Optional ☒ Save as default Contact Information for Medical Authorizations DECLARATION ☒ By checking this box, I agree to notify the member of any services that are approved. Cancel « Previous Submit ***Proceed to Step 8 for InterQual instructions***

Creating a New Authorization – Inpatient Request

Step	Action				
7.	Complete information following the guidelines outlined below for an inpatient request: Service Type Select the appropriate service type and place of service according to the request. Service Type Select service type... Place of Service Select place of service... <table border="1" data-bbox="431 604 1422 777"> <tr> <td>Service Type</td><td>Type of service to be provided to the member. (Based on the service type, the system will request for the user to enter the place of service.)</td></tr> <tr> <td>Place of Service</td><td>Location in which services will be rendered.</td></tr> </table> Once service type is select, click Next to continue. Next »	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.				
	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). Date Of Admission Date of Discharge 03/09/2022 Optional Note: The user will receive the message below if the dates of service overlap in the same case. Invalid / Missing Date(s) of Service - Please Correct and Resubmit Service Type Inpatient Medical Care Place of Service Inpatient Hospital Date Of Admission Date of Discharge 06/29/2022 06/30/2022				

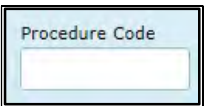
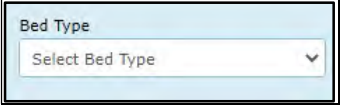
Creating a New Authorization – Inpatient Request (cont.)

Step	Action								
7.	Admission Type Select the appropriate admission type from the drop-down list – Elective, Urgent, or Emergent. Admission Type ? Select admission type ... Select admission type ... Elective Urgent Emergent The question mark beside admission type provides information regarding the types of admissions. <table> <tr> <th>If</th><th>Then</th></tr> <tr> <td>Elective</td><td>Potential admission for illness/injury enrollee not currently admitted</td></tr> <tr> <td>Urgent</td><td>Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td></tr> <tr> <td>Emergent</td><td>Concurrent review, enrollee is currently admitted</td></tr> </table> Requesting Provider Select the appropriate provider from the drop-down list. Requesting provider is the provider that is requesting the service. Requesting Provider Select Group/Facility ... Servicing Provider Select the appropriate servicing provider from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider). Servicing Provider Select Provider ... Servicing Facility The servicing facility is the location where the service will be performed. Servicing Facility The Servicing Facility is the location where the surgery or service will be performed. Select Group/Facility	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								

Creating a New Authorization – Inpatient (cont.)

Step	Action								
7.	Diagnoses Diagnoses Look up field (max number of diagnosis codes that can be attached is 12). Diagnoses Add Diagnoses ... 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. Diagnoses Add Diagnoses ... <table><tr><td>1 (Primary)</td><td>M62.81</td><td>Muscle weakness (generalized)</td><td> ↓ 🗑 </td></tr><tr><td>2</td><td>T67.01XA</td><td>Heatstroke and sunstroke, initial encounter</td><td></td></tr></table>	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.)

Step	Action
7.	Services From / To 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.  Procedure Code 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.  Modifiers This is a free text field and is not mandatory.  Units Free text numeric value. For the inpatient request, units are equivalent to days.  Bed Type Select the appropriate bed type from the drop down list. This is a mandatory field.  + Add New Service Line 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. 

Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	Attachments Add Document 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. Attachments + Add Document Drop Documents here to Attach Attachments + Add Document  Document 1- for upload.docx Select document type ... - 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  Delete

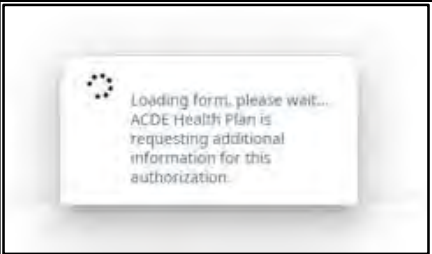
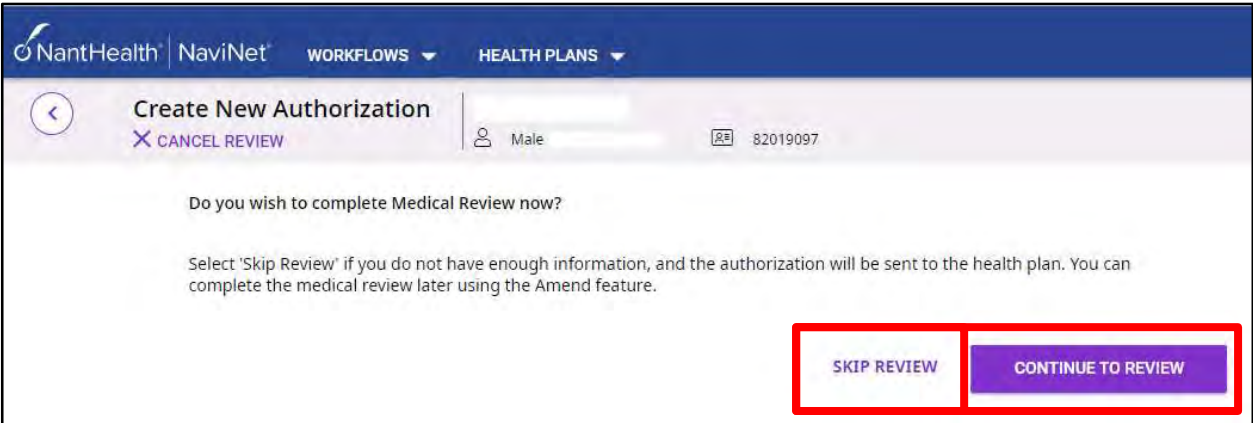
Creating a New Authorization – Inpatient (cont.)

Step	Action
7.	Notes 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. Notes Enter Clinical Notes ... 264 characters left Contact Information 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. Note: Check Save as default Contact Information for Medical Authorizations to save time in the future. ▼ Contact Information First Name Beth Phone Number (843) 999-9999 Last Name Williams Fax Number Optional Email Address Optional ☒ Save as default Contact Information for Medical Authorizations DECLARATION ☒ By checking this box, I agree to notify the member of any services that are approved. Cancel « Previous Submit

Creating a New Authorization – InterQual – Outpatient and Inpatient



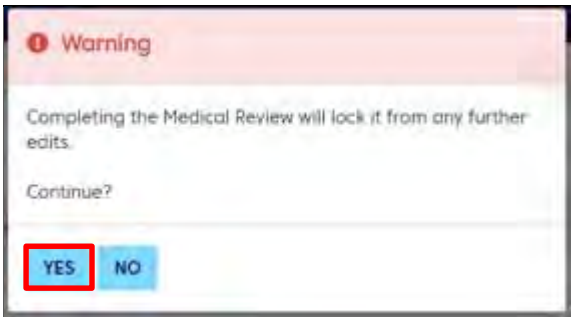
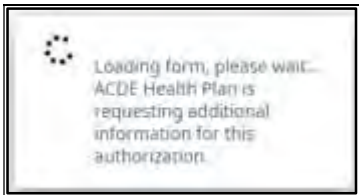
If you need training or have questions regarding the use of InterQual criteria, please contact Change Healthcare.

Step	Action						
8.	After completion of the previous steps, when the user selects Submit , InterQual criteria may or may not launch. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.						
9.	The message below will populate indicating the InterQual page is loading. 						
10.	Once routed to InterQual, users will have two options 'Skip Review' or 'Continue to Review.'  <table border="1"> <thead> <tr> <th>If....</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Skip Review</td><td> 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: 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. </td></tr> <tr> <td>Continue to Review</td><td> The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval. </td></tr> </tbody> </table>	If....	Then...	Skip Review	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: 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.	Continue to Review	The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.
If....	Then...						
Skip Review	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: 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.						
Continue to Review	The user will be presented with the appropriate InterQual Subset and should complete the clinical questions/medical review prior to submission. Note: If the InterQual medical review is completed and the InterQual criteria is met, there is the possibility of an automatic approval.						

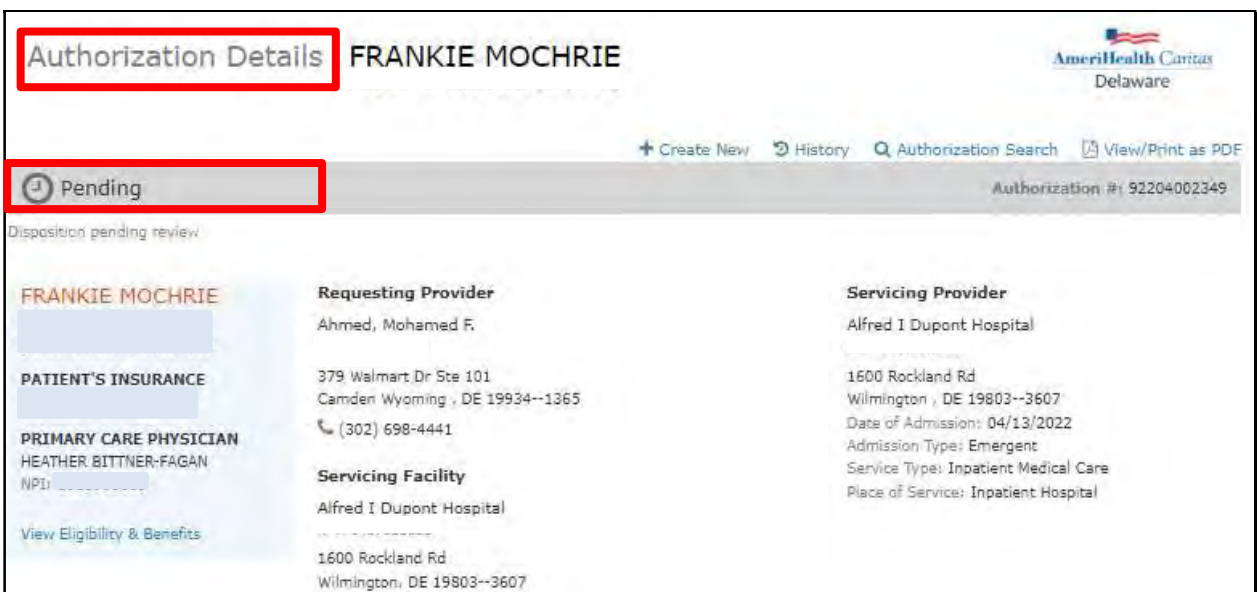
Creating a New Authorization - InterQual (cont.)

Step	Action						
11.	<table><tr><th>If...</th><th>Then...</th></tr><tr><td>Outpatient</td><td> 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.  Answer the questions as they relate to the patient/member. </td></tr><tr><td>Inpatient</td><td> The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.  Select the day on which you wish to complete the medical review then select the pertinent findings/interventions. </td></tr></table>	If...	Then...	Outpatient	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.  Answer the questions as they relate to the patient/member.	Inpatient	The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.  Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.
If...	Then...						
Outpatient	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.  Answer the questions as they relate to the patient/member.						
Inpatient	The system will direct the user to a guideline selection page. Select the most appropriate guideline then click on medical review.  Select the day on which you wish to complete the medical review then select the pertinent findings/interventions.						

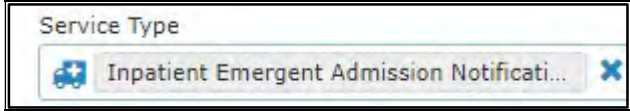
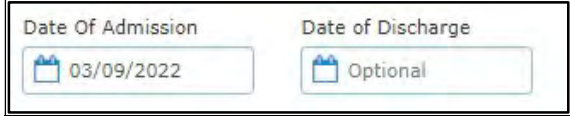
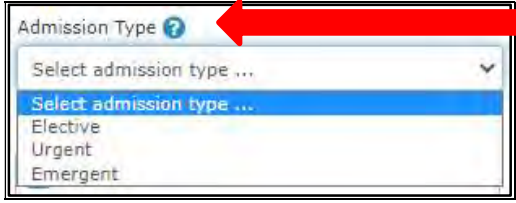
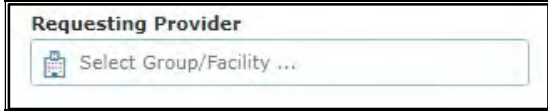
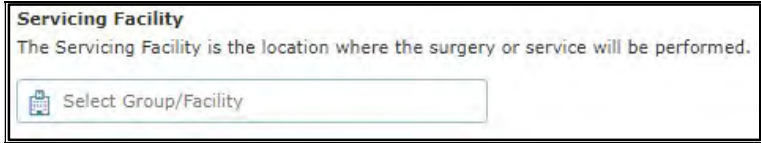
Creating a New Authorization - InterQual (cont.)

Step	Action						
12.	At the end of the InterQual review... <table> <tr> <th>If....</th><th>Then....</th></tr> <tr> <td>Q&A criteria is used (outpatient)</td><td>After all questions have been answered the no remaining questions message will display: Click view recommendations to continue.</td></tr> <tr> <td>Decision tree is used (inpatient)</td><td>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> </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.	When the review is complete, click Complete, then select YES to continue. 						
14.	The following notice which indicates that the user is being sent back to NaviNet from InterQual. 						

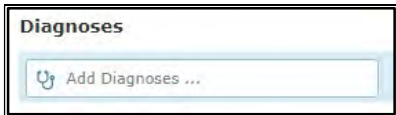
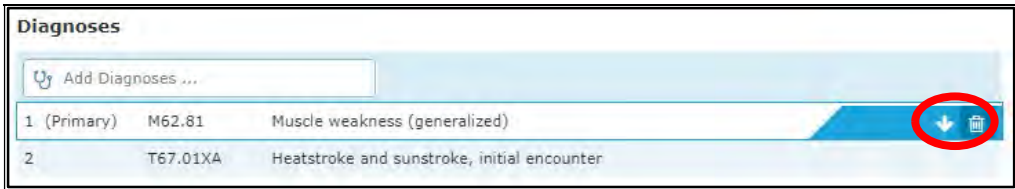
Creating a New Authorization - InterQual (cont.)

Step	Action
15.	Once the user arrives back in NaviNet, it defaults to the authorization details screen.  The screenshot displays the 'Authorization Details' for FRANKIE MOCHRIE. The status is 'Pending'. The patient's insurance is listed as 'PATIENT'S INSURANCE'. The primary care physician is HEATHER BITTNER-FAGAN. The requesting provider is Ahmed, Mohamed F., and the servicing provider is Alfred I Dupont Hospital. The servicing facility is also Alfred I Dupont Hospital. The authorization number is 92204002349.

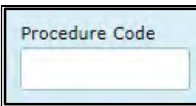
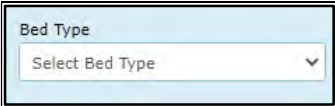
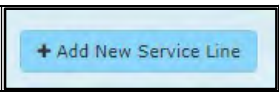
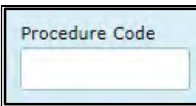
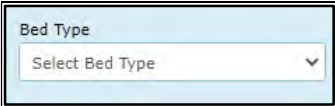
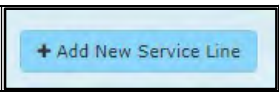
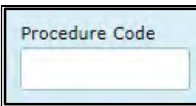
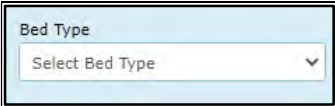
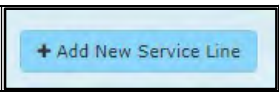
Creating a New Authorization – Inpatient Emergent Admission Notification

Step	Action
6.	Refer to steps 1-5 above under the heading Creating a New Authorization. Complete information following the guidelines outlined below for an Inpatient Emergent Admission Notification. If the user is identified as non-clinical, the user may report an Emergency Admission utilizing the steps below.
Service Type	Select the Service Type (users should select Inpatient Emergent Admission Notification as their service type).  Click Next to continue. 
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. 
Admission Type	Select the appropriate admission type– Elective, Urgent, or Emergent.  The question mark provides information regarding the types of admissions.
Requesting Provider	Requesting provider is the provider that is requesting the service. 
Servicing Provider	Servicing provider is the provider completing the service, also known as the attending provider. 
Servicing Facility	Servicing Facility is where the service will be performed. 

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

Step	Action
6.	Diagnoses Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12).  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. 

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

Step	Action												
6.	Services <table border="1"> <tr> <td data-bbox="201 262 527 457"> From / To </td><td data-bbox="527 262 1560 457"> 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.  </td></tr> <tr> <td data-bbox="201 457 527 814"> Procedure Code </td><td data-bbox="527 457 1560 814"> 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.  </td></tr> <tr> <td data-bbox="201 814 527 968"> Modifiers </td><td data-bbox="527 814 1560 968"> This is a free text field and is not a mandatory field.  </td></tr> <tr> <td data-bbox="201 968 527 1171"> Units </td><td data-bbox="527 968 1560 1171"> Free text numeric value. For the inpatient request, units are equivalent to days.  </td></tr> <tr> <td data-bbox="201 1171 527 1339"> Bed Type </td><td data-bbox="527 1171 1560 1339"> Select bed type from the drop down list. This is a mandatory field.  </td></tr> <tr> <td data-bbox="201 1339 527 1598"> + Add New Service Line </td><td data-bbox="527 1339 1560 1598"> 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.  </td></tr> </table>	From / To	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. 	Procedure Code	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. 	Modifiers	This is a free text field and is not a mandatory field. 	Units	Free text numeric value. For the inpatient request, units are equivalent to days. 	Bed Type	Select bed type from the drop down list. This is a mandatory field. 	+ Add New Service Line	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. 
From / To	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. 												
Procedure Code	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. 												
Modifiers	This is a free text field and is not a mandatory field. 												
Units	Free text numeric value. For the inpatient request, units are equivalent to days. 												
Bed Type	Select bed type from the drop down list. This is a mandatory field. 												
+ Add New Service Line	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. 												

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

Step	Action
6.	Attachments Add Document 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. Attachments + Add Document Drop Documents here to Attach Attachments + Add Document  Document 1- for upload.docx Select document type ... - 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 Delete

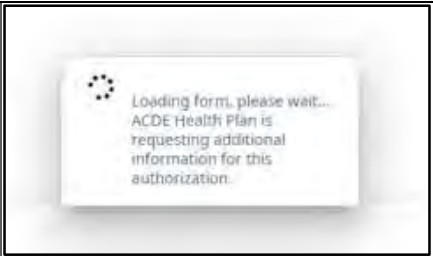
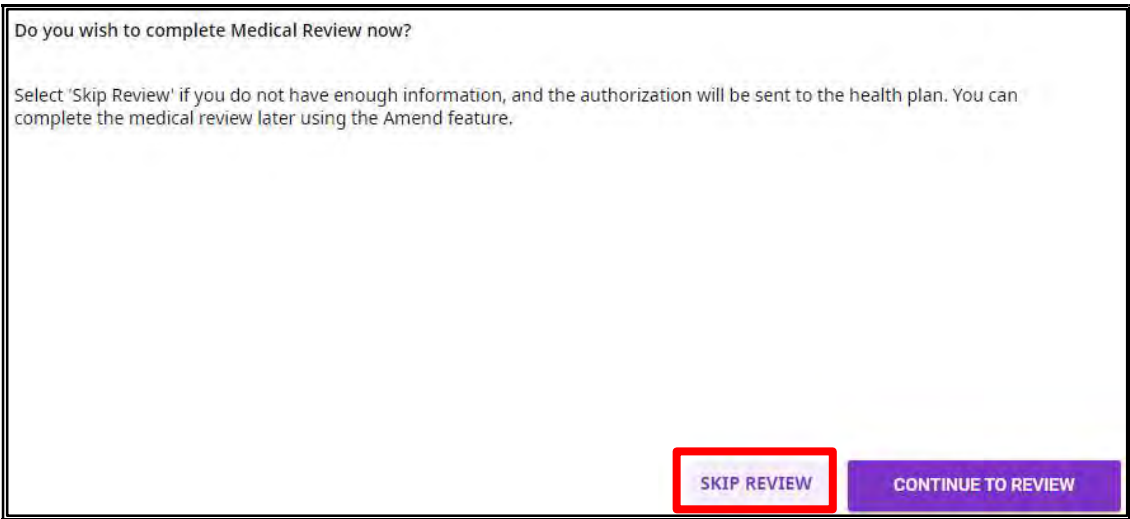
Creating a New Authorization – Inpatient Emergent Admission Notification (cont.)

Step	Action
6.	Notes 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. Notes Enter Clinical Notes ... 264 characters left Contact Information 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. Note: Check Save as default Contact Information for Medical Authorizations to save time in the future. First Name Last Name Email Address Optional Phone Number Fax Number Optional ☐ Save as default Contact Information for Medical Authorizations DECLARATION ☐ By checking this box, I agree to notify the member of any services that are approved. Cancel « Previous Submit

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

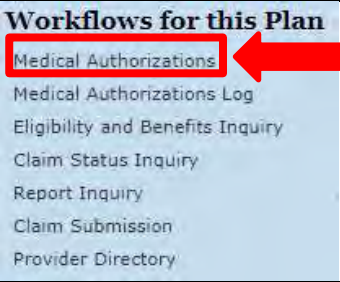


Note: Non-clinical users may follow the steps below to bypass the InterQual Review.

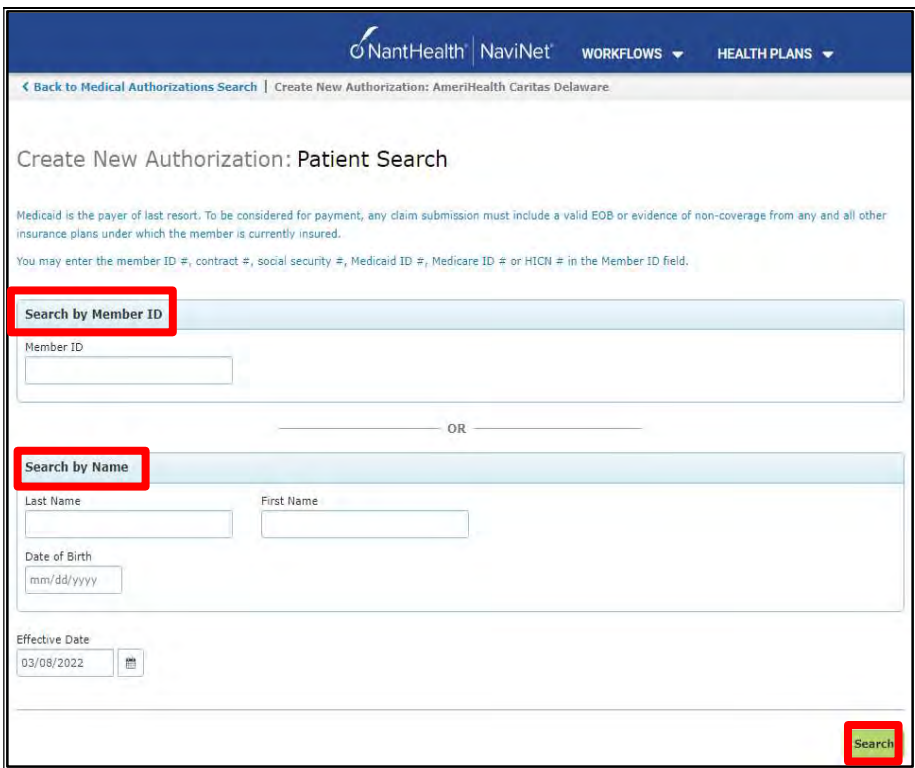
Step	Action
7.	The message below will populate indicating the InterQual page is loading. 
8.	The system will offer non-clinical users the option to by-pass InterQual Medical Review. To bypass the InterQual review, select “Skip Review.”  Note: After selecting Skip Review, the user will be routed back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

Creating a New Authorization – Inpatient Delivery Notification

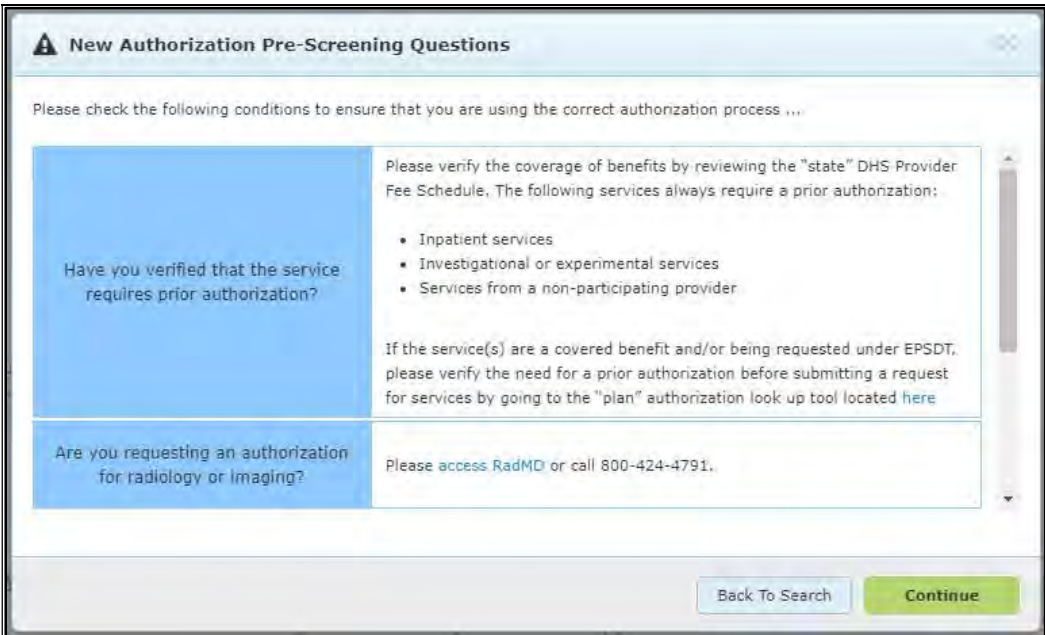
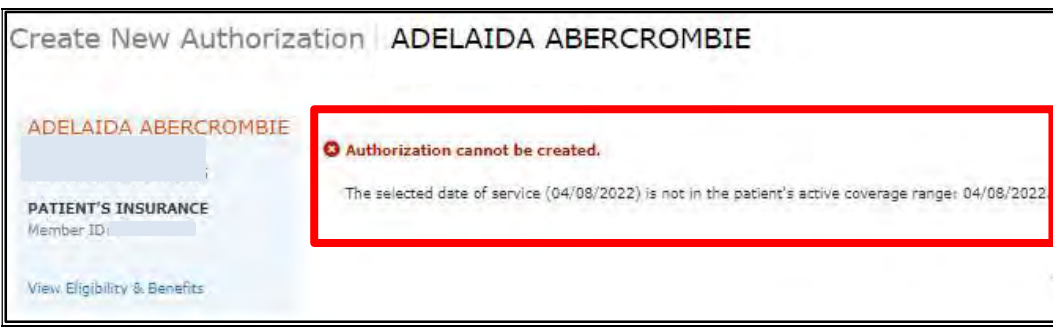
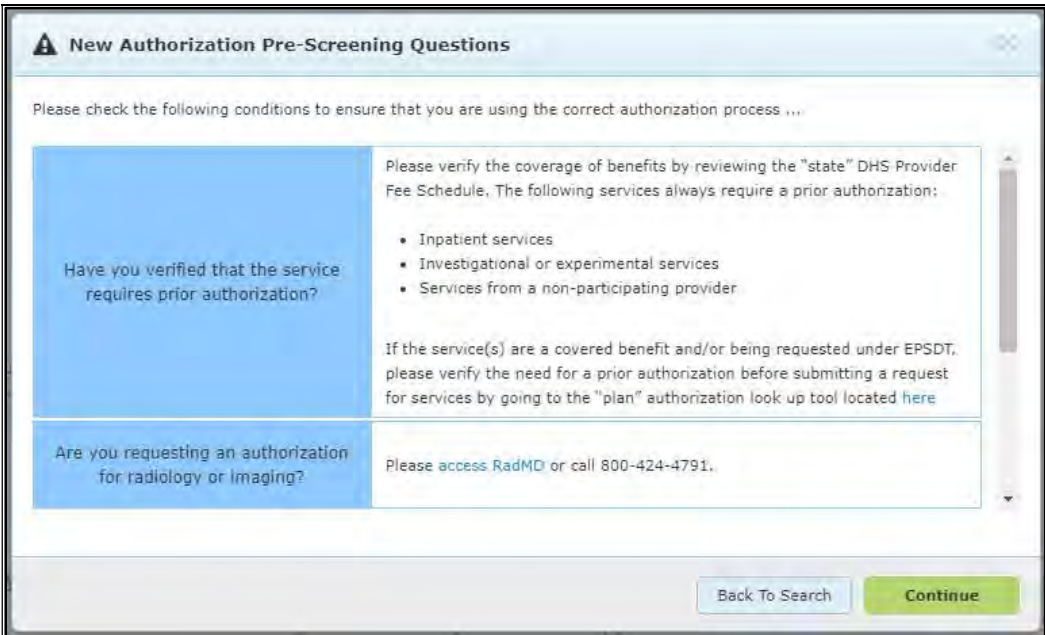
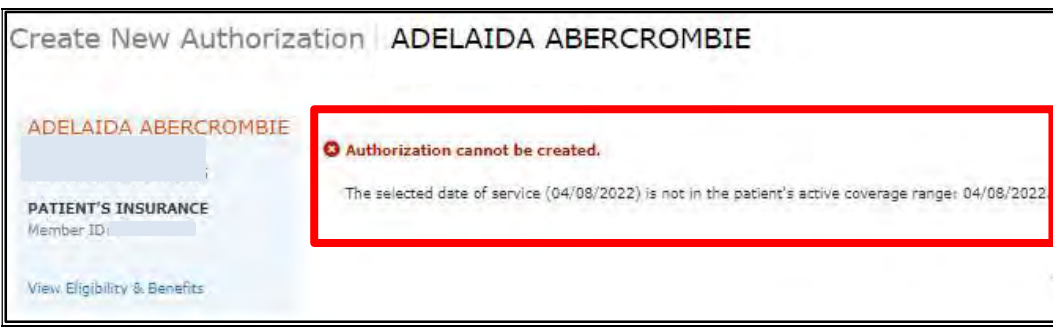
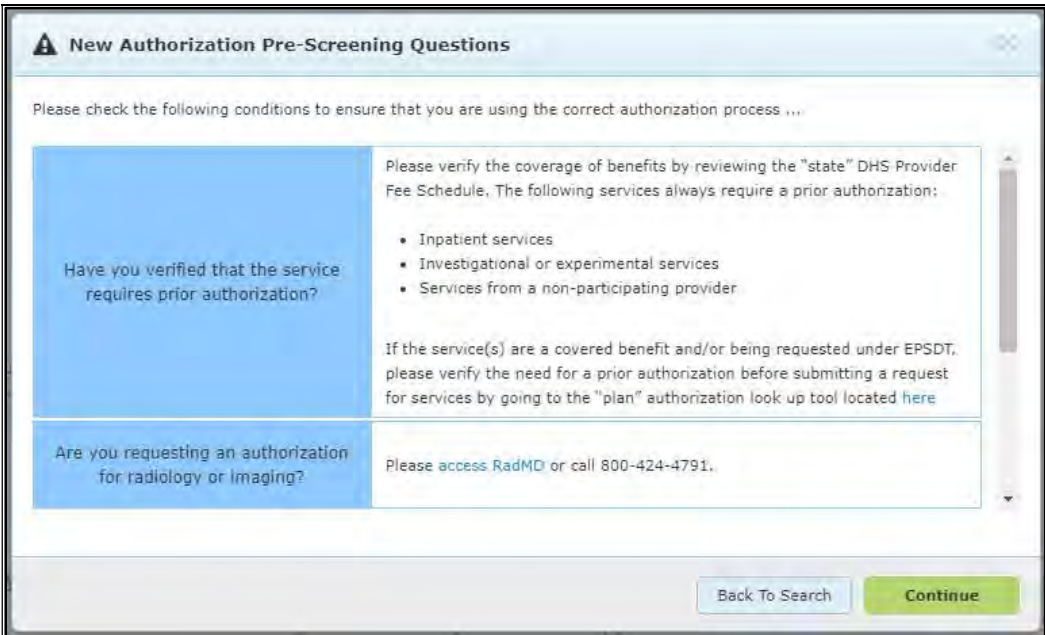
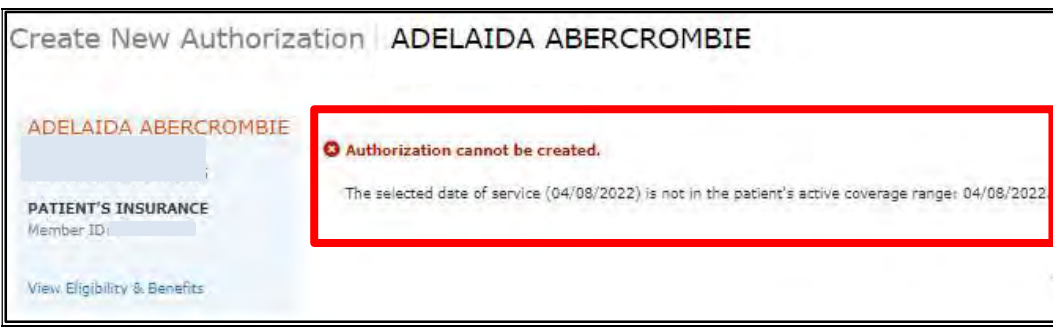
To create an Inpatient Delivery Notification:

Step	Action
1.	Launch Medical Authorizations under Workflows for this Plan. 
2.	Click Create New Authorization 

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

Step	Action
3.	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.  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.  Note: If an incorrect/invalid member ID is entered, the message below appears: Create New Authorization: Patient Search  Subscriber / Insured Not Found. Please Correct and Resubmit.

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

Step	Action						
4.	Address the pre-screening questions pop up box then select Continue. Note: If a member is not active with the health plan, the user will not be advanced to the pre-screening questions. <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>The member has active coverage</td><td> The provider will be advanced to the New Authorization Pre-Screening Questions  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. </td></tr> <tr> <td>The member is ineligible</td><td> The provider will receive the authorization cannot be created message.  </td></tr> </tbody> </table>	If...	Then...	The member has active coverage	The provider will be advanced to the New Authorization Pre-Screening Questions  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.	The member is ineligible	The provider will receive the authorization cannot be created message. 
If...	Then...						
The member has active coverage	The provider will be advanced to the New Authorization Pre-Screening Questions  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.						
The member is ineligible	The provider will receive the authorization cannot be created message. 						

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

Step	Action								
5.	Complete the required fields following the guidelines below for an Inpatient Delivery Notification: Service Type: Inpatient Delivery Notification Place of Service: Birth Center or Inpatient Hospital Select Next Service Type  Inpatient Delivery Notification  Warning: Service line date ranges cannot overlap with the date range from another service line. Place of Service  Select place of service... Birthing Center Inpatient Hospital Cancel Next »								
6.	Click + Add Maternity Details to populate the Add Maternity Details pop out box. The fields in this box are mandatory. Service Type: Inpatient Delivery Notification  Place of Service: Inpatient Hospital <table><tr><th>Name</th><th>Gender</th><th>Date of Birth</th><th>Delivery Period</th></tr><tr><td colspan="4"> + Add Maternity Details </td></tr></table> Cancel « Previous Next »	Name	Gender	Date of Birth	Delivery Period	+ Add Maternity Details			
Name	Gender	Date of Birth	Delivery Period						
+ Add Maternity Details									

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

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

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

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

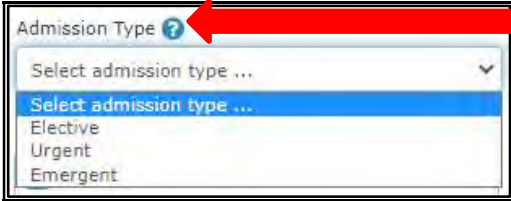
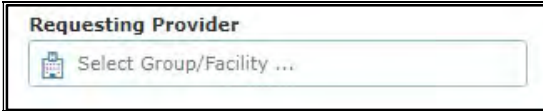
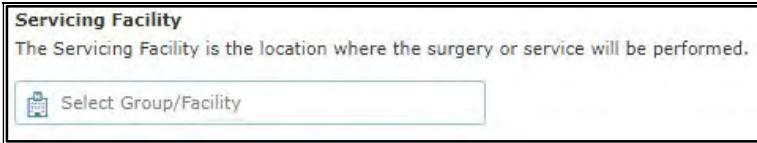
Creating a New Authorization – Inpatient Delivery Notification (cont.)

Step	Action								
6.	5 Minute Apgar Drop down field - select 1-10. 5 Minute Apgar:  Select Delivery Outcome Drop down field – select live birth or non live birth. Delivery Outcome: Select Delivery Method Drop down field – select c-section or normal vaginal delivery. Delivery Method: Select Delivery Period Drop down field – select day of admission, day after admission, or 2 or more days after admission. Delivery Period: Select Estimated Gestational Age Select the appropriate values from the drop down fields. Estimated Gestational Age : Select weeks 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: 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> + Add Maternity Details Cancel « Previous Next »	Name	Gender	Date of Birth	Delivery Period	JESSICA BODLEY	Female	09/29/2022	Day of admission
Name	Gender	Date of Birth	Delivery Period						
JESSICA BODLEY	Female	09/29/2022	Day of admission						

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

Step	Action
8.	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. Providers can add the date of discharge by amending an authorization (see Amending an Authorization chapter). Date Of Admission Date of Discharge 03/09/2022 Optional Note: If the dates of service overlap in the same case, the message below will display. • Invalid / Missing Date(s) of Service - Please Correct and Resubmit

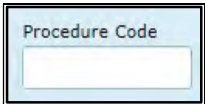
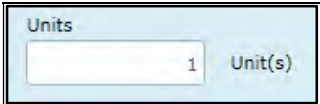
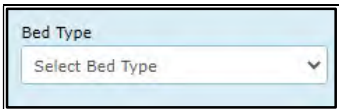
Creating a New Authorization – Inpatient Delivery Notification

Step	Action								
9.	Admission Type Select the admission type – Elective, Urgent, or Emergent  The question mark beside admission type provides information regarding the types of admissions. <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Elective</td><td>Potential admission for illness/injury enrollee not currently admitted</td></tr> <tr> <td>Urgent</td><td>Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted</td></tr> <tr> <td>Emergent</td><td>Concurrent review, enrollee is currently admitted</td></tr> </tbody> </table> Requesting Provider Select the requesting provider. Requesting provider is the provider that is requesting the service.  Servicing Provider Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service (also known as the attending provider).  Servicing Facility The servicing facility is the location where the service will be performed. 	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								

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

Step	Action								
9.	Diagnoses Diagnoses Diagnoses is a look up field (max number of diagnosis codes that can be attached is 12). Diagnoses Add Diagnoses ... 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. Diagnoses Add Diagnoses ... <table><tr><td>1 (Primary)</td><td>M62.81</td><td>Muscle weakness (generalized)</td><td> </td></tr><tr><td>2</td><td>T67.01XA</td><td>Heatstroke and sunstroke, initial encounter</td><td></td></tr></table>	1 (Primary)	M62.81	Muscle weakness (generalized)		2	T67.01XA	Heatstroke and sunstroke, initial encounter	
1 (Primary)	M62.81	Muscle weakness (generalized)							
2	T67.01XA	Heatstroke and sunstroke, initial encounter							

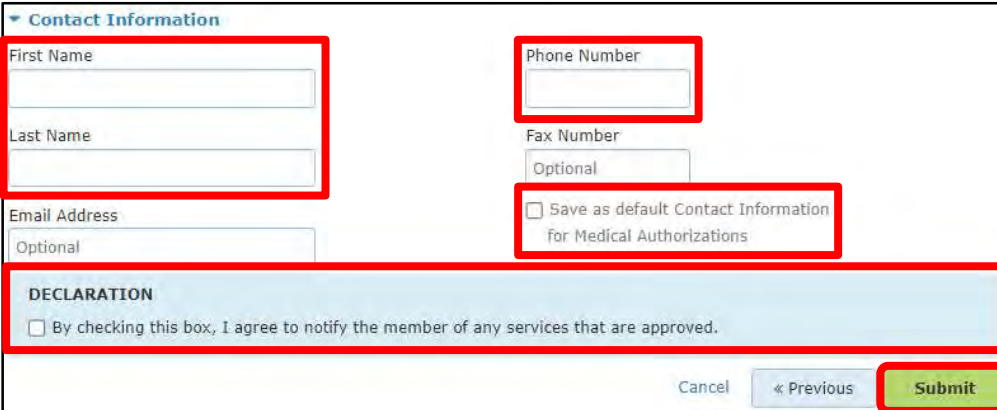
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	Services From / To 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.  Procedure Code 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.  Modifiers This is a free text field and is not mandatory.  Units Free text numeric value. For the inpatient request, units are equivalent to days.  Bed Type Select the appropriate bed type from the drop down list. This is a mandatory field.  + Add New Service Line 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. 

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

Step	Action
9.	Attachments Add Document 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. Attachments + Add Document Drop Documents here to Attach Attachments + Add Document Document 1- for upload.docx Select document type ... - Medical Record Attachment - 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 Delete

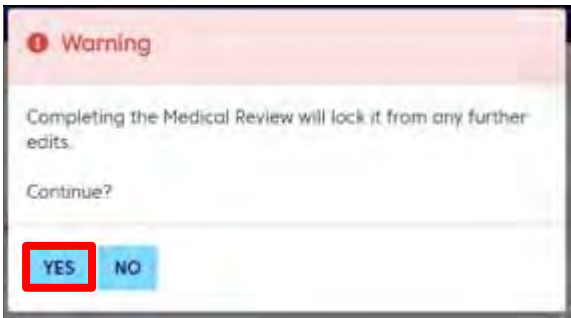
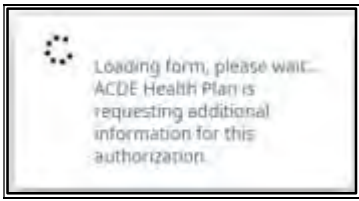
Creating a New Authorization – Inpatient Delivery Notification(cont.)

Step	Action
9.	Notes 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.  Contact Information 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. Note: Check Save as default Contact Information for Medical Authorizations to save time in the future. 
9.	Selecting Submit may or may not launch InterQual criteria. InterQual criteria is launched based on the diagnosis code and or the service code and if there are criteria to launch for the diagnosis code and or service code that is identified in the episode. If InterQual criteria is not launched after the user submits the request, the user may receive a status of pending or an automatic approval.
10.	If InterQual is launched, the message below will populate indicating the InterQual page is loading. 

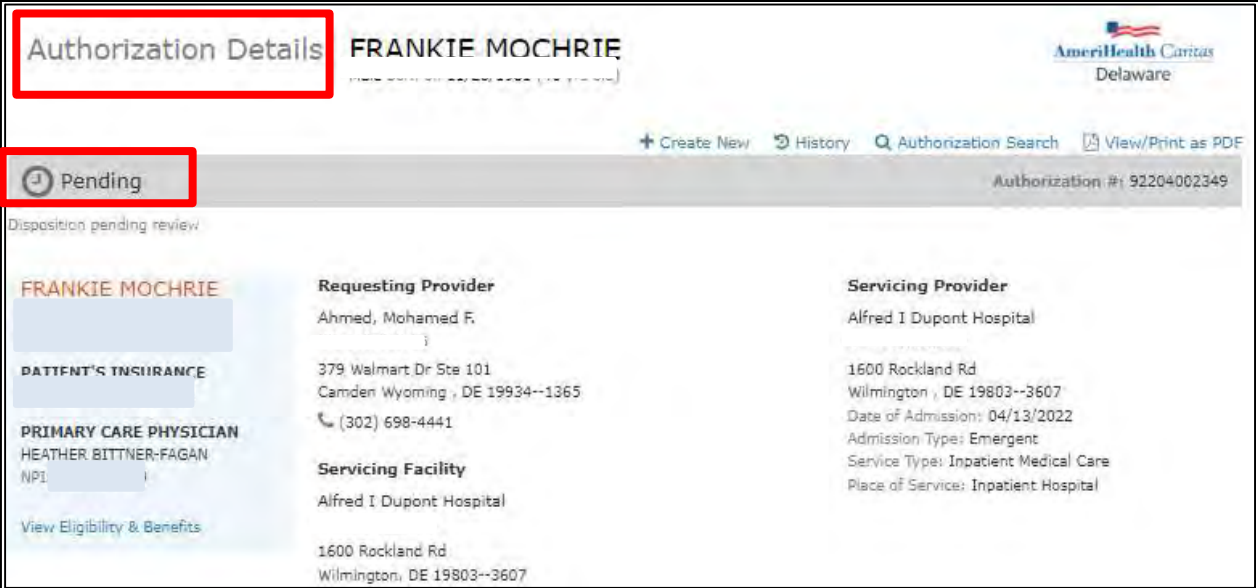
Creating a New Authorization – Inpatient Delivery Notification(cont.)

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

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

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

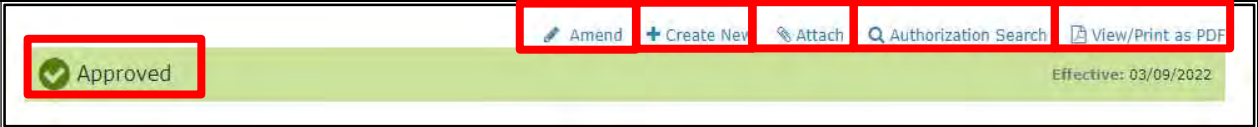
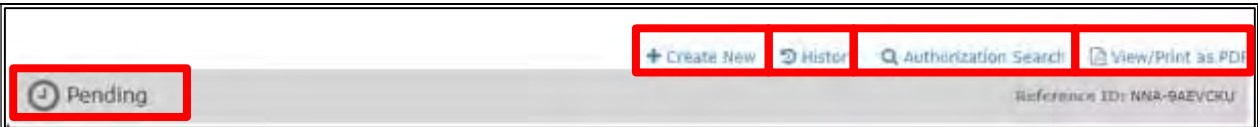
Creating a New Authorization - Inpatient Delivery Notification (cont.)

Step	Action
15.	Once the user arrives back in NaviNet, they will arrive on the authorization details screen.  The screenshot displays the 'Authorization Details' for a patient named FRANKIE MOCHRIE. The status is 'Pending', indicated by a clock icon and the word 'Pending' in a red box. Below this, a message states 'Disposition pending review'. The screen is divided into three main sections: Patient's Insurance, Requesting Provider, and Servicing Provider. The Patient's Insurance section lists the primary care physician as Heather Bittner-Fagan. The Requesting Provider section lists Ahmed, Mohamed F. with contact information. The Servicing Provider section lists Alfred I Dupont Hospital with address and contact information. The Servicing Facility section also lists Alfred I Dupont Hospital with address and contact information. The Authorization # is 92204002349.

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	 Note: Approved and partially approved requests can be amended (see chapter on Amending). The following actions can be taken on an approved request from the authorization status page: <table> <tr> <td>Amend</td><td>Extending existing services or requesting another service on the same authorization</td></tr> <tr> <td>Create New</td><td>Creating a new request</td></tr> <tr> <td>Attach</td><td>Attaching a document</td></tr> <tr> <td>Authorization Search</td><td>Searching for an authorization</td></tr> <tr> <td>View/Print as PDF</td><td>View and print authorization status request as PDF</td></tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization										
Create New	Creating a new request										
Attach	Attaching a document										
Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										
Pending	 Note: Submissions with a pending status will require medical review by the health plan. Requests with a pending status cannot be amended. The following actions can be taken on an approved request from the authorization status page: <table> <tr> <td>Create New</td><td>Creating a new request</td></tr> <tr> <td>History</td><td>Detailed history of the request</td></tr> <tr> <td>Authorization Search</td><td>Searching for an authorization</td></tr> <tr> <td>View/Print as PDF</td><td>View and print authorization status request as PDF</td></tr> </table>	Create New	Creating a new request	History	Detailed history of the request	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF		
Create New	Creating a new request										
History	Detailed history of the request										
Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										



4 AMENDING AN AUTHORIZATION

Amending an Authorization Request

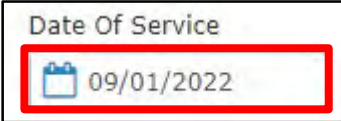
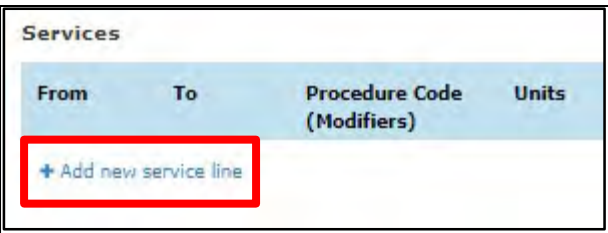
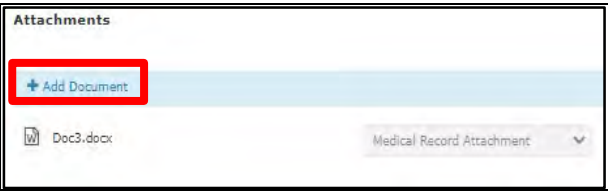
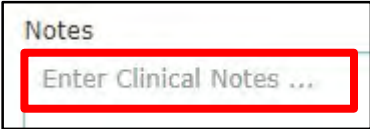
Amending a request is the process of extending existing services **or** requesting another service on the same authorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan.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



When making an amendment the user can add diagnoses, add services, add notes (if the maximum character limit has not been exceeded) and add documents.

Step	Action						
1.	Locate the existing request under Workflows for this Plan. Workflows for this Plan Medical Authorizations Medical Authorizations Log <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>The request was created in NaviNet</td><td>Select Medical Authorizations Log</td></tr> <tr> <td>The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)</td><td>Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)</td></tr> </table>	If...	Then...	The request was created in NaviNet	Select Medical Authorizations Log	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)
If...	Then...						
The request was created in NaviNet	Select Medical Authorizations Log						
The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Medical Authorizations and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)						
2.	Select Auth Details on the request that needs to be amended. GRETA EMERSON Date of Service: 03/18/2022 AmeriHealth Caritas Auth #: 92203003250 Date of Submission: 03/18/2022 Approved as of 03/18/2022 Auth Details + Create New History Attach Refresh Status						
3.	Select Amend. Amend + Create New History Attach Authorization Search View/Print as PDF Approved Authorization #: 92203003026 Effective: 03/31/2022						

Amending an Authorization Request (cont.)

Step	Action	
4.	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.)

Step	Action
4. (cont.)	Amending an outpatient request Enter contact information, check the Declaration box, and Submit. ▼ Contact Information First Name Beth Last Name Williams Email Address Optional Phone Number (843) 999-9999 Fax Number Optional ☒ Save as default Contact Information for Medical Authorizations DECLARATION ☒ By checking this box, I agree to notify the member of any services that are approved. Cancel « Previous Submit

Amending an Authorization Request (cont.)

Step	Action								
5.	Amending an inpatient request								
	<table><tr><th>If...</th><th>Then....</th></tr><tr><td>Amending an inpatient request</td><td>The following items can be addressed: date of date of discharge, diagnosis, add new service line, add document, notes and contact information</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				
	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.	Service Type Inpatient Medical Care Place of Service Inpatient Hospital Date Of Admission 07/08/2022 Date of Discharge 07/09/2022							
	Add additional diagnoses if applicable	Diagnoses Add Diagnoses ... 1 (Primary) J44.9 Chronic obstructive pulmonary disease, unspecified							
	Add new service line	Services <table><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> + Add new service line	From	To	Procedure Code (Modifiers)	Units	04/08/2022	04/08/2022	--
From	To	Procedure Code (Modifiers)	Units						
04/08/2022	04/08/2022	--	1 Day(s)						
Add attachments if applicable	Attachments + Add Document Drop Documents here to Attach								
Add notes if applicable	Notes Enter Clinical Notes ...								

Amending an Authorization Request (cont.)

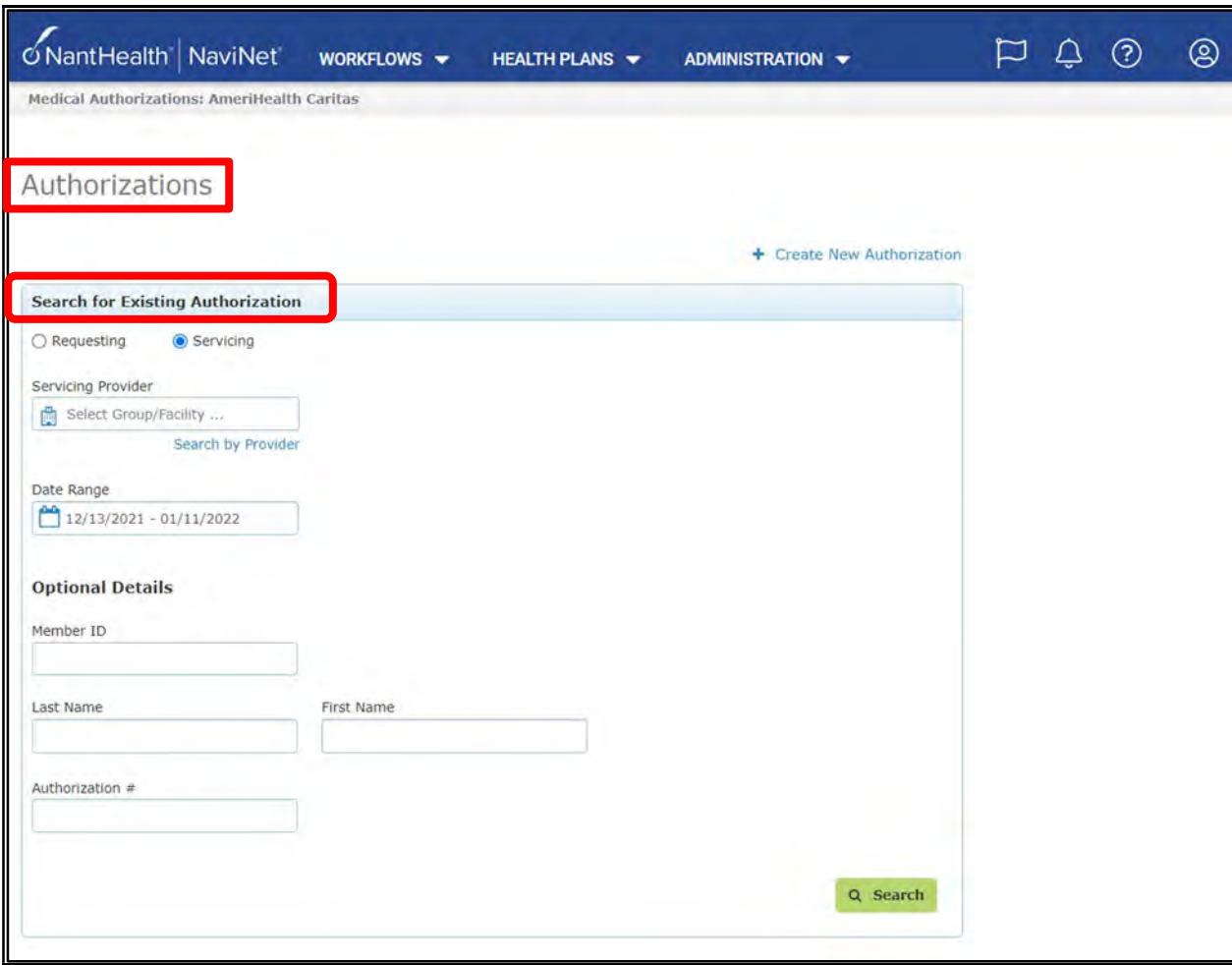
Step	Action
5. (cont.)	Amending an inpatient request Enter contact information, check the Declaration box, and Submit ▼ Contact Information First Name Beth Last Name Williams Email Address Optional Phone Number (843) 999-9999 Fax Number Optional ☒ Save as default Contact Information for Medical Authorizations. DECLARATION ☒ By checking this box, I agree to notify the member of any services that are approved. Cancel « Previous Submit

5

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.

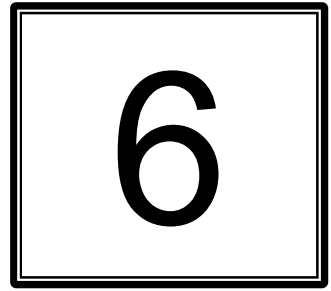
Step	Action
1.	Providers will only see authorizations/requests for members that are under their care. To search for an existing authorization select Medical Authorizations under Workflows for this Plan. Workflows for this Plan Medical Authorizations  The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. The main heading is 'Medical Authorizations: AmeriHealth Caritas'. Below this, the 'Authorizations' section is highlighted with a red box. A '+ Create New Authorization' link is visible. The 'Search for Existing Authorization' section is highlighted with a red box and contains the following fields: ☐ Requesting ☒ Servicing - Servicing Provider: Select Group/Facility ... Search by Provider - Date Range: 12/13/2021 - 01/11/2022 - Optional Details: - Member ID: - Last Name: First Name: - Authorization #: Search

Search: Search for an Existing Authorization (cont.)

Step	Action																					
2.	Select Servicing or Requesting Provider and adjust the date range then select Search. Authorizations + Create New Authorization Search for Existing Authorization Requesting Servicing Servicing Provider Select Group/Facility ... Date Range 02/09/2022 - 03/10/2022 Optional Details Member ID Last Name First Name Authorization # Q Search																					
3.	Select the authorization that you wish to view. Authorizations: Search Results Q Filter Results ... <table><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><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></table>	Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v	92204001070	SOMER ABERDEEN	Cancelled	CUTTING	CUTTING	31365	06/07/2022	92204001069	SOMER ABERDEEN	Pending	CUTTING	CUTTING	31365	05/07/2022
Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v																
92204001070	SOMER ABERDEEN	Cancelled	CUTTING	CUTTING	31365	06/07/2022																
92204001069	SOMER ABERDEEN	Pending	CUTTING	CUTTING	31365	05/07/2022																

Search: Search for an Existing Authorization (cont.)

Step	Action										
4.	The user will be directed to the authorization details of the authorization that was selected in the previous step.  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. <table> <tr> <td>Amend</td><td>Extending existing services or requesting another service on the same authorization</td></tr> <tr> <td>Create New</td><td>Creating a new request</td></tr> <tr> <td>Attach</td><td>Attaching a document</td></tr> <tr> <td>Authorization Search</td><td>Searching for an authorization</td></tr> <tr> <td>View/Print as PDF</td><td>View and print authorization status request as PDF</td></tr> </table>	Amend	Extending existing services or requesting another service on the same authorization	Create New	Creating a new request	Attach	Attaching a document	Authorization Search	Searching for an authorization	View/Print as PDF	View and print authorization status request as PDF
Amend	Extending existing services or requesting another service on the same authorization										
Create New	Creating a new request										
Attach	Attaching a document										
Authorization Search	Searching for an authorization										
View/Print as PDF	View and print authorization status request as PDF										



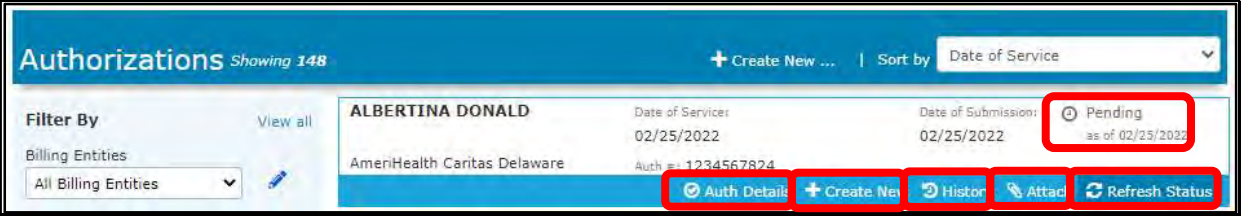
6 MEDICAL AUTHORIZATION LOG

Search: Medical Authorization Log

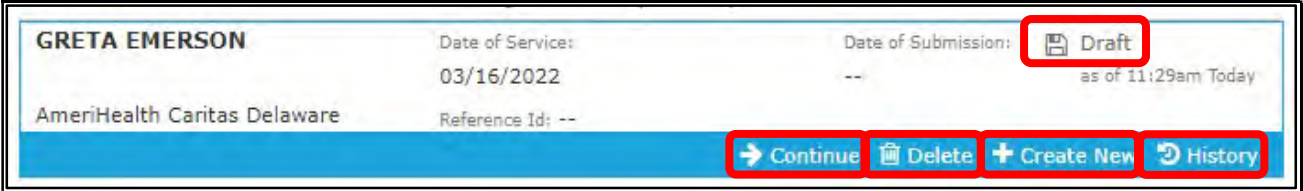
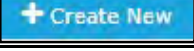
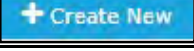
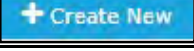
Only requests that have been submitted via NaviNet Open Medical Authorizations will appear in the Authorization Log. To see cases that were initiated outside of NaviNet, use Search for an Existing Authorization (sometimes referred to as Authorization Inquiry).

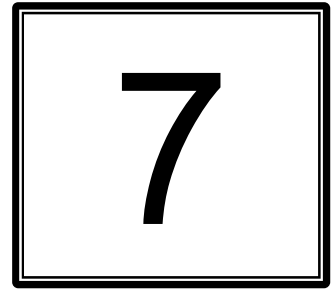
Step	Action																																				
1.	Select Medical Authorization Log under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here. Workflows for this Plan Medical Authorizations Medical Authorizations Log 																																				
2.	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. Authorizations Showing 148 + Create New ... Sort by Date of Service Filter By View all Billing Entities All Billing Entities Patient Details Search for name or ID... Authorization # Servicing Provider Search for name or ID... Date of service 12/11/2021-03/10/2022 ☐ Authorizations Created By Me Status <table><tr><td>ALBERTINA DONALD</td><td>Date of Service: 02/25/2022</td><td>Date of Submission: 02/25/2022</td><td>Pending as of 02/25/2022</td></tr><tr><td>AmeriHealth Caritas Delaware</td><td>Auth #: 1234567824</td><td>Servicing: Shock Trauma Associates Pa</td><td></td></tr><tr><td>ALBERTINA DONALD</td><td>Date of Service: 02/25/2022</td><td>Date of Submission: --</td><td>Required as of 02/25/2022</td></tr><tr><td>AmeriHealth Caritas Delaware</td><td>Reference Id: NNA-9AESRZ4</td><td>Servicing: Shock Trauma Associates Pa</td><td></td></tr><tr><td>ALBERTINA DONALD</td><td>Date of Service: 02/25/2022</td><td>Date of Submission: --</td><td>Required as of 02/25/2022</td></tr><tr><td>AmeriHealth Caritas Delaware</td><td>Reference Id: NNA-9AESRZ7</td><td>Servicing: Shock Trauma Associates Pa</td><td></td></tr><tr><td>ALBERTINA DONALD</td><td>Date of Service: 02/25/2022</td><td>Date of Submission: --</td><td>Required as of 02/25/2022</td></tr><tr><td>AmeriHealth Caritas Delaware</td><td>Reference Id: NNA-9AESRZ8</td><td>Servicing: Shock Trauma Associates Pa</td><td></td></tr><tr><td>ALBERTINA DONALD</td><td>Date of Service: 02/25/2022</td><td>Date of Submission: --</td><td>Required as of 02/25/2022</td></tr></table>	ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: 02/25/2022	Pending as of 02/25/2022	AmeriHealth Caritas Delaware	Auth #: 1234567824	Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: --	Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ4	Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: --	Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ7	Servicing: Shock Trauma Associates Pa		ALBERTINA DONALD	Date of Service: 02/25/2022	Date of Submission: --	Required as of 02/25/2022	AmeriHealth Caritas Delaware	Reference Id: NNA-9AESRZ8	Servicing: Shock Trauma Associates Pa		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.)

Step	Action												
3.	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.  <table border="1"> <thead> <tr> <th>Field</th><th>Function</th></tr> </thead> <tbody> <tr> <td> Auth Details</td><td>Details related to the authorization</td></tr> <tr> <td> Create New</td><td>Create New Authorization for the member</td></tr> <tr> <td> History</td><td>Provides detailed history of the request</td></tr> <tr> <td> Attach</td><td>Ability to attach documents</td></tr> <tr> <td> Refresh Status</td><td>Allows the user to refresh the status for any updates.</td></tr> </tbody> </table>	Field	Function	 Auth Details	Details related to the authorization	 Create New	Create New Authorization for the member	 History	Provides detailed history of the request	 Attach	Ability to attach documents	 Refresh Status	Allows the user to refresh the status for any updates.
Field	Function												
 Auth Details	Details related to the authorization												
 Create New	Create New Authorization for the member												
 History	Provides detailed history of the request												
 Attach	Ability to attach documents												
 Refresh Status	Allows the user to refresh the status for any updates.												

Search: Medical Authorization Log (cont.)

Step	Action										
3. (cont.)	If the request is in draft status different fields are available. Continue, Delete, Create New, and History  <table border="1"> <thead> <tr> <th>Field</th><th>Function</th></tr> </thead> <tbody> <tr> <td> Continue</td><td>Allows the user to continue working on the request</td></tr> <tr> <td> Delete</td><td>Allows the user to delete the request</td></tr> <tr> <td> Create New</td><td>Allows the user to create a new authorization for the member</td></tr> <tr> <td> 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)

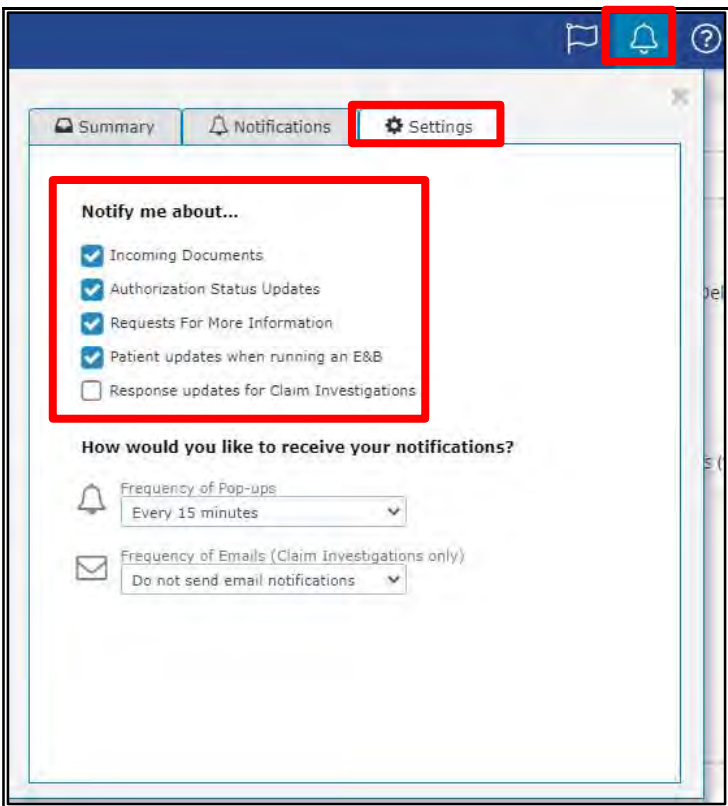
Request for More Information (RFMI)

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 pended or approved that are created in the NaviNet Provider Portal. Providers will be able to add notes and/or upload the documents in NaviNet Provider Portal for the pended authorization requests via the 'more information required' screen.

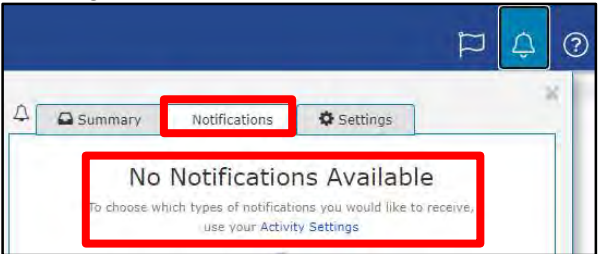
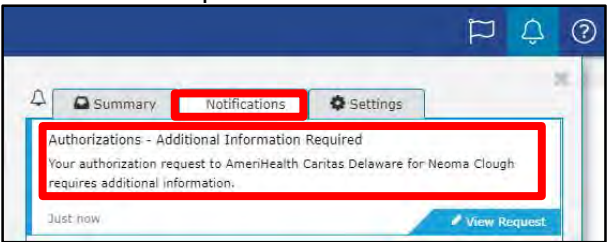
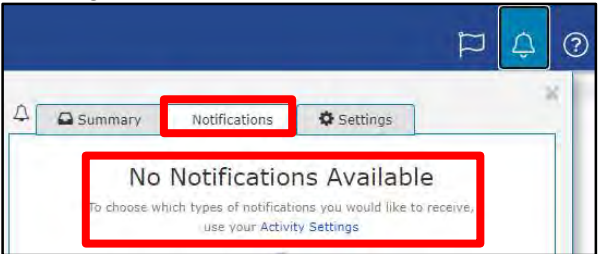
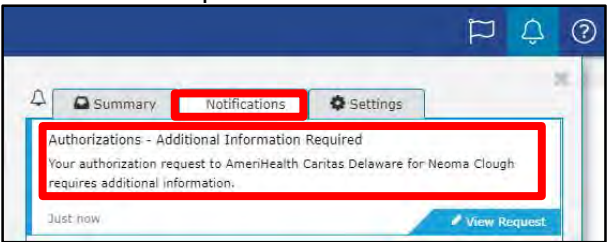
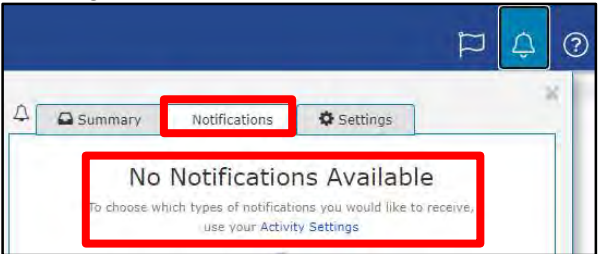
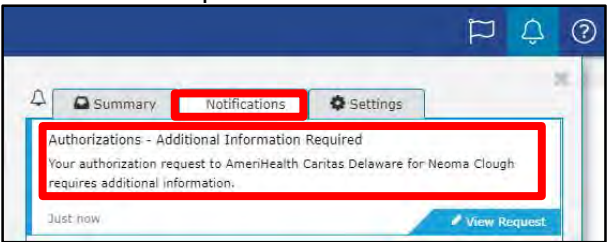
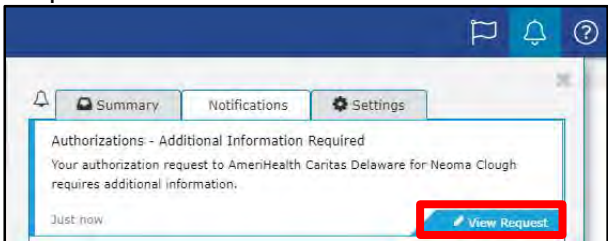
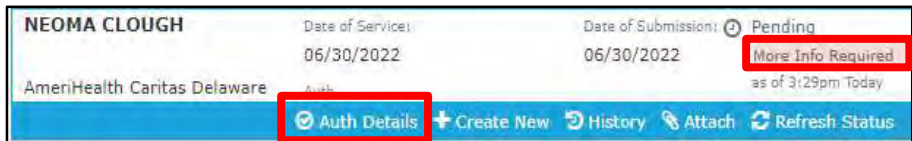


Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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

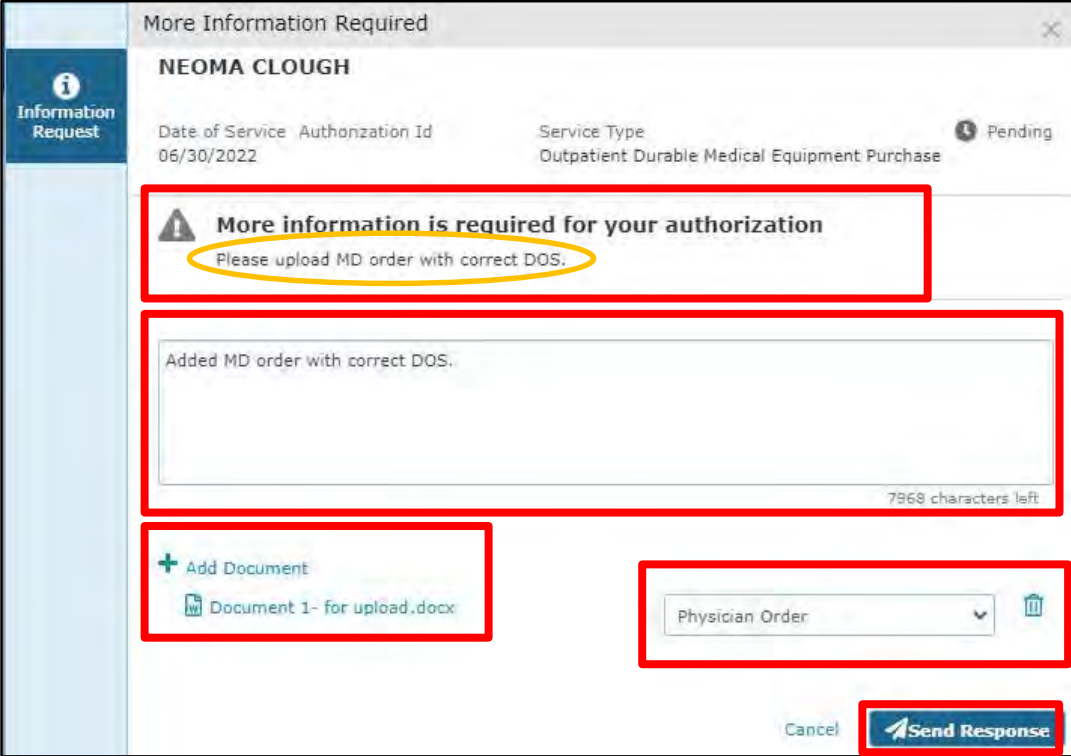
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

Step	Action
1.	Select the bell icon in the top right corner in NaviNet, then from the Settings tab, specify the notifications you would like to receive. 

Request for More Information (RFMI) (cont.)

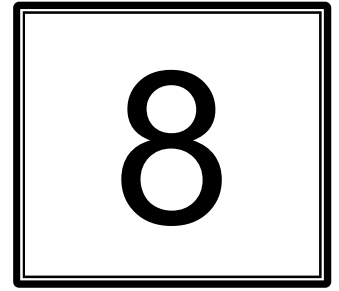
Step	Action						
2.	To view notifications, select Notifications. <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>No notifications exist</td><td> The user will see No Notifications Available message.  </td></tr> <tr> <td>Notifications are available</td><td> The user will see Authorizations – Additional Information Required.  </td></tr> </tbody> </table>	If...	Then...	No notifications exist	The user will see No Notifications Available message. 	Notifications are available	The user will see Authorizations – Additional Information Required. 
If...	Then...						
No notifications exist	The user will see No Notifications Available message. 						
Notifications are available	The user will see Authorizations – Additional Information Required. 						
3.	There are 3 ways for the user to see RFMI from the health plan. From Notifications the user will select View Request which activates the More Information Required area.  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. 						

Request for More Information (RFMI) (cont.)

Step	Action
3. (cont.)	3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area. 
4.	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. 

Request for More Information (RFMI) (cont.)

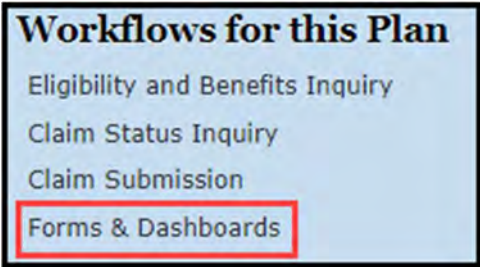
Step	Action
5.	To see that the requested information has been sent back to the health plan, select History. Authorization Details NEOMA CLOUGH Born on AmeriHealth Caritas Delaware + Create New History Attach Authorization Search View/Print as PDF Pending Meeting criteria in InterQual does not guarantee an approved authorization request NEOMA CLOUGH PATIENT'S INSURANCE Member ID: PRIMARY CARE PHYSICIAN Requesting Provider 52 ERIE AVE SUITE 7 Dagsboro, DE 19939-4354 (302) 555-0038 History (6) 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



8 LOCATING ASSESSMENTS IN NAVINET

Locating Assessments in NaviNet

Providers may want to view assessments for their patients.

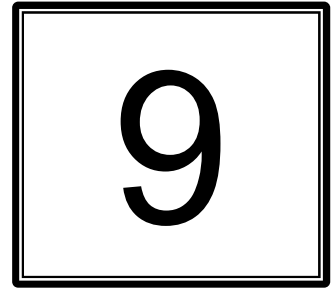
Step	Action
<i>From the health plan specific homepage...</i>	
1.	Select Forms & Dashboards under Workflows for this Plan. 
2.	Select View Health Risk Assessment Form under Health Risk Assessment. 
3.	Select Assessment .  Result: The Member Listing page will display.

Locating Assessments in NaviNet (cont.)

Step	Action																				
4.	Select the Group from the drop-down. Assessment Member Listing Page Group: --Select-- --Select-- EAGLE MEDICAL CENTER - CAROLINA MERCY MEDICAL CLINIC FRIENDSHIP MEDICAL CENTER PA - Provider: --Select--																				
5.	Select the Provider from the drop-down. Assessment Member Listing Page Group: CAROLINA MERCY MEDICAL CLINIC - Provider: --Select-- --Select-- CAROLINA MERCY MEDICAL CLINIC - Result: After the Group and the Provider are selected, users will also be able to search for members.																				
6.	Members are listed, but users can also search for members by Member ID or Member Name. Select Member ID or Member Name from the drop-down, enter the Member ID or Member Name in the search box, and then select Search. Member Listing Page The list of members Group: CAROLINA MERCY MEDICAL CLINIC - Search: Member ID Member ID Member Name Search <table><thead><tr><th>Action</th><th>Member</th><th>MemberID</th><th>Gender</th><th>Date</th></tr></thead><tbody><tr><td>Physical Care Plan</td><td></td><td>-01</td><td>Male</td><td></td></tr><tr><td>Physical Care Plan</td><td></td><td>-01</td><td>Male</td><td></td></tr><tr><td>Physical Care Plan</td><td></td><td>-01</td><td>Male</td><td></td></tr></tbody></table> Users can also search using the Member ID or the Member Name.	Action	Member	MemberID	Gender	Date	Physical Care Plan		-01	Male		Physical Care Plan		-01	Male		Physical Care Plan		-01	Male	
Action	Member	MemberID	Gender	Date																	
Physical Care Plan		-01	Male																		
Physical Care Plan		-01	Male																		
Physical Care Plan		-01	Male																		

Locating Assessments in NaviNet (cont.)

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



9 RESOURCES

Plan Contact Information

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

Escalation Process and Training Requests – Account Executives and Providers

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

Revision History

Date	Revisions
1/14/25	Updated disclaimer language to state: <i>“Please note, the information depicted as member information within this document is fictitious and intended solely for testing and demonstration purposes.”</i>