

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

NaviNet Behavioral Health Authorization Management Participant Guide

Corporate Clinical Systems Training Department

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1

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.		
	O Nant Health NaviNet		
	Username		
	Password		
	•		
	SIGN IN		
	Forgot username? Forgot password?		
	Register for a new account		
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'd)



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.			
	ØNantHealth NaviNet	WORKFLOWS - HEALTH PLANS	2	
2.	Select the appropriate heal the user will be directed to	Support Videos	ist. Once the appropriate h chapter for additional detail	ealth plan is selected, s.
	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
	AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D.S.IP)	Administrator - PerformCare 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	
	AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance	neuralenoicea	
	AmeriHealth Caritas New Hampshire AmeriHealth Caritas North Carolina	AmeriHealth Caritas VIP Care Plus AmeriHealth PA Medical Assistance	Keystone First Community HealthChoices	

2 PLAN CENTRAL

Plan Central Overview for PerformCare

The Plan Central displayed below is the health plan specific homepage for PerformCare.



Plan Central	Торіс	Description
Workflows for this Plan	Plan specific options	• Various functionalities are available to include initiating Behavioral Health authorizations, inquiries, etc.
Training Videos	Training Videos	Instructional videos on system usage.
Resources	Website Resource Links	 Quick links for resources found on the PerformCare website.
Forms	Forms	 Forms to submit for authorizations can be found under this link.

3

3 CREATING A NEW AUTHORIZATION

Creating a New Authorization To create a new authorization:

Step	Action	
1.	Launch Behavioral Health Autho	rization Management under Workflows for this Plan.
	Workflows for this Plan	
	Eligibility and Benefits Inquiry	
	Claim Status Inquiry	
	Behavioral Health Authorization Management	
	Behavioral Health Authorizations Log	
	Report Inquiry	
	Claim Submission	
	Provider Directory	
	Jiva Childrens Svcs Authorization Management	
	Forms & Dashboards	
2.	Click Create New Authorization	
	Sack to PerformCare Medical Author	izations: PerformCare
	A suble suble to a suble	
	Authorizations	
		+ Create New Authorization
	Search for Existing Authorization	
	Requesting Servicing	

Creating a New Authorization (cont'd)

Step	Action		
3.	Enter patient search criteria information then select Search . The patient search screen allows the to search by Member ID or Search by Name. If searching by name, the member's first name, last na 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.		
	ØNantHealth [®] NaviNet [®] workflows → Health Plans →		
	Back to Medical Authorizations Search Create New Authorization: PerformCare		
	Create New Authorization: Patient Search		
	Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.		
	You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.		
	Search by Member ID		
	Member ID		
	OR		
	Search by Name		
	Last Name First Name		
	Date of Birth		
	Date of Service 05/22/2024		
	Search		
	Note: If you enter an incorrect/invalid member ID you will receive the following:		
	Create New Authorization: Patient Search		
	Sicula new Autorization, radent Search		
	Subscriber / Insured Not Found. Please Correct and Resubmit.		

Creating a New Authorization (cont'd)

9	Action				
	Address th	e pre-screening questions pop up	b box and select Continue .		
	<mark>Note:</mark> If a n	nember is not active with the hea	Ith plan, you will not be advanced to the pre-screening		
	questions.	1			
	If Then				
	The member bas	The provider will be advanced t	to the New Authorization Pre-Screening Questions		
	active	A New Authorization Pre-Screen	ning Questions ×		
	coverag e	Please check the following conditions to ensu	ure that you are using the correct authorization process		
		Are you requesting an authorization for IBHS, FBMHS, PSB, CRR, or RTF?	Please access Jiva Children's Svcs Authorization Management		
		Are you requesting an authorization for MH Inpatient?	Please call 1-888-700-7370.		
		Are you requesting an authorization for SU Residential?	Please call 1-888-700-7370.		
		Are you requesting an authorization for MH or SU Partial?	Please call 1-888-700-7370.		
			Back To Search Continue		
		The purpose of the New Author is following the correct authoriz questions to ensure that there i These questions are specific ba	rization Pre-Screening Questions is to ensure that the user ation process. It is important to scroll through the s not a more appropriate avenue for your specific request. ased on the health plan.		
		Once the questions have been	review, please click Continue to advance.		
	The	The provider will receive the au	thorization cannot be created message.		
	member is ineligible	Create New Authorization ADELAIDA ABERCROMBIE			
	mengible	ADELAIDA ABERCROMBIE	zation cannot be created.		
		PATIENT'S INSURANCE Member ID	cted date of service (04/08/2022) is not in the patient's active coverage range: 04/08/2022.		

Creating a New Authorization (cont'd)

Step	Action
5.	Enter service type and place of service, then select Next
	View Eligibility & Benefits is available to view under the member's demographic information.
	Create New Authorization FRANKIE MOCHRIE Male born on 11/20/1981 (40 yrs old)
	FRANKIE MOCHRIE Service Type Image: Select service type
	PATIENT'S INSURANCE Place of Service Member ID: Select place of service Active Coverage Image: Select place of service
	from 11/01/2019 - 12/31/2199 PRIMARY CARE PHYSICIAN
	NPI: Eligibility & Benefits View Eligibility & Benefits can be viewed here.
	Cancel Next >

Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if Service Type Outpatient Case Management is chosen the user will not be prompted to select a place of service because the only place of service is in the home. If the service type chosen is Outpatient Psychiatric the user will be prompted to specify a place of service (office or home).

Providers should choose the service type and place of service that corresponds to the level of care listed below,

Level of Care	Service Type	Place of Service
ACT/CTT	Outpatient Serious Mental Health	Home
Crisis*	Outpatient Emergency Services	Other Place of Service
CRS	Outpatient Substance Abuse	Outreach Site/Street
ECT/ TMS	Outpatient Mental Health	On Campus-Outpatient Hospital
Methadone*	Outpatient Drug Addiction	Other Place of Service
Mobile Psych Nursing	Outpatient Skilled Nursing Care	Other Place of Service
Mobile MH/ID	Outpatient Psychotherapy	Home
Music Therapy	Outpatient Psychotherapy	Other Place of Service
Outpatient Eval/ Med Mmgt (Adjunct/OON) +	Outpatient Psychiatric	Office
Outpatient Therapy (Adjunct/OON) ^	Outpatient Psychotherapy	Office

Peer Support	Outpatient Mental Health	Other Place of Service
Psych Rehab/Clubhouse	Outpatient Rehabilitation	Other Place of Service
Psych/NeuroPsych Testing	Outpatient Diagnostic Medical	Other Place of Service
MH Targeted Case Management	Outpatient Case Management	Home
SUIOP	Outpatient Drug Addiction	Non-residential Substance Abuse Treatment Facility
SU Level of Care Assessment*	Outpatient Substance Abuse	Other Place of Service
SU OP*	Outpatient Substance Abuse	Office
<u></u>	Outpatient Substance Abuse	Home
SUTCM *Authorizations for these leve +If requesting Therapy and E Type ^If requesting Therapy and E	val/Med Mgmt submit all codes for	for out-of-network purposes. Outpatient Therapy (Adjunct/OON)
SUTCM *Authorizations for these leve +If requesting Therapy and E Type ^If requesting Therapy and E (Adjunct/OON) Service Type	val/Med Mgmt submit all codes for	for out-of-network purposes. Outpatient Therapy (Adjunct/OON)
*Authorizations for these leve +If requesting Therapy and E Type ^If requesting Therapy and E (Adjunct/OON) Service Type Note: At any time while creat Close/Save in the upper right discard auth, cancel, and sav	val/Med Mgmt submit using the C val/Med Mgmt submit all codes for ing an authorization if you wish to nt corner, which will enable the for re as draft.	for out-of-network purposes. Outpatient Therapy (Adjunct/OON) Illowing Outpatient Therapy o close or save the request select Ilowing pop up and allow the user t
SUTCM *Authorizations for these leve +If requesting Therapy and E Type ^If requesting Therapy and E (Adjunct/OON) Service Type Note: At any time while creat Close/Save in the upper righ discard auth, cancel, and sav Close Authorization	ing an authorization if you wish to re as draft.	for out-of-network purposes. Outpatient Therapy (Adjunct/OON) Illowing Outpatient Therapy In close or save the request select Illowing pop up and allow the user t Card Auth – deletes the request Card Auth – deletes the request

Creating a New Authorization - Outpatient Request

Step	Action		
6.	Complete information Request. Outpatient	prmation in the required fields following the guidelines outlined below for an Outpatient patient request can be entered up to 90 days in advance.	
	Date of Service This defaults to the current date and is not available to be changed.		
		Date Of Service	
		03/09/2022	
	Level of Service	Choose Elective from the drop-down list	
		Level of Service ?	
		Elective V	
		Elective	
		Emergent	
	Requesting Provider	Choose the appropriate selection from the drop-down list. Requesting provider is the provider that is requesting the service and who the authorization should be entered under.	
		Requesting Provider Belect Group/Facility	
		Note: Outpatient and Music Therapy groups should choose the individual credentialed practitioner that the authorization should be entered under.	
	Servicing Provider	Choose the appropriate selection from the drop-down list. Servicing provider is the provider completing the service and should match the requesting provider.	
	Diagnagas	This is a lock up field (may sumber of disgraphic and a that can be attached in	
	Diagnoses	12).	
		Diagnoses Ur Add Diagnoses	
		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.	
		Diagnoses	
		😲 Add Diagnoses	
		1 (Primary) F84.5 Asperger's syndrome	
		2 F25.8 Other schizoaffective disorders	

Creating a New Authorization - Outpatient (cont'd)

Step	Action		
6.	Services		
	Add	Click Add Procedure. This	will bring up a pop-up box to continue with the
	Procedure	authorization.	
		Services	
		Procedures	
		+ Add Procedure	
		No procedure details added.	
	From (Start	From (start date)	
	Date)	From	
		Note: The user will not be al	ble to submit requests for identical service codes for the
		same dates. The error mess	age below will be received when the system detects a esame date range
		 Invalid / Missing Date(s)) of Service - Please Correct and Resubmit
			Can be backdated to
		МН ТСМ	Date referral is completed, and Member approved for services
		PSS	6 months from the date request received
		CRS, MPN, Psych Rehab, SU IOP, TCM	30 days from the date request received
		OON	30 days from the date request received
		Note: All other LOC's should	d use the date that the request is being submitted or a
		to a start date.	on end date must be a future date and must not be equal
	To (End	To (end date)	
	Datej	To mm/dd/yyyy	
		Length of Level of Car Auth	e
		6 sessions ECT	
		12 weeks Initial TMS	

	6 Months	Music Therapy, Psychological Testing/ Neuropsychological Testing, Mobile Psych Nursing
	1 Year	ACT/ CTT, Adjunct Requests, Certified Recovery Services, Mobile MH/ID, OON Requests, Peer Support, Psych Rehab/Clubhouse, SU IOP, TCM and TMS Maintenance
Procedure Code	Free text field processed. Th not be notified the correct co	If an incorrect procedure code is entered the request may not be be procedure code field is free text and not a lookup field. The user will if an incorrect code is entered so it is very important for the user to enter de.
	Procedure Code	
Modifiers	Free text field	This is not a mandatory field.
Units	Free text num	unit(s)
Add New Service Line	Click Save to	add the service line.

Creating a New Authorization – Outpatient (cont'd)

Step	Action		
6.	Attachments		
	+ Add Document	Attach supporting clinical doc docx, xml, csv, png, gif). The user can identify the documer attaches a document, the doc the ability to delete any docur	umentation (supported document types: pdf, user may attach up to 10 documents. The nt type based on the drop down list. If the user cument type is mandatory. The user also has ment attached in error.
		Attachments	
		+ Add Document	
		Drop D	ocuments here to Attach
		Select Initial Authorization F	Form in the document type drop down. If any
		should choose BH document	uploaded for the authorization, providers
		Attach Documents	×
		+ Add Document	
		Test Stuff.docx	BH Discharge Form
			Select document type BH document
			Initial Authorization Form
		r	Authorization Extension Form Psychological Testing Results
			BH Discharge Form
			Cancel
		Noto: Providore must attach t	the corresponding NaviNet Submission Form
		for the level of care requested	d, for example if entering a SU IOP
		authorization, the <u>Substance</u> Request/Discharge Form for	Use Disorder IOP Program Prior Authorization NaviNet Submission Only will need to be
		submitted as an attachment.	
		These level of care specific for Plan Central page, under Form	orms can be found on the right side of NaviNet ms.



Creating a New Authorization – Outpatient (cont'd)

Step	Action	
6.	Notes	
	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. Contact Information First Name Beth Last Name Williams Email Address Optional DECLARATION @ By checking this box, I agree to notify the member of any services that are approved. Cancel @ Previous Submit
7.	For Peer Support, Psy InterQual Assessment INSERT SCREENSHOT Providers can refer to	ch Rehab, and TCM authorizations providers will be taken to the to finish the authorization. T FROM PRODUCTION the corresponding supplemental guidance for more assistance.

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.

lf	Then it will look	like this
Approved		
		Amond + Craste New @ Attack O Authorization Search [2] View/Dript on DDE
		Amend T Create New Cattach C Authorization Search C View/Print as PDP
	Approved	Effective: 03/09/2022
	Note: Approved a	and partially approved requests can be amended (see chapter on Amending).
	The following acti	ons can be taken on an approved request from the authorization status page:
	Amend	Extending existing services
	Create New	Creating a new request
	Attach	Attaching a document
	Authorization	Searching for an authorization
	Search	
	View/Print as	View and print authorization status request as PDF
	PDF	
Pending		
		+ Create New D Histor Q Authorization Search 🖸 View/Print as PDF
	Pending	Reference ID: NNA-9AEVOKU
	Note: Pended sta	tus submissions will require medical review by the health plan. Requests that
	have a pending s	tatus cannot be amended.
	5	
	The following acti	ons can be taken on an approved request from the authorization status page:
	Create New	Creating a new request
	History	Detailed history of the request
	Authorization	Searching for an authorization
	Search	
	View/Print as P	DF 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, ie. requesting a reauthorization. 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 30.



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

Step	Action	
1.	Locate the existing request under Workflows for t	his Plan.
	Workflows for this Plan	
	Eligibility and Benefits Inquiry	
	Claim Status Inquiry	
	Behavioral Health Authorization Management	
	Behavioral Health Authorizations Log	
	If	Then
	The request was created in NaviNet	Select Behavioral Health Authorizations Log
	The request was not created in NaviNet (for example if the request was faxed, phoned, or submitted via Jiva)	Select Behavioral Health Authorizations Management and then Search for Existing Authorization (also referred to as Authorization Inquiry by NaviNet)
2.	Select Auth Details on the request that needs to b	e amended.
	GRETA EMERSON Date of Service: 03/18/2022	Date of Submission: O Approved 03/18/2022 as of 03/18/2022
	Auth #: 92203003350	te New 🤊 History 🔌 Attach 🎜 Refresh Status
3.	Select Amend.	
	Approved Aut	ew 🤊 History 🗞 Attach 🔍 Authorization Search 🖄 View/Print as PDF horization #: 92203003026 Effective: 03/31/2022

Amending an Authorization Request (cont'd)

Step	Action	
4.	Click Add Procedure under the a	already approved service line.
	Services	
	Procedures	
	10/23/2024 - 10/24/2024	APPROVED
	1 Unit(s)	
	+ Add Procedure	
	This will bring up a pop-up box to	complete the rest of the information.
5.	Add the Date of Service	Date Of Service 09/01/2022
	Add the Procedure Code	Procedure Code
	Add Modifiers (if applicable)	Modifiers
	Add Units	Units 1 Unit(s)
6.	Click Save.	
	Cancel Save	

Amending an Authorization Request (cont'd)

Step	Action		
7.	Attachments		
	+ Add Document	Attach supporting clinical docume docx, xml, csv, png, gif). The user user can identify the document ty attaches a document, the docume the ability to delete any document	entation (supported document types: pdf, r may attach up to 10 documents. The pe based on the drop down list. If the user ent type is mandatory. The user also has t attached in error.
		Attachments + Add Document	
		Drop Docur	ments here to Attach
		Select Authorization Extension any other documents need to be should choose BH document. Attach Documents Add Document Test Stuff.docx	Form in the document type drop down. If uploaded for the authorization, providers
			Psychological Testing Results BH Discharge Form
			Cancel Attach
		Note: Providers must attach the of for the level of care requested, for authorization, the <u>Substance Use</u> <u>Request/Discharge Form for Navi</u> submitted as an attachment. These level of care specific forms Plan Central page, under Forms.	corresponding NaviNet Submission Form r example if entering a SU IOP <u>Disorder IOP Program Prior Authorization</u> <u>iNet Submission Only</u> will need to be a can be found on the right side of NaviNet

Notes	Add pertinent notes as applicable.	
	Notes	
	Enter Clinical Notes	
Contact Information	Enter contact information, check the Declaration box,	
	and Submit.	
	Contact Information	
	First Name Phone Number	
	Beth (843) 999-9999	
	Last Name Fax Number Williams Optional	
	Last Name Fax Number Williams Optional Email Address Save as default Contact Information	

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 a an existing authorization this Plan.	uthorizations/requests for n select Behavioral Health	nembers that are under the Authorization Managen	neir care. To search fo nent under Workflows	or s for
	Workflows for this	s Plan			
	Eligibility and Benefits Inq	uiry			
	Claim Status Inquiry				
	Behavioral Health Authoriz Management	ration			
	Behavioral Health Authoriz	rations			
	Log				
				m n a a	
	Medical Authorizations: AmeriHealth	Caritas	ADMINISTRATION -	~ \$ V Ø	
	Authorizations				
	Coursels for Existing Authorization		Create New Authorization		
	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 #				
			O. Farmet		
			Q search		

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

Step	Action
2.	Select Servicing or Requesting Provider and adjust the date range then select Search.
	The Date Range must include the start date of the authorization that is being searched for. The current limit on the look back period is 3 years if the authorization started more than 3 years ago the authorization will not show on the search screen.
	Authorizations
	+ Create New Authorization
	Search for Existing Authorization
	○ Requesting
	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.	Click the authorization that you wish to view.
	Authorizations: Search Results
	Q Filter Results
	Authorization # Patient (Member ID) * Status Requesting Provider Servicing Provider Proc. Date of Service + 92204001070 SOMER ABERDEEN O Cancelled CUITING 31365 06/07/2022
	92204001069 OPending CUTTING CUTTING 31365 05/07/2022

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

Action				
The user will be directed to the previous step.	ne authorization det	ails of the autho	rization that was	selected in th
Authorization Details SO	OMER ABERDEEN			AmeriHealth Carlta Louisiana
	🖋 Amend	+ Create New 🛞 Attac	Q Authorization Search	🕑 View/Print as PDI
A Partially Approved		Authorization #: 92204	001070	Effective: 04/08/2022
Disposition pending review Note: Additional actions may available for approved or part	be accessed from tially approved requ	the authorizatior lests), create ne	details to includ w, attach, author	de amending rization searc
Disposition pending review Note: Additional actions may available for approved or part view/print as PDF. Amend	be accessed from tially approved requ Extending ext same authori	the authorizatior lests), create ne isting services o zation	n details to includ w, attach, author r requesting ano	de amending rization searc ther service c
Disposition pending review Note: Additional actions may available for approved or part view/print as PDF. Amend Create New	be accessed from tially approved requinations Extending exists same authoritions Creating a network	the authorizatior lests), create ne isting services o zation ew request	details to incluc w, attach, author r requesting ano	de amending rization searc ther service c
Disposition pending review Note: Additional actions may available for approved or part view/print as PDF. Amend Create New Attach	be accessed from tially approved requinations Extending exists same authoritions Creating a ne Attaching a d	the authorizatior lests), create ne isting services o zation ew request ocument	n details to includ w, attach, author r requesting ano	de amending rization searc ther service c
Disposition pending review Note: Additional actions may available for approved or part view/print as PDF. Amend Create New Attach Authorization Search	be accessed from tially approved requinations Extending exists Same authorition Creating a ne Attaching a d Searching for	the authorization lests), create ne isting services o zation ew request ocument an authorization	n details to includ w, attach, author r requesting ano	de amending rization searc ther service c

6

6 BEHAVIORAL HEALTH AUTHORIZATIONS LOG

Search: Behavioral Health Authorizations Log

Only requests that have been submitted via NaviNet Open Behavioral Health Authorization Management 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).

 Select Behavioral Health 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 Eligibility and Benefits Inquiry Claim Status Inquiry Behavioral Health Authorization Management Behavioral Health Authorizations The user can +Create New, Sort by and Filter By. To see Authorizations created by you, che box in front of Authorizations Created By Me. Authorizations Showing 148 <pre></pre>				Action	Step
Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry Behavioral Health Authorization Management Behavioral Health Authorizations Log 2. The user can +Create New, Sort by and Filter By. To see Authorizations created by you, chee box in front of Authorizations Created By Me. Authorizations showing 148 Plitter By View all AllBERTINA DONALD Date of Service Authorization # Bearch for name or ID AmeriHealth Caritas Delaware Reference Id: NNA-9AESRZ1 Servicing Provider Servicing Provider Servicing Provider		1.			
2. Eligibility and Benefits Inquiry Claim Status Inquiry Behavioral Health Authorization Behavioral Health Authorizations Log 2. The user can +Create New, Sort by and Filter By. To see Authorizations created by you, che box in front of Authorizations Created By Me. Authorizations Showing 148 • Create New, Sort by and Filter By. To see Authorizations created by you, che box in front of Authorizations Created By Me. Authorizations Showing 148 • Create New, Sort by and Filter By. To see Authorizations created by you, che box in front of Authorizations Created By Me. Authorizations Showing 148 • Create New, Sort by Date of Service: Authorizations Showing 148 • Create New, Sort by Date of Service: Authorizations Showing 148 • Create New, Sort by Date of Service: Authorizations Showing 148 • Create New, Sort by Date of Service: Authorizations Provider • Authorization # Create New and Critical Delaware Authorization # • Date of Service: Authorization # • Date of Service: Date of Service: Date of Submission: • Reg Billing Entities • • • • • • • • • • • • • • • • • • •				Workflows for this Pla	
Claim Status Inquiry Behavioral Health Authorization Behavioral Health Authorizations Behavioral Health Authorizations Log Came Status Inquiry Behavioral Health Authorizations Log Sector Intervention Came Status Inquiry Behavioral Health Authorizations Log Sector Intervention Sector Intervention Authorizations Showing 148 Filter By View all AlbertINA DONALD Date of Service:				Eligibility and Benefits Inquiry	
Behavioral Health Authorization Behavioral Health Authorizations Cog Call The user can +Create New, Sort by and Filter By. To see Authorizations created by you, che box in front of Authorizations Created By Me. Image: Comparison of the service of the serv				Claim Status Inquiry	
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Search: Behavioral Health Authorizations Log (cont'd)

Step	Action	Action				
3.	Once the user so if the request is i Status .	elects the n pending	desired authorizatio g status: Auth Detai l	n for review they s, +Create New,	have the ability to view the followir History, Attach, and Refresh	וg
	Authorization	S Showing 148		+ Create New .	Sort by Date of Service 🗸	
	Filter By Billing Entities All Billing Entities	View all	ALBERTINA DONALD	Date of Service: 02/25/2022 Auth =: 1234552824 O Auth Detail:	Date of Submission: 02/25/2022 Create Net Distor Attac Create Net Distor	
	Field	Funct	ion			
	O Auth Details	Details	s related to the autho	rization		
	+ Create New	Create	New Authorization	or the member		
	C History	Provid	Provides detailed history of the request Ability to attach documents			
	🔊 Attach	Ability				
	C Refresh Status	Allows	the user to refresh t	he status for any	updates.	
		e				

Search: Behavioral Health Authorizations Log (cont'd)

Step	Action				
3.	If the request is i	n draft status	different fields are availa	able.	
(cont.)	Continue, Delete	e, Create Ne	ew, and History		
	GRETA EMERSO	DN	Date of Service: 03/16/2022	Date of Submission:	Draft as of 11:29am Today
	AmeriHealth Carit	as Delaware	Reference Id:		,
				→ Continue Delete +	Create New 🥑 History
	L				
	Field	Function			
	→ Continue	Allows the	e user to continue working	g on the request	
	1 Delete	Allows the	e user to delete the reque	st	
	+ Create New	Allows the	e user to create a new au	thorization for the memb	er
	C History	Provides	detailed history of the req	uest	

7

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 from the provider if needed. The RFMI ability for authorization requests is limited to those authorizations that are created in the NaviNet Portal, this feature is not available for authorizations requested outside of 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 frome the Settings tab, specify the notifications you would like to receive.
	© 🔔 🛱
	Summary 🗘 Notifications
	Notify me about * indicates notifications that do not trigger emails.
	 Authorization requests for more information Authorization status updates
	Claim investigation responses Claim investigation response Claim investigation response Eligibility and benefits patient updates *
	How would you like to receive your notifications?
	Every 15 minutes
	Once per day

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

Step	Actio	n			
2.	To view notifications, select Notifications.				
	lf		Then		
	No n	otifications exist	The user will see No Notifications Available		
			message.		
			△ Summary Notifications ♦ Settings		
			No Notifications Available To choose Which types of notifications you would like to receive, use your Activity Settings		
	Notif	ications are available	The user will see Authorizations – Additional		
			Information Required.		
			⊙ Q ⊂		
			Summary Notifications Settings Authorizations - Additional Information Required Your authorization request to AmeriHealth Caritas Delaware for Neoma Clough requires additional information.		
	Just now View Request				
3.	There	are 3 ways for the use	r to see RFMI from the health plan.		
	1.	From Notifications the	e user will select View Request which activates the More Information		
		Required area.			
	s Sattings				
	ion Required				
	ith Caritas Delaware for Neoma Clough				
		Just how	View Request		
	2.	From the Behavioral H	Health Auth Log if More Info Required is listed the user will select		
	ect More Information Required to activate the More Information				
		Required area.			
		NEOMA CLOUGH	Date of Submission: Pending		
		AmeriHealth Caritas Delaware	06/30/2022 06/30/2022 More Info Required as of 3:29pm Today		
			⊘ Auth Details + Create New 🥲 History 🗞 Attach 😋 Refresh Status		

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

Step	Action
3. (cont'd)	3. From Auth Inquiry if More Information Required is listed, click on it to activate the the More Information Required area.
	Authorization Details NEOMA CLOUGH Born on Delaware Create New History History Attach Q Authorization Search View/Print as PDF Pending More Information Required * Authorization #: 92206016951 Effective: 06/30/2022 Expires: 09/02/2022
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. Please note: Providers have 5 business days to response to a request for more information. If a response is not received within this timeframe, the request will be denied. Wore Information Required Nore Information Required Nore Information I Service Type Outpetent Durable Medical Equipment Purchase Pending Outpetent Durable Medical Equipment Purchase More information Is required for your authorization Hore with correct DOS. Added MD order With correct DOS.

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

Authorization Det	ails NEOMA CLOU	IGH	À	meriHealth Caritas Delaware
		🕂 Create New 🏾 🤊 History 🗞 Attach	Q Authorization Search	🖄 View/Print as PDI
Pending		History (6)		x 09/02/2022
Meeting criteria in InterQual does not NEOMA CLOUGH	guarantee an approved authorizatio	n requ by Jessica Williams Response Sent	07/27/2022 7:35pm	
PATIENT'S INSURANCE Member ID:	52 ERIE AVE SUITE 7 Dagsboro, DE 19939-4354	 by Jessica Williams More Information Required from Health Plan Pending 	07/27/2022 7:35pm 07/27/2022 3:16pm	

8 RESOURCES

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
PerformCare	888-700-7370	888-987-5828

Escalation Process and Training Requests – Account Executives and Providers

lf	Then contact
Access Issues and/or Technical Issues related to NaviNet and InterQual	DL-ACFC: Jiva and Client Letter Support (ACFC_JivaCLSupport@amerihealthcaritas.com)
Provider Training Requests	Contact your designated Account Executive (AE) <u>https://pa.performcare.org/assets/pdf/providers/resources-</u> information/account-execs.pdf
Provider is not listed in NaviNet	Submit an online case in NaviNet via My Account>Customer Support>Open a Case Online