NaviNet Behavioral Health Authorization Management Participant Guide

Corporate Clinical Systems Training Department

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Updated By:	PerformCare
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Review Cycle:	Annually

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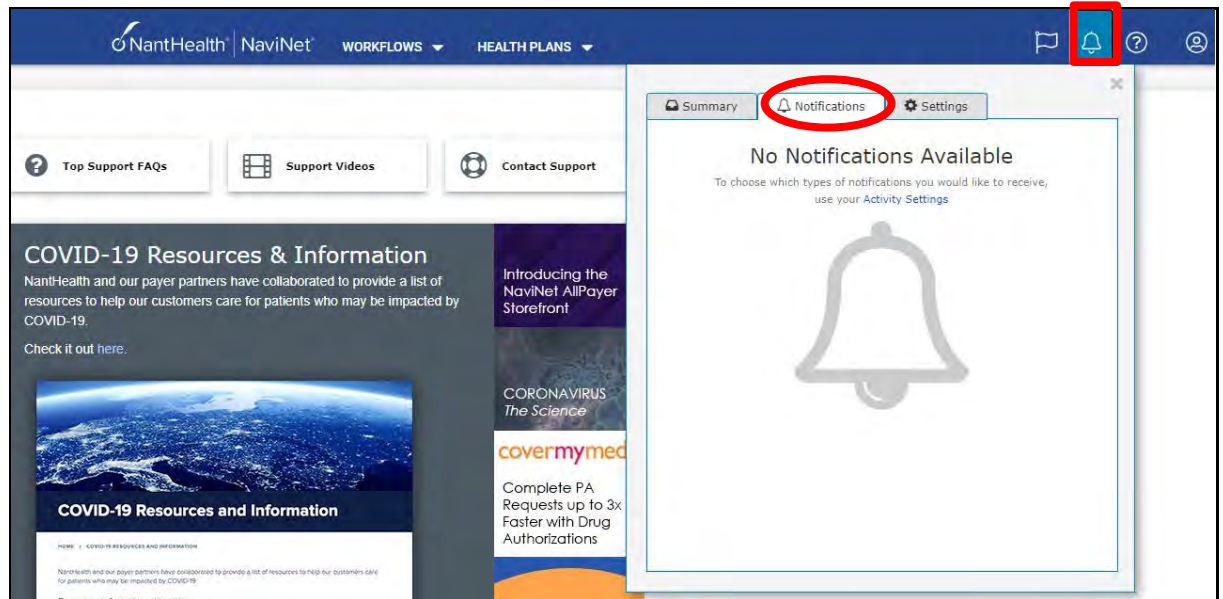# 1 LOGGING IN TO NAVINET

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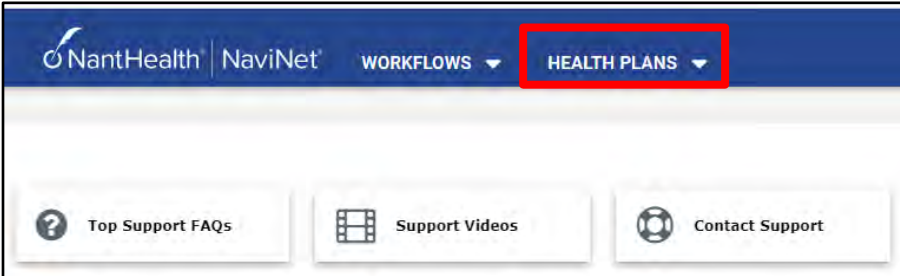
	Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page.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

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.
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.

2

2 PLAN CENTRAL

Plan Central Overview for PerformCare

The Plan Central displayed below is the health plan specific homepage for PerformCare.
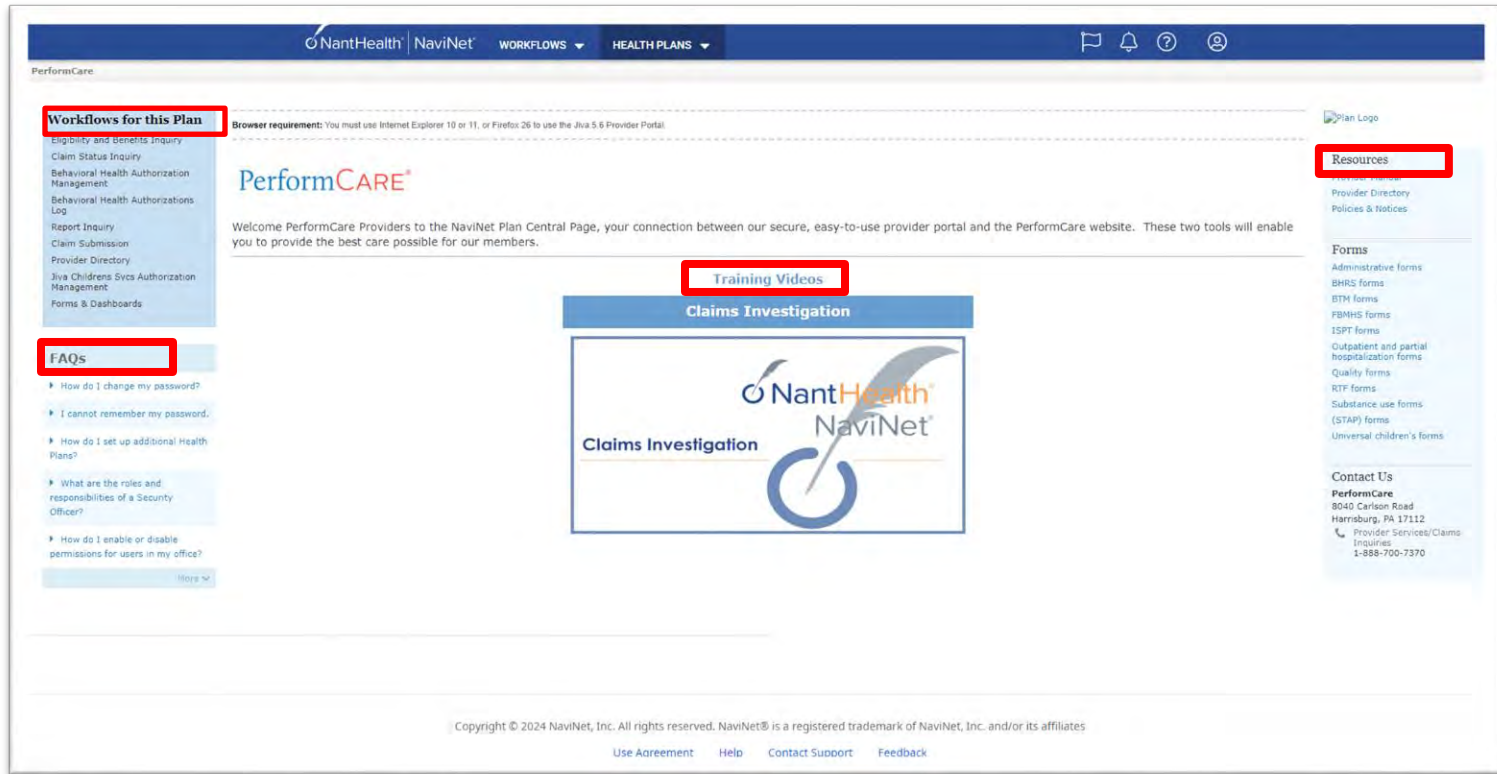
Plan Central	Topic	Description
Workflows for this Plan	Plan specific options	• Various functionalities are available to include initiating Behavioral Health authorizations, inquiries, etc.
Training Videos	Training Videos	• Instructional videos on system usage.
FAQs	Frequently Asked Questions	• Helpful answers to frequently asked provider questions.
Resources	Website Resource Links	• Quick links for resources found on the PerformCare website.
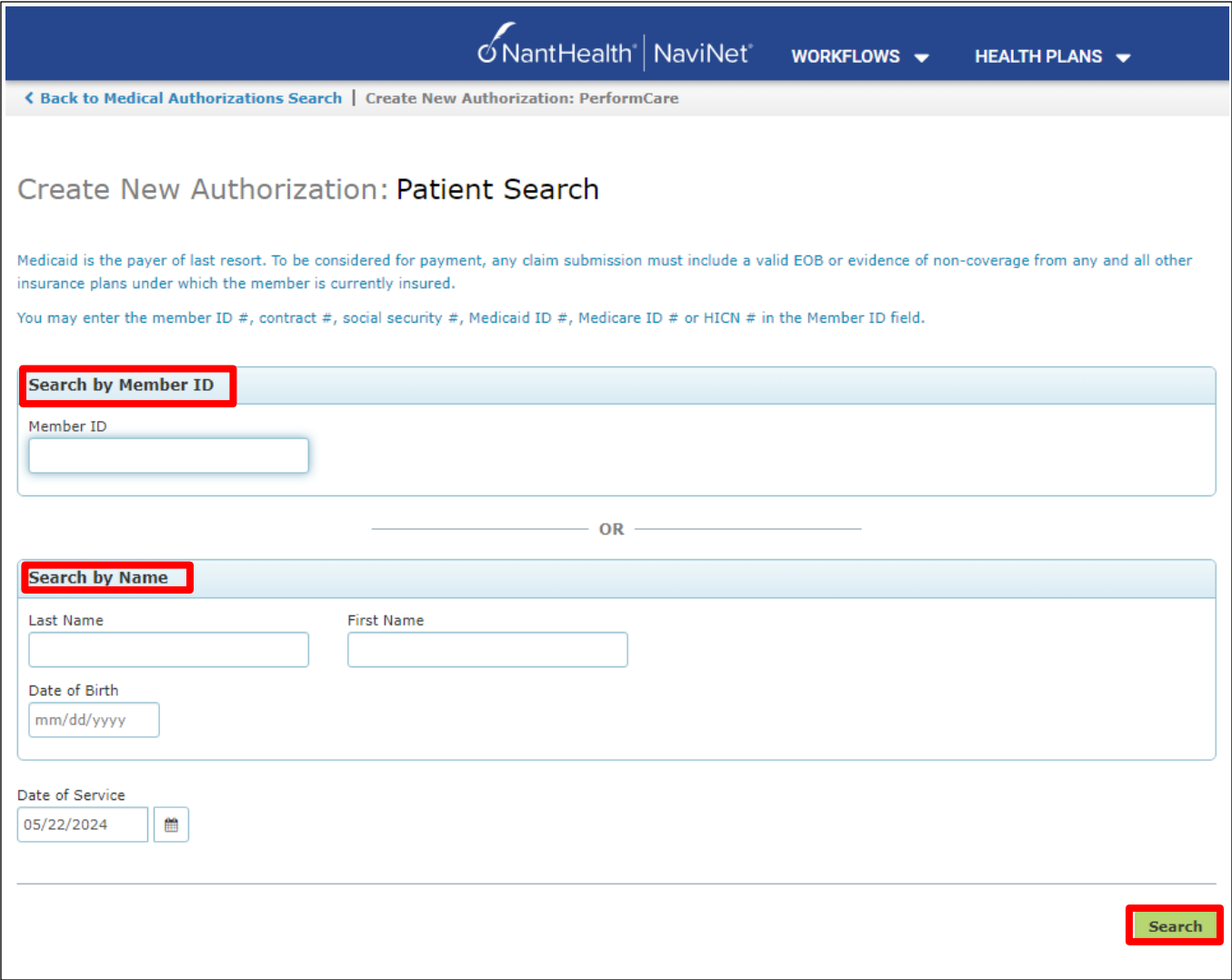
3 CREATING A NEW AUTHORIZATION

Creating a New Authorization
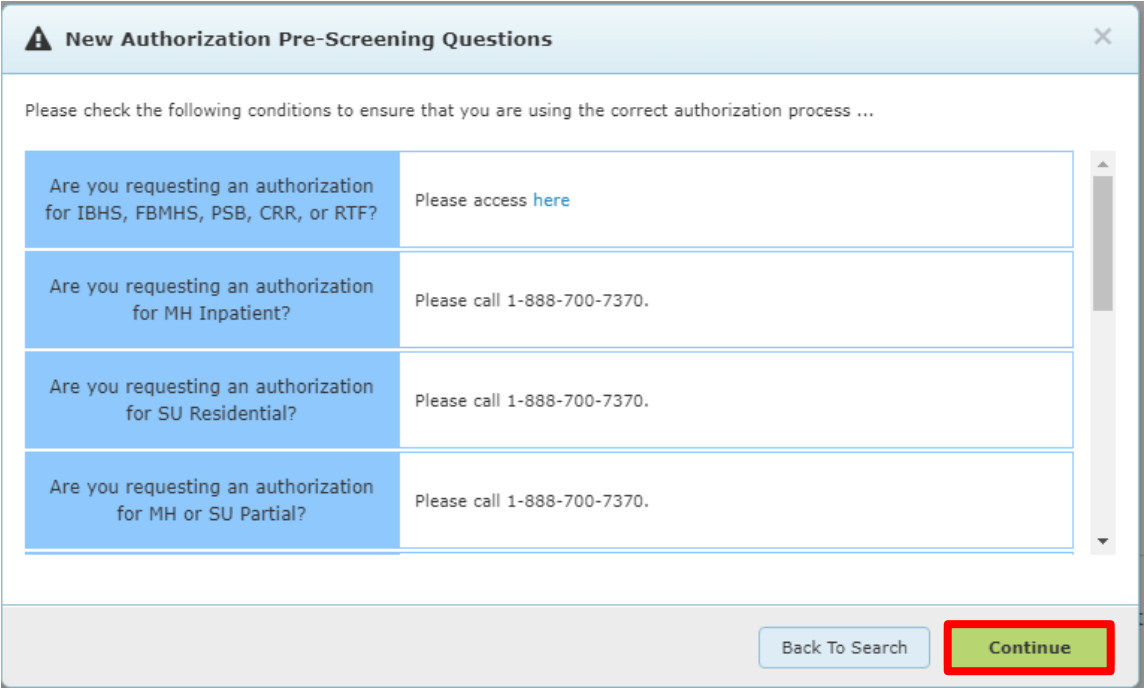
To create a new authorization:

Step	Action
1.	Launch **Behavioral Health Authorization 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** ‹ **Back to PerformCare** | **Medical Authorizations: PerformCare** 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 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.

<table>
<tr>
<td>🔑</td>
<td>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.</td>
</tr>
</table>

ŎNantHealth° | 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

mm/dd/yyyy

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**

❌ Subscriber / Insured Not Found. Please Correct and Resubmit.

Creating a New Authorization (cont'd)

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

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.

Creating a New Authorization (cont'd)

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

<table>
<tr><td></td><td>**View Eligibility & Benefits** is available to view under the member's demographic information.</td></tr>
</table>

Create New Authorization — FRANKIE MOCHRIE — Male born on 11/20/1981 (40 yrs old)

FRANKIE MOCHRIE

PATIENT'S INSURANCE
Member ID:
Active Coverage
from 11/01/2019 - 12/31/2199

PRIMARY CARE PHYSICIAN

NPI:

View Eligibility & Benefits

Service Type — Select service type...
Place of Service — Select place of service...

Eligibility & Benefits can be viewed here.

Cancel   Next >

Service Type – Select the appropriate service type. Based on the service type selected the user may or may not be prompted to enter the place of service. For example, if 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
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
SU IOP	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
SU TCM	Outpatient Substance Abuse	Home

*Authorizations for these levels of care should only be entered for out-of-network purposes.

+If requesting Therapy and Eval/Med Mgmt submit using the Outpatient Therapy (Adjunct/OON) Service Type

^If requesting Therapy and Eval/Med Mgmt submit all codes following Outpatient Therapy (Adjunct/OON) Service Type

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

✖ Close/Save in the upper right corner, which will enable the following pop up and allow the user to discard auth, cancel, and save as draft.
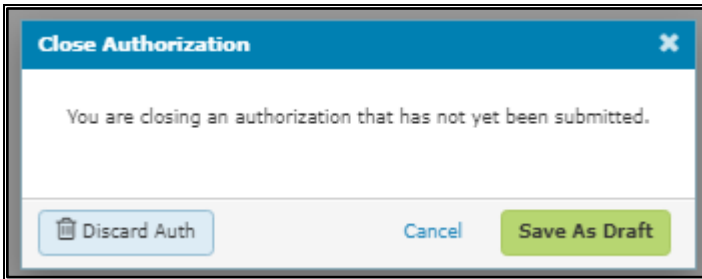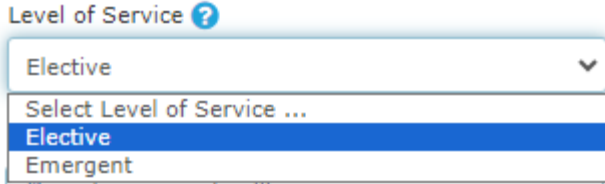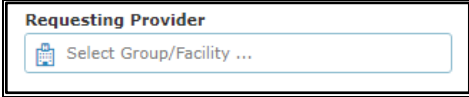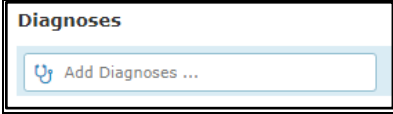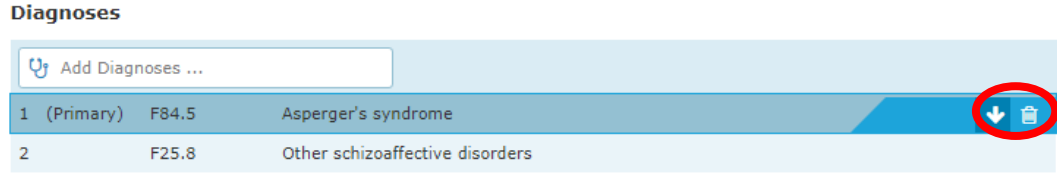
Discard Auth – deletes the request
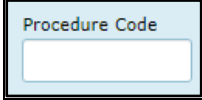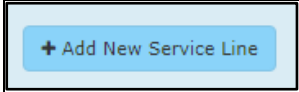
Cancel – allows the user to continue

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

Creating a New Authorization - Outpatient Request
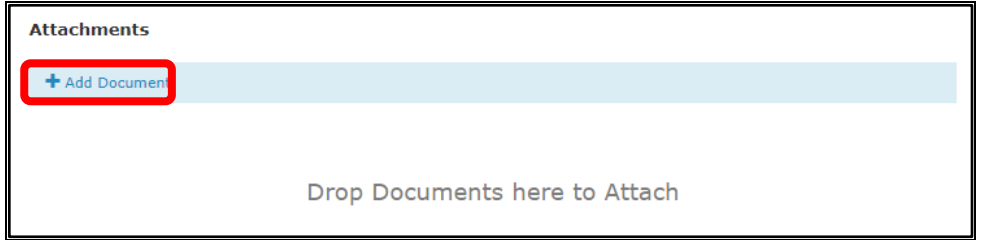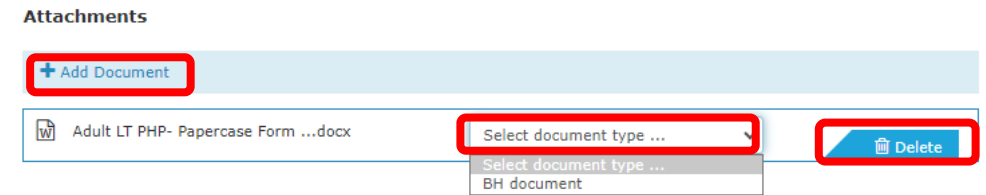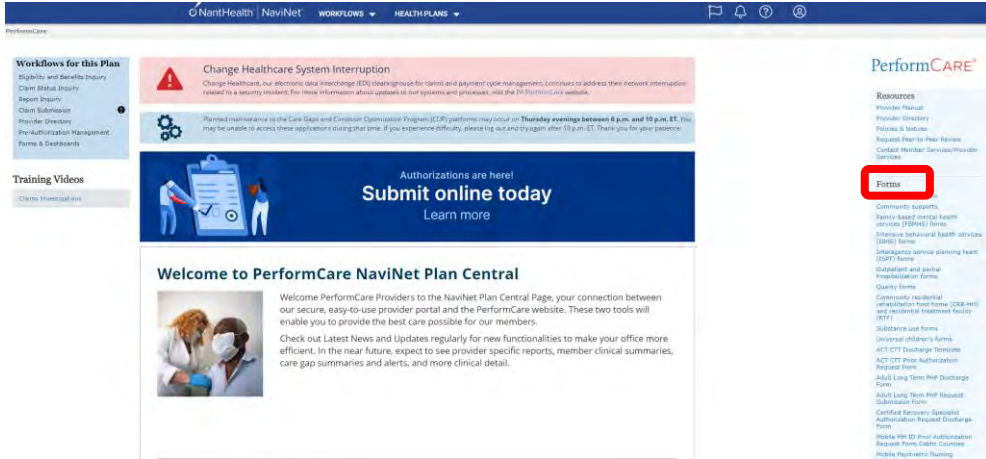
Step	Action
6.	Complete information in the required fields following the guidelines outlined below for an Outpatient Request. Outpatient request can be entered up to 90 days in advance.

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 ⌄ Select Level of Service ... **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** 🏢 Select Group/Facility ... **Note:** Outpatient 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. **Servicing Provider** 👤 Select Provider ...
Diagnoses	This is a 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 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**		

From (Start Date)

From (start date)

> From
> 📅 03/11/2022

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.

> • Invalid / Missing Date(s) of Service - Please Correct and Resubmit

LOC	Can be backdated to…
MH TCM	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 use the date that the request is being submitted or a future start date. Authorization end date must be a future date and must not be equal to a start date.

To (End Date)

To (end date)

> To
> 📅 mm/dd/yyyy

Length of Auth	Level of Care
6 sessions	ECT
90 Days	Adult LT Partial
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, and TCM

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. Procedure Code	
Modifiers	Free text field. This is not a mandatory field. Modifiers	
Units	Free text numeric value. Units 1 Unit(s)	
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. **+ Add New Service Line**	

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.

Note: Providers must attach the corresponding NaviNet Submission Form for the level of care requested, for example if entering a SU IOP authorization, the Substance Use Disorder IOP Program Prior Authorization Request/Discharge Form *for NaviNet Submission Only* will need to be submitted as an attachment.

These level of care specific forms can be found on the right side of NaviNet Plan Central page, under Forms.

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.
		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**

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: | Amend	Extending existing services
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**: Pended status submissions will require medical review by the health plan. Requests that have a pending status cannot be amended. The following actions 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 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
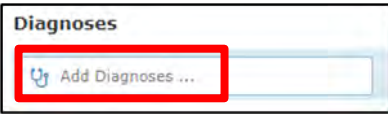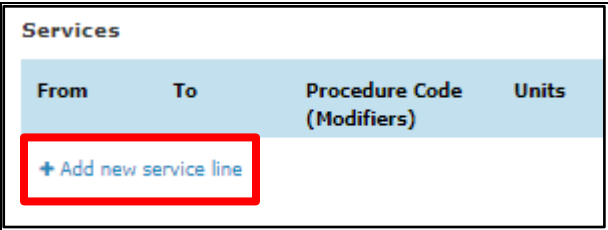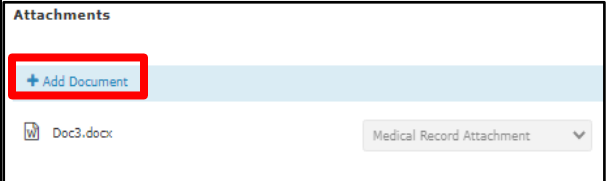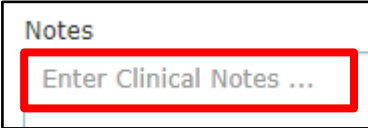
Amending a request is the process of extending existing services, ie. requesting a reauthorization. Each time an amendment is made the note character limit will be reduced. Amending is only available to requests that have been approved or partially approved by the health plan. The maximum number of services 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 this Plan**. **Workflows for this Plan** Eligibility and Benefits Inquiry Claim Status Inquiry Behavioral Health Authorization Management Behavioral Health Authorizations Log <table><tr><td>**If…**</td><td>**Then…**</td></tr><tr><td>The request was created in NaviNet</td><td>Select **Behavioral Health 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 **Behavioral Health Authorizations Management** and then **Search for Existing Authorization** (also referred to as Authorization Inquiry by NaviNet)</td></tr></table>
2.	Select **Auth Details** on the request that needs to be amended. **GRETA EMERSON** Date of Service: 03/18/2022 Date of Submission: 03/18/2022 ✓ Approved as of 03/18/2022 AmeriHealth Caritas Auth #: 92203003350 ⊘ 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'd)

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.

Add the Date of Service	**Date Of Service** 📅 09/01/2022
Add additional diagnoses if applicable	**Diagnoses** 🩺 Add Diagnoses …
Add new service line	**Services** From To Procedure Code Units (Modifiers) **+ Add new service line**
Add attachments if applicable	**Attachments** **+ Add Document** 📄 Doc3.docx Medical Record Attachment ▼
Add notes if applicable	**Notes** Enter Clinical Notes …

Amending an Authorization Request (cont'd)

Step	Action
4. **(cont.)**	Amending an outpatient request
	Enter contact information, check the Declaration box, and **Submit.**

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 **Behavioral Health Authorization Management** under Workflows for this Plan.

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

Step	Action
2.	Select Servicing or Requesting Provider and adjust the date range then select **Search**.
3.	Click the authorization that you wish to view.

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

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.

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
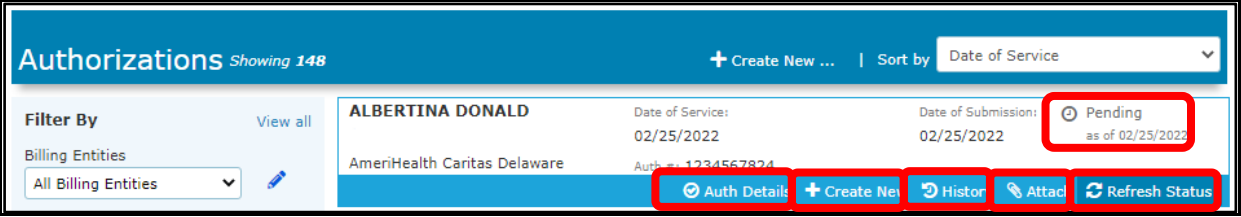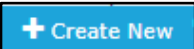
6 BEHAVIORAL HEALTH AUTHORIZATIONS LOG

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).
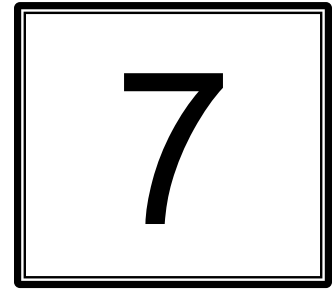
Step	Action
1.	Select **Behavioral Health Authorization Log** under Workflows for this Plan. Result: All requests submitted by your office/facility via NaviNet can be found here. **Workflows for this Plan** Eligibility and Benefits Inquiry Claim Status Inquiry Behavioral Health Authorization Management Behavioral Health Authorizations 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 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

Search: Behavioral Health Authorizations Log (cont'd)

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><tr><th>Field</th><th>Function</th></tr><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></table>

Search: Behavioral Health Authorizations Log (cont'd)

Step	Action
3. (cont.)	If the request is in draft status different fields are available. **Continue, Delete, Create New,** and **History**

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

<div style="border: 2px solid black; display: inline-block; padding: 20px;">

7

</div>

7 REQUEST FOR MORE INFORMATION (RFMI)
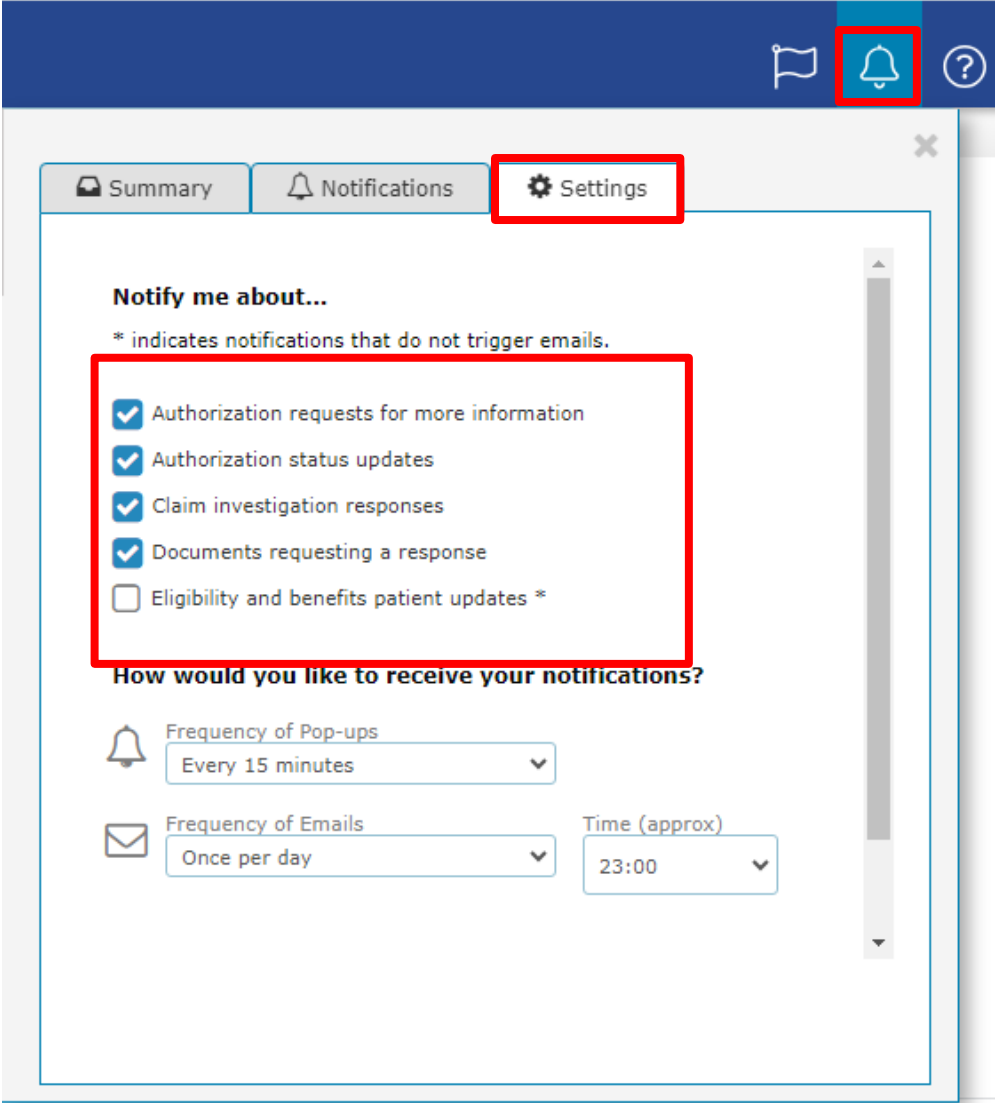
Request for More Information (RFMI)

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.
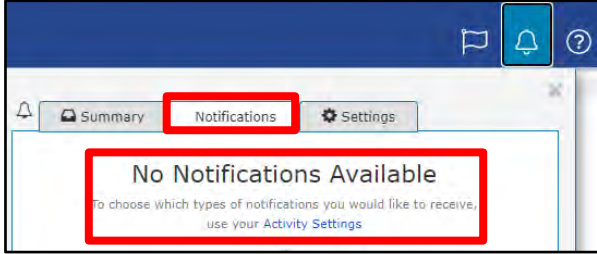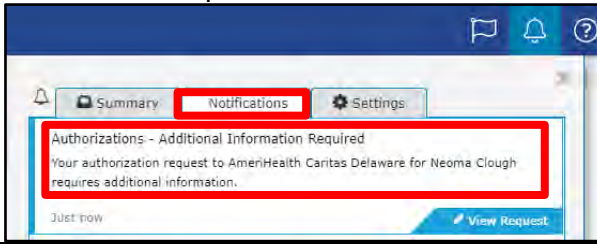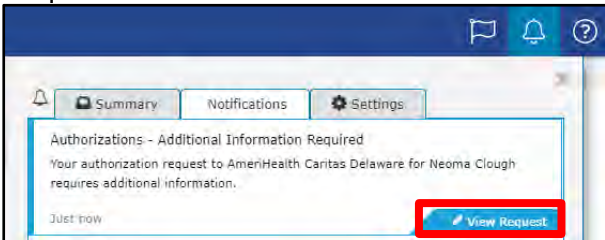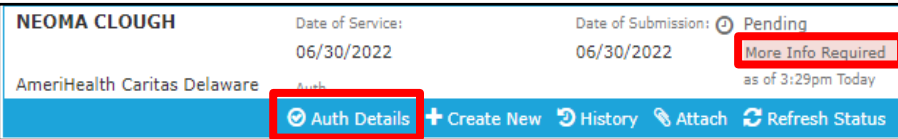
	Notifications are an important part of the communication process between the health plan and the provider. Users can opt to receive notifications whenever a request is sent from the health plan to the provider. Notifications can be managed from the bell icon in the top right banner on the home page. 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.
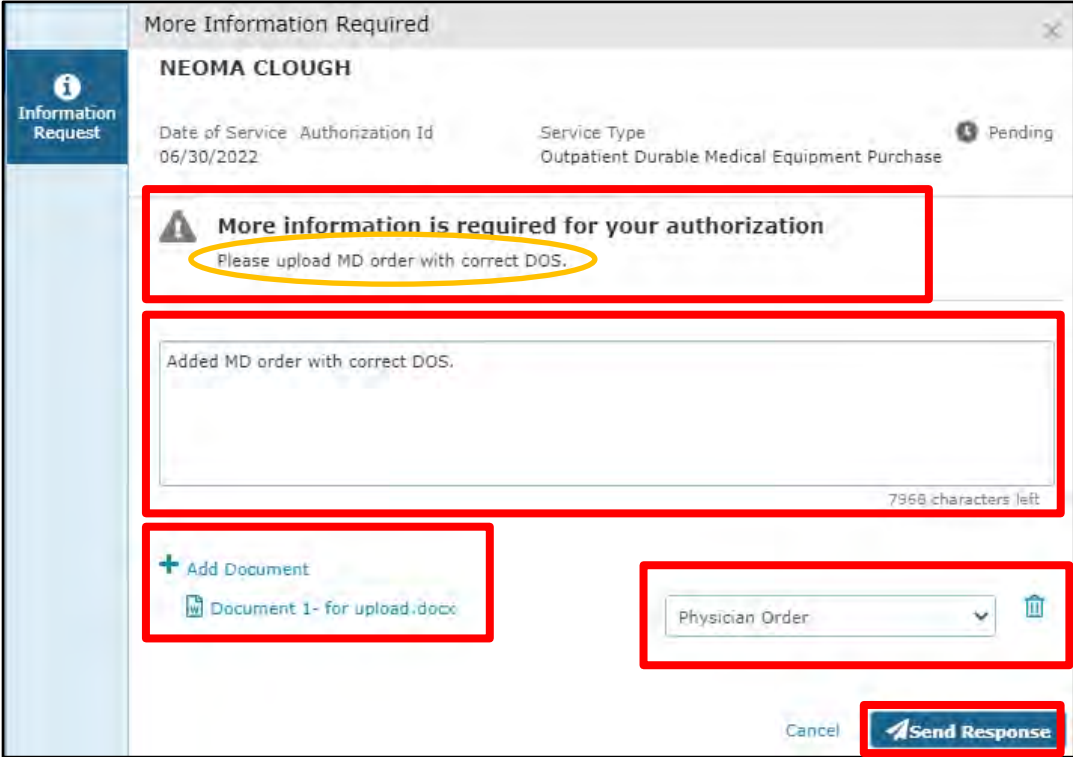
In NaviNet, users can opt to receive notifications whenever a request for additional information is requested from the health plan. Notifications can be managed under settings which is found when the bell icon is selected.

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.

Step	Action

| **2.** | To view notifications, select Notifications. |

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. |

1.	From Notifications the user will select View Request which activates the More Information Required area.
2.	From the Behavioral Health Auth Log if More Info Required is listed the user will select Auth Details then select More Information Required to activate the More Information Requried area.

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 screenshot showing NEOMA CLOUGH, AmeriHealth Caritas Delaware, with Create New, History, Attach, Authorization Search, View/Print as PDF options. Status: 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**. ![More Information Required dialog for NEOMA CLOUGH. Date of Service 06/30/2022, Authorization Id, Service Type Outpatient Durable Medical Equipment Purchase, Pending. "More information is required for your authorization" - "Please upload MD order with correct DOS." Note text box: "Added MD order with correct DOS." 7968 characters left. Add Document: Document 1- for upload.docx, Physician Order dropdown. Cancel / Send Response buttons.]

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

Step	Action
5.	To see that the requested information has been sent back to the health plan, select **History**.

8 RESOURCES

Plan Contact Information

Health Plan	UM Phone Number	UM Fax Number
AmeriHealth Caritas Delaware	855-396-5770	866-423-0946
AmeriHealth Caritas District of Columbia	800-408-7510	877-759-6216
AmeriHealth Caritas Florida	855-371-8074	855-236-9285
AmeriHealth Caritas Louisiana	888-913-0350	866-397-4522
AmeriHealth Caritas New Hampshire	833-472-2264	833-469-2264
AmeriHealth Caritas North Carolina	833-900-2262	833-893-2262
AmeriHealth Caritas Northeast	888-498-0504	888-743-5551
AmeriHealth Caritas Pennsylvania	800-521-6622	866-755-9949
Blue Cross Complete of Michigan	888-312-5713	888-989-0019
Keystone First	800-521-6622	215-937-5322
Select Health of South Carolina	888-559-1010	888-824-7788
AmeriHealth Caritas Next	833-702-2262	844-412-7890
AmeriHealth Caritas VIP Care Plus	888-978-0862	866-263-9036
First Choice VIP Care Plus	888-996-0499	855-236-9284
AmeriHealth Caritas VIP Care	866-533-5490	855-707-0847
First Choice VIP Care	888-996-0499	855-236-9284
Keystone First VIP Choice	800-450-1166	855-707-0847
AmeriHealth Caritas Pennsylvania Community HealthChoices	800-521-6007	855-332-0115
Keystone First Community HealthChoices	800-521-6622	855-540-7066
PerformCare	888-700-7370	888-987-5828

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)
Provider Training Requests	Contact your designated Account Executive (AE) https://pa.performcare.org/assets/pdf/providers/resources-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