



NAVINET BASICS

Provider User Guide

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OVERVIEW

The purpose of this User Guide is to demonstrate how to access and navigate through the NaviNet portal in order to help you access and navigate NaviNet and all its features.

Learning Objectives

In this guide, you will learn to do the following:

1. Log in to NaviNet
2. Password Resets
3. Access provider's specific Health Plan
4. How to use NaviNet Support
5. How to use the plan specific Workflows:
 - Benefits and Eligibility Inquiry
 - Claims Status Inquiry
 - Claims Submission
 - Report Inquiry
 - Provider Directory
 - Pre-Authorization Management
 - Forms and Dashboards

IMPORTANT NOTE

While this guide will focus on the NaviNet functions/workflows , NaviNet has a very informative website to assist providers. The Support section on the NaviNet website provides additional user guides and video tutorials, as outlined in the NaviNet Support section of this guide.

NaviNet is responsible for maintaining or updating the NaviNet site; and this guide may not necessarily reflect the most current updates to the NaviNet site.

Not all the functionalities represented in this user guide are supported for all health plans.

Through NaviNet, you can access and submit:

- Prior authorizations
- Real-time clinical Healthcare Effectiveness Data and Information Set (HEDIS) alerts
- Claims information and updates
- Member eligibility information
- Benefits information
- Drug authorizations

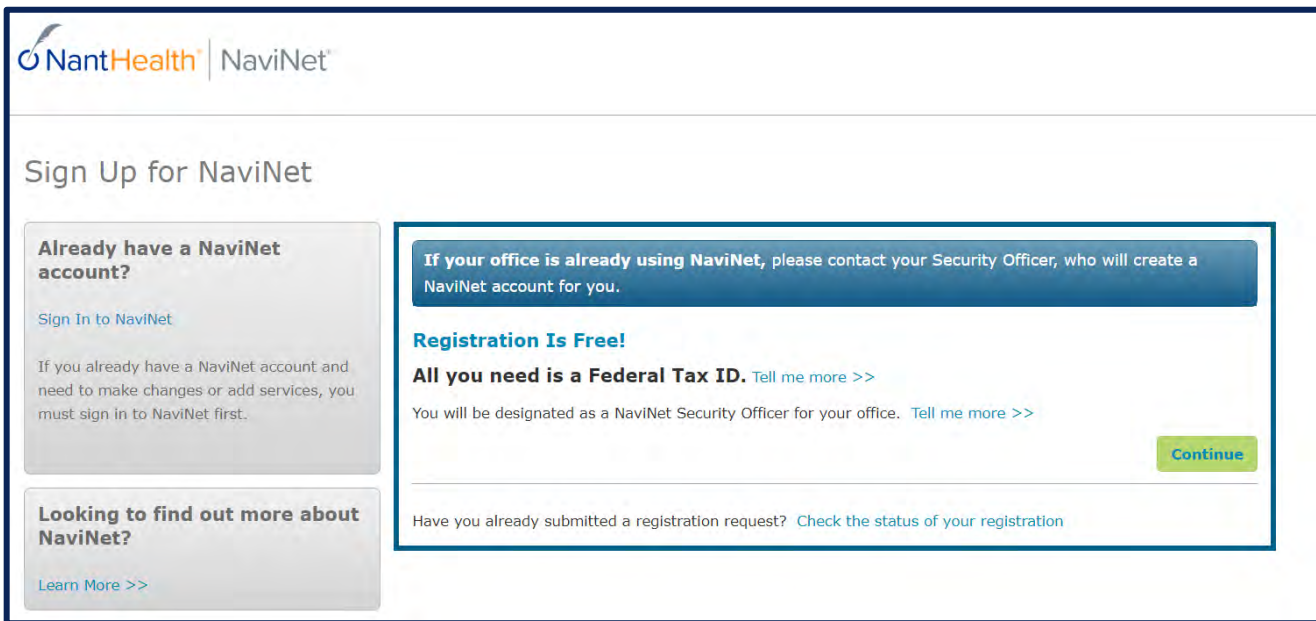
NaviNet allows you and health plans to share administrative, financial, and clinical data in one place.

If you haven't signed up for NaviNet yet, be sure to register at <https://register.navinet.net>.



What you need to know:

NaviNet is an easy-to-use, no-cost, secure web-based platform that links you to your health plans. NaviNet helps speed up the provider-health plan connection and can often replace paper transactions.



The screenshot shows the NantHealth NaviNet registration page. At the top, the NantHealth logo and NaviNet name are displayed. Below the header, the title "Sign Up for NaviNet" is centered. On the left side, there are two gray boxes: the top one asks "Already have a NaviNet account?" with a "Sign In to NaviNet" link and a paragraph explaining that existing users must sign in to make changes; the bottom one asks "Looking to find out more about NaviNet?" with a "Learn More >>" link. On the right side, a large white box with a blue border contains registration instructions. It starts with a blue header: "If your office is already using NaviNet, please contact your Security Officer, who will create a NaviNet account for you." Below this, it says "Registration Is Free!" followed by "All you need is a Federal Tax ID. Tell me more >>". A line of text states "You will be designated as a NaviNet Security Officer for your office. Tell me more >>". At the bottom of this box is a green "Continue" button. Below the main registration box, there is a link: "Have you already submitted a registration request? Check the status of your registration".

To login to NaviNet:

You can access NaviNet directly from your internet browser using the following link: <https://navinet.navimedix.com>.

1. Enter your username and password.
2. Click Sign in.

The screenshot shows a web browser window with the NaviNet login page. The page has a dark blue header with the NantHealth NaviNet logo. Below the header is a white login form. The form contains two input fields: 'Username' and 'Password'. A red box labeled '1' highlights these two fields. Below the password field is a red 'SIGN IN' button, which is highlighted by a red box labeled '2'. Below the 'SIGN IN' button are three links: 'Forgot username?', 'Forgot password?', and 'Register for a new account'. The footer of the page contains the following text: 'Copyright © 2024 NaviNet, Inc. All rights reserved. NaviNet® is a registered trademark of NaviNet, Inc., and/or its affiliates.' Below this text are three links: 'Use Agreement', 'Do Not Sell My Personal Information', and 'Help'.

Role

Once you are logged in, you are placed into your 'profile' and will have access to member and claim information specific to the practice.

3. Select the appropriate role from the drop-down
4. Click Continue

Roles and Responsibilities

Once you open your profile, you will be taken to the verification page, where you can identify your roles and responsibilities.

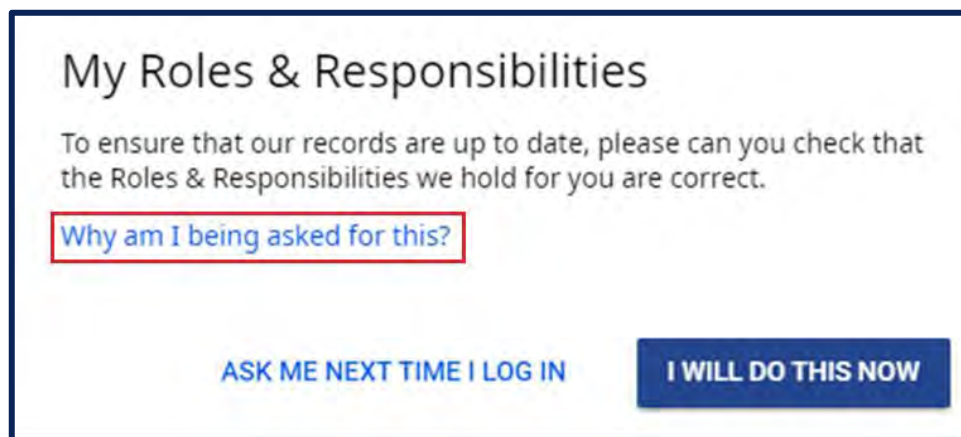
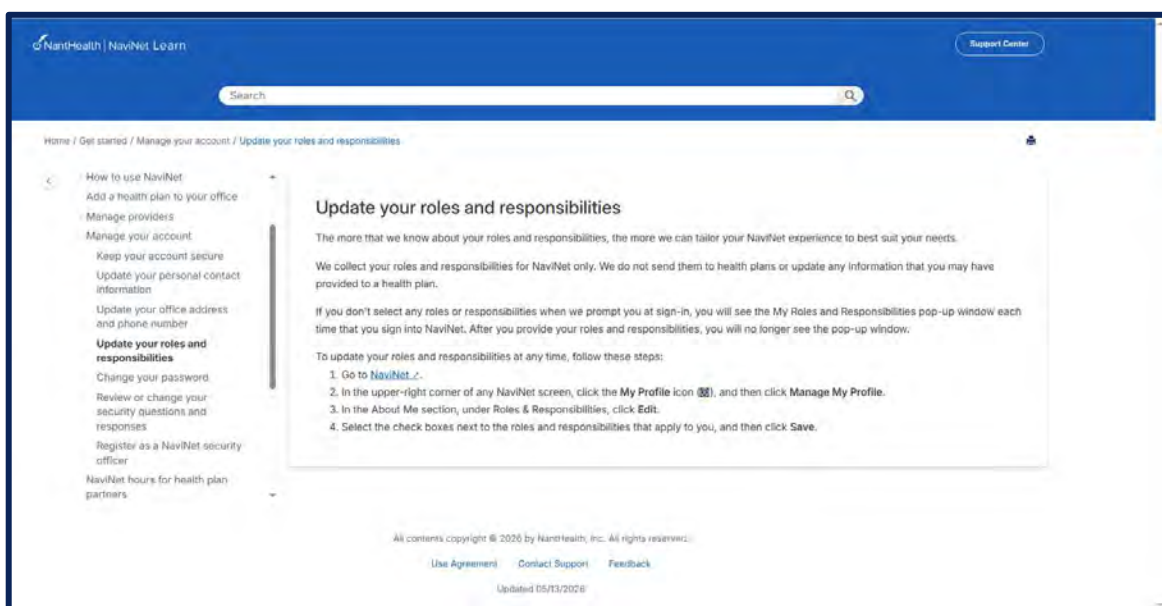
5. Check the values that best match your roles or responsibilities at your office.
6. Click Save

Roles and Responsibilities Cont'd.

NaviNet will ask you to confirm your roles and responsibilities once a year when you sign in. The more NaviNet knows about the user's roles and responsibilities, the more they can tailor your NaviNet experience to best suit your needs.

The My Roles & Responsibilities pop-up will appear every time you log in until you complete that section.

- To complete the Roles & Responsibilities pop-up request, click on I WILL DO THIS NOW.
- The “Why are you asking for this?” link will take you to the NaviNet Support page for FAQs relating to roles and responsibilities and other NaviNet Questions.

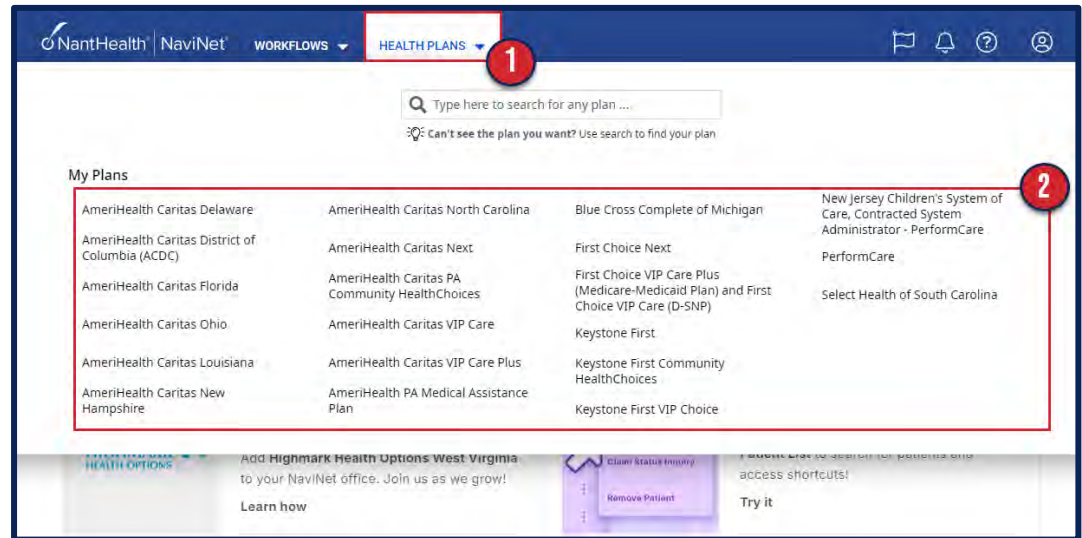
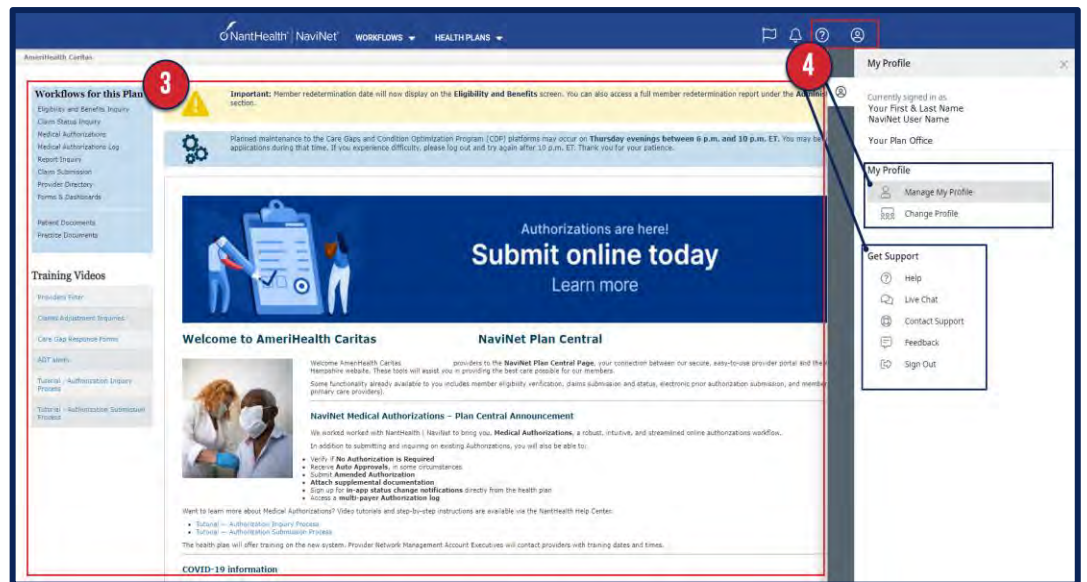


My Health Plan

Once logged into NaviNet, the NaviNet Homepage will display.

To view a specific health plan central page, you can choose a specific health plan by completing the following:

1. Click on Health Plans from the top menu bar.
2. Select the health plan from the My Plans options.
3. The health plan's NaviNet central page will display.
4. The Help and My Profile icons give you access to:
 - Your account
 - Change profile
 - Get support/help or to Contact Support

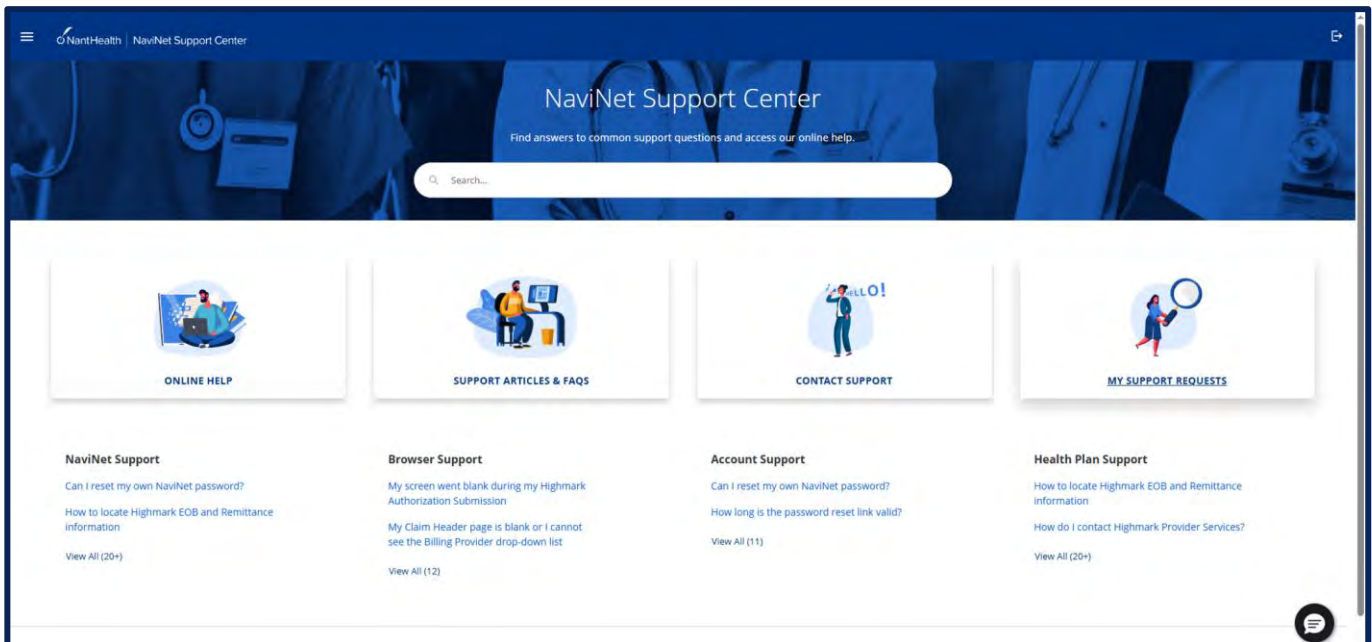


Note: Do not use your Web browser's back button. Use the navigation bar at the top of your screen to navigate between health plans, and the links under Workflows for this Plan to navigate between desired functions. Using your browser's back button can impact functionality and may cause errors.

Support Center

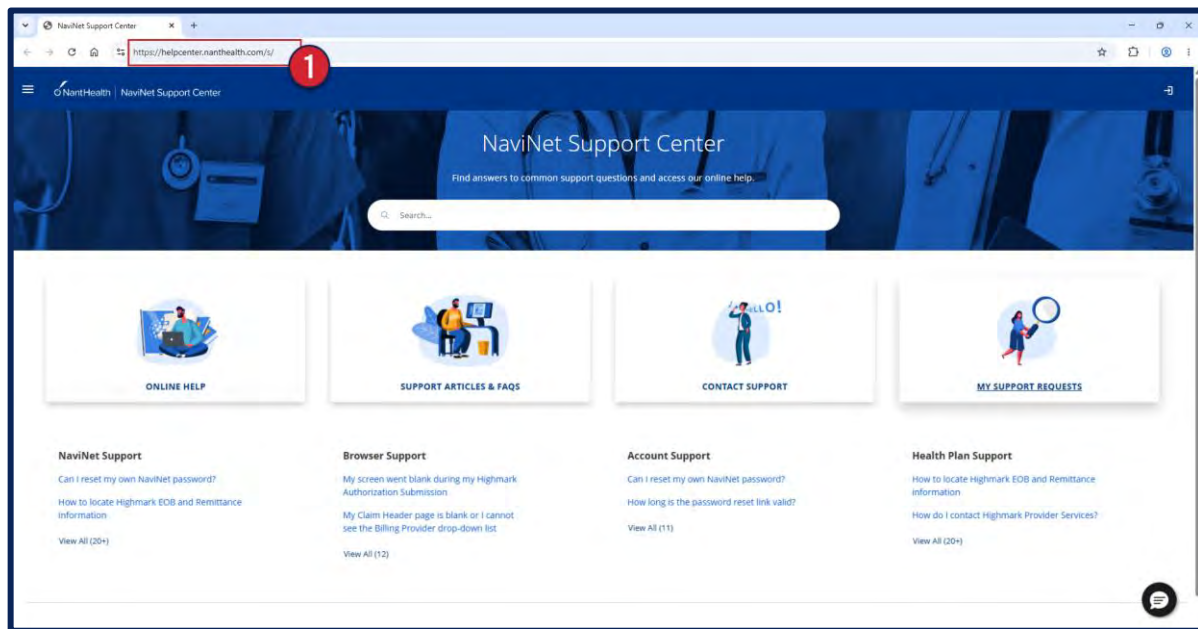
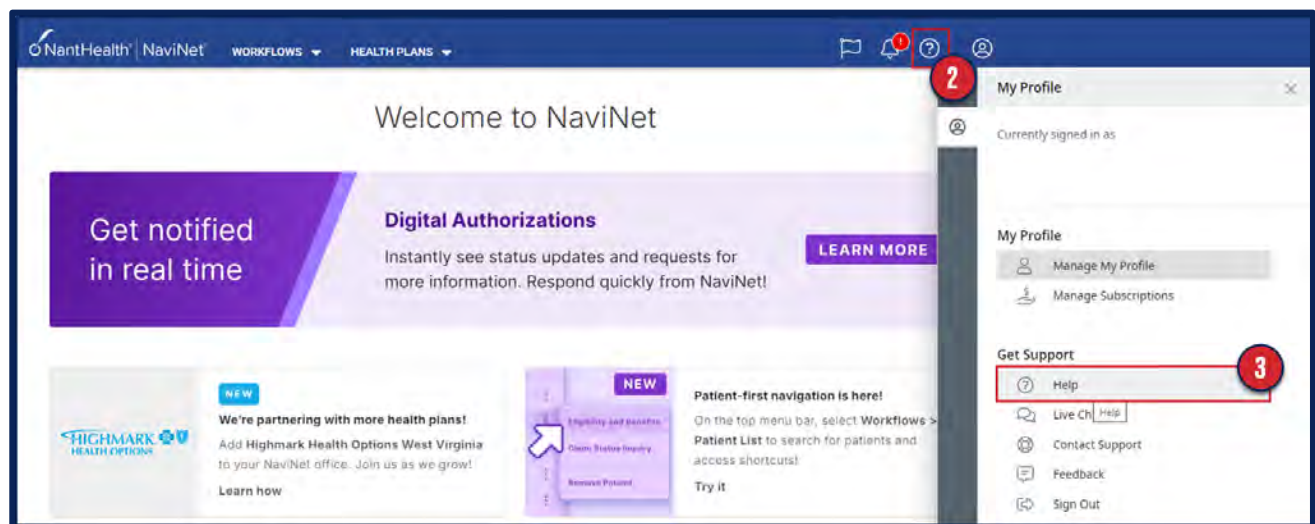
NaviNet has a robust Support Center to assist you with the following:

- Find answers by reading support articles and Frequently Asked Questions (FAQs)
- Access user guides and training videos
- Review the latest NaviNet updates
- Contact NaviNet Support via chat or by opening a support request
- Get involved with the NaviNet User Panel
- Send feedback and suggestions
- Links to other helpful information to assist with NaviNet and its functionality



You can access the NaviNet Support Center by:

1. Entering the following link on your browser: <https://helpcenter.nanthealth.com/s/>
2. Or by clicking on the question mark at the upper right on the Plan Central Page
3. Then clicking 'Help' under Get Support



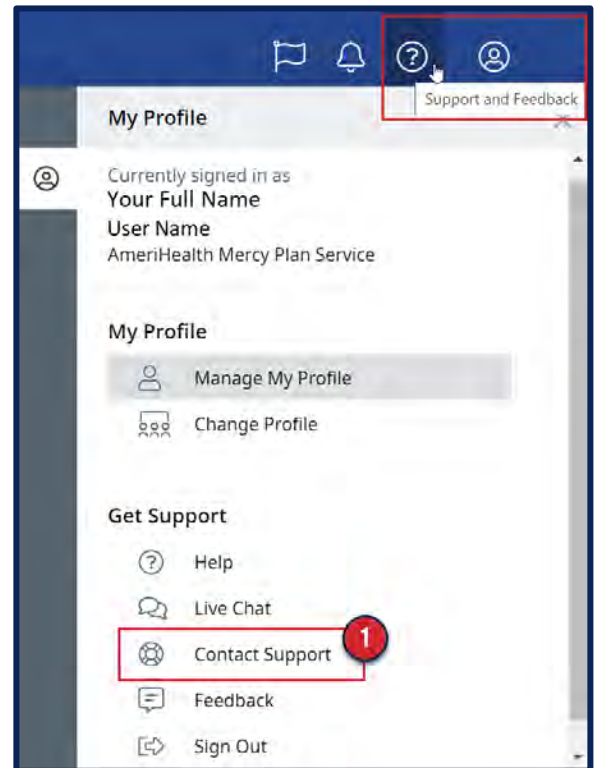
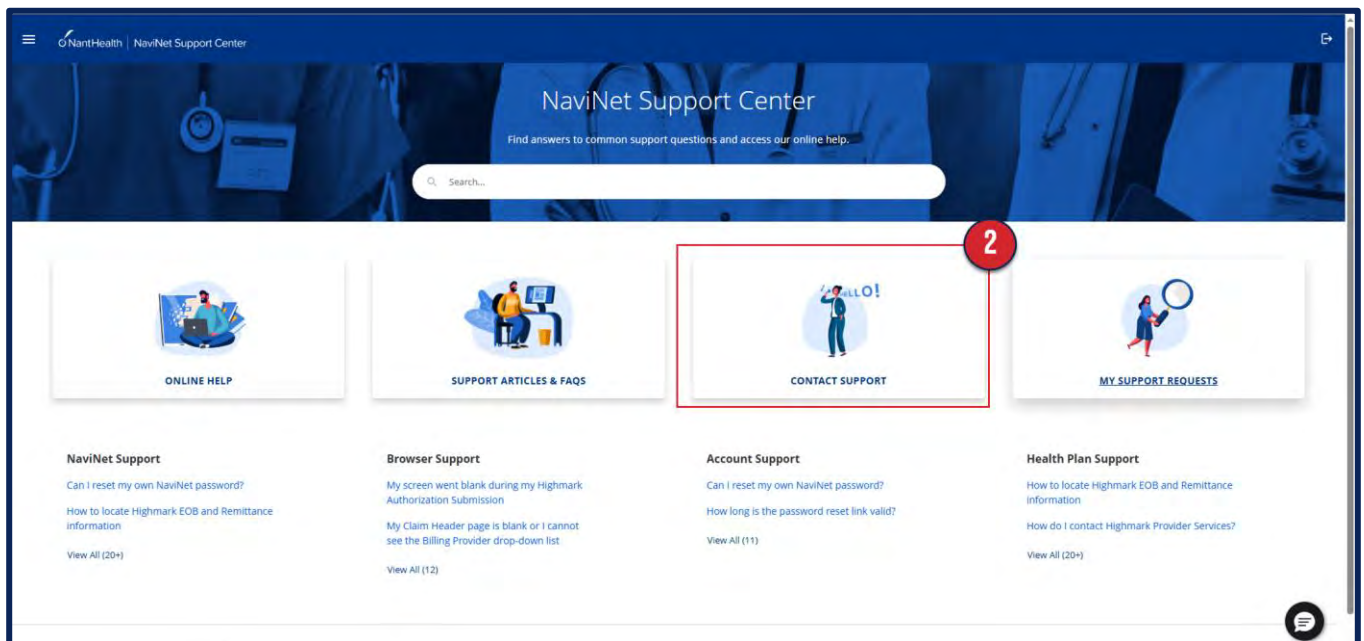
Note: You may need to login to access full content in the Support Center.

Contact Support

In addition to the Support Center, a support team is available via an online support case or chat.

You can view the support team contact information by:

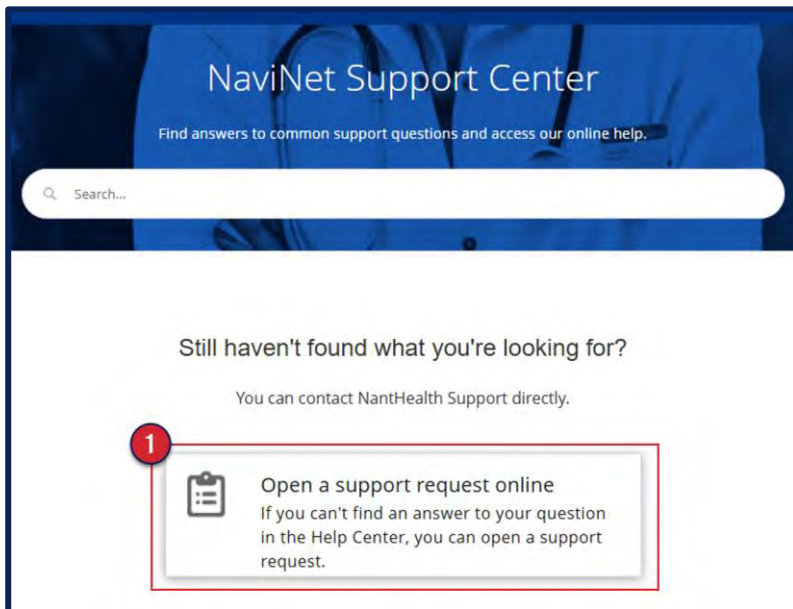
1. Clicking 'Contact Support' in the Support and Feedback menu.
2. Clicking Contact Support on the Support Center landing page



Open a Support Case Online

If you are encountering a technical/registration issue or need assistance with the portal, you can also open a support case online.

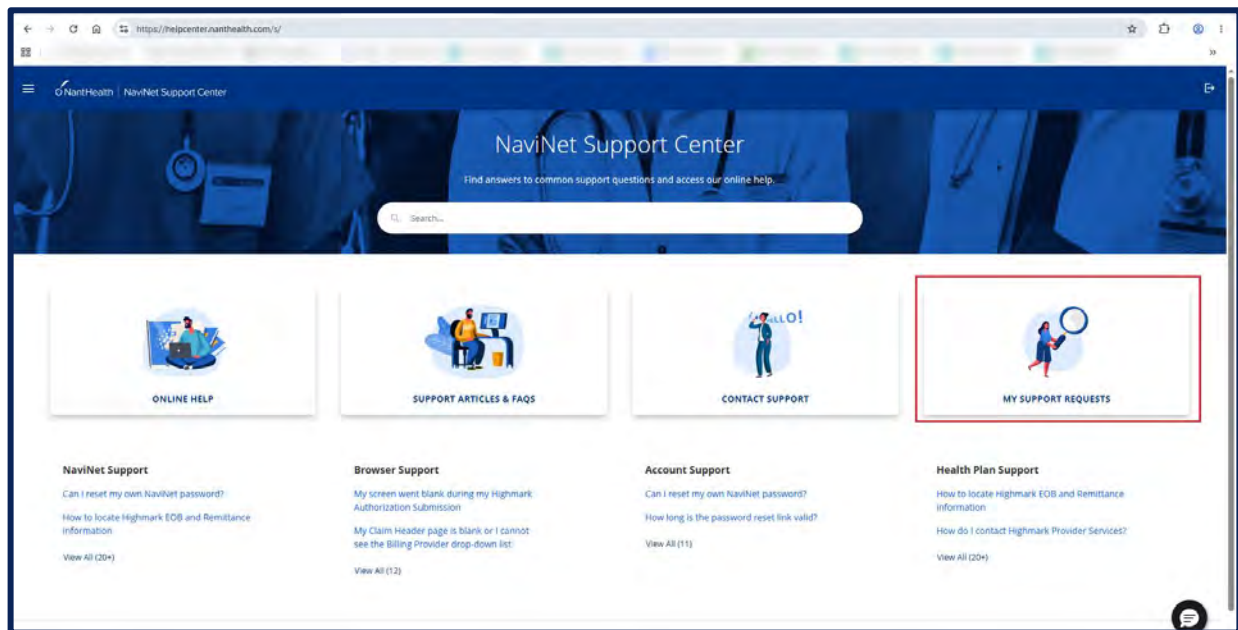
1. Click on the Open a support request online box.
2. Complete the New Support Request form.
3. Click Submit.



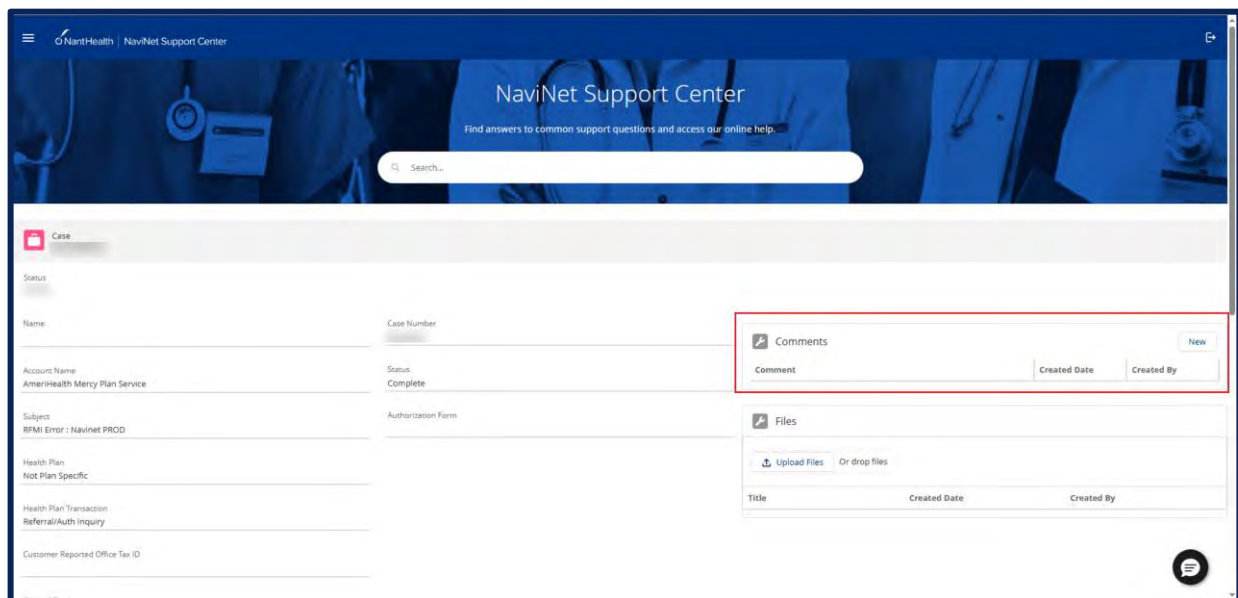
Open a Support Case Online Cont'd.

You can view/track the status of the request by clicking on My Support Requests in the NaviNet Support Center or by visiting:

<https://helpcenter.nanthealth.com/s/case/Case/Default>

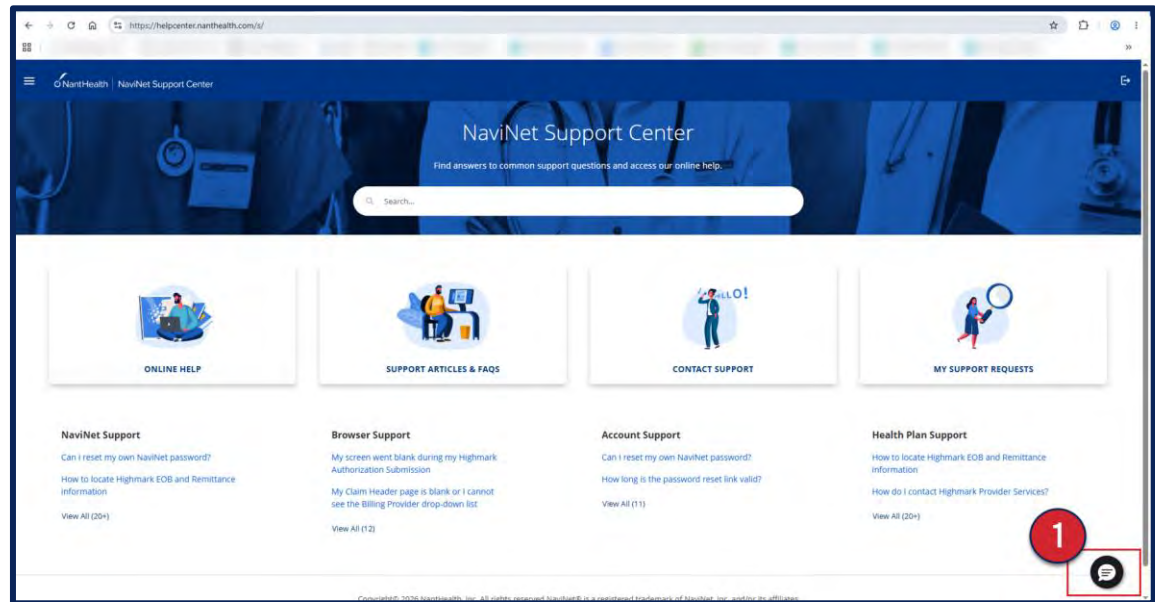


Additionally, you can open your support case to add comments. If the case has been assigned to an agent, you will automatically receive a notification to alert you of any new responses.



AskNant AI assistant

AskNant chatbot is also available on all NaviNet screens for all NaviNet offices. If you don't want to search for an answer to your question in the Support Center, you may choose this option to find answers more quickly.



1. Click on the AskNant AI Assistant icon on the lower right side of the page.
2. A new screen will display. Type your question and press enter.

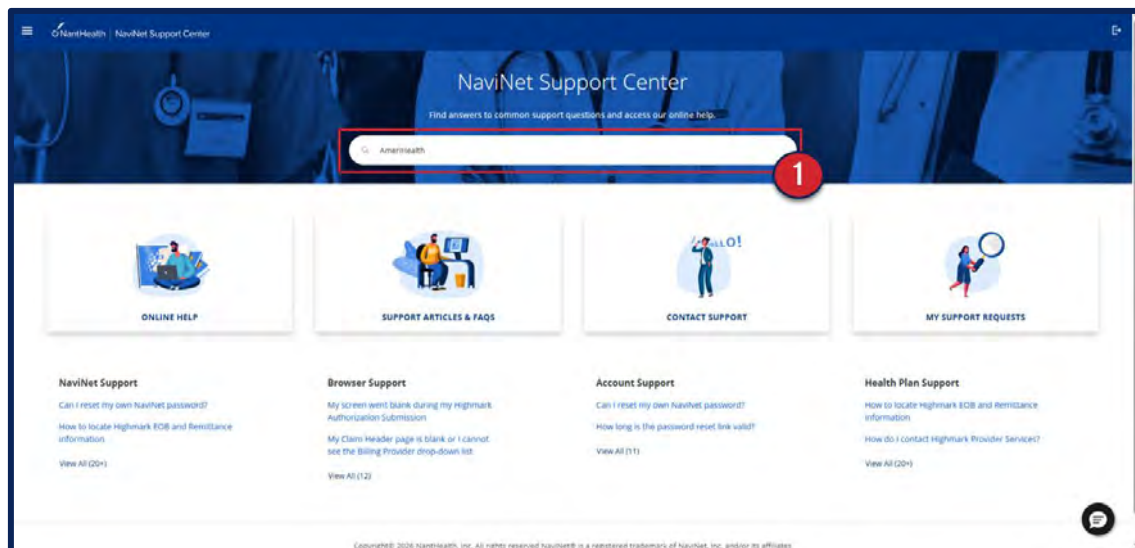
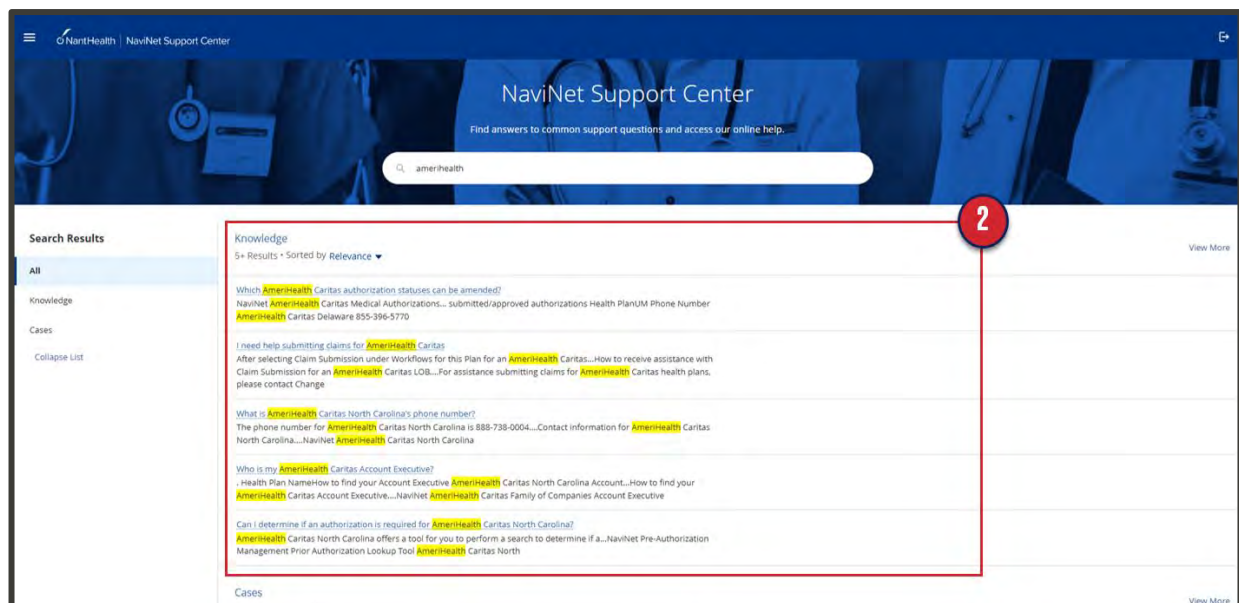


Health Plan Resources

Within the NaviNet Support Center, you can pull applicable resources and guides for your specific plan.

To access plan-specific resources:

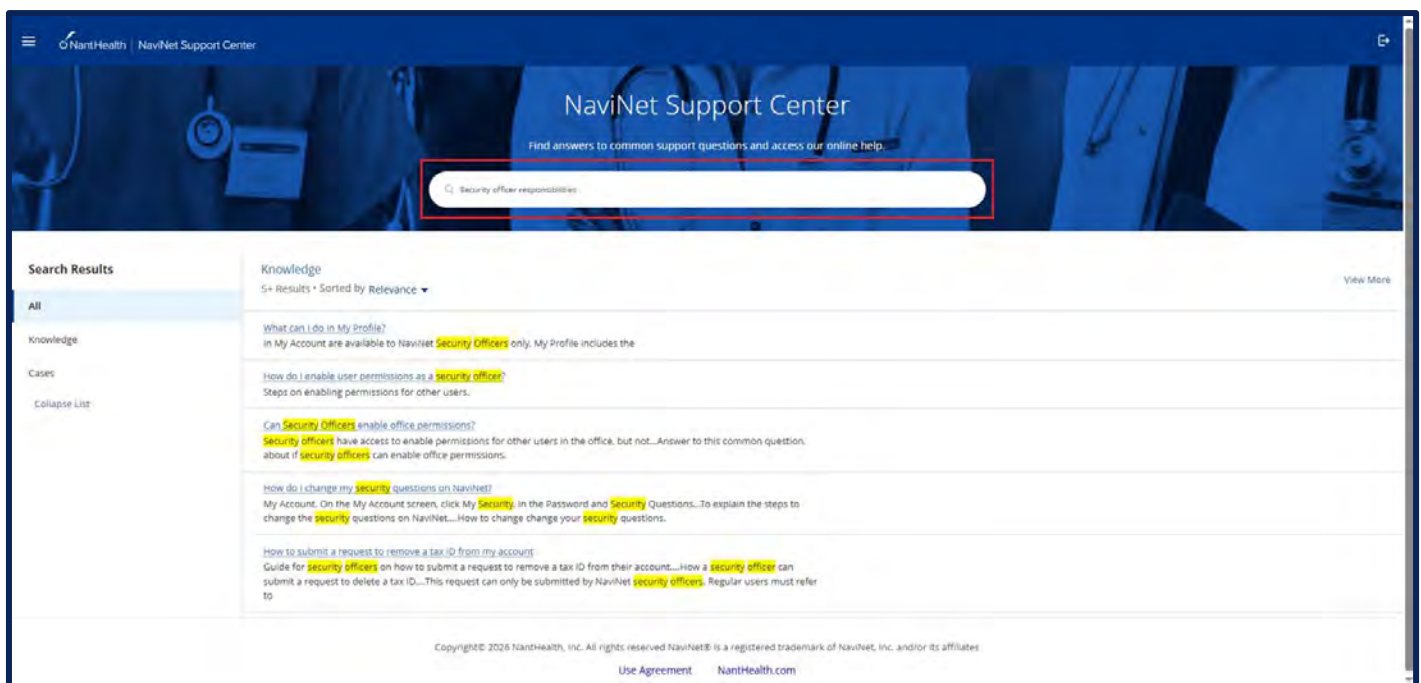
1. Type in the plan name in the search field and press the Enter key on your keyboard.
2. Select a title from the results.
3. The resource will display.



NaviNet Security Officer

A NaviNet security officer manages user access to NaviNet. To ensure HIPAA compliance, each provider office should designate a Security Officer to be aware of the electronic storage and transmission of member information within and from their office.

- The person who registers the practice for NaviNet will be automatically assigned as the Security Officer.
- To learn more about the security officer's roles and responsibilities, type "security officer responsibilities" in the search field.



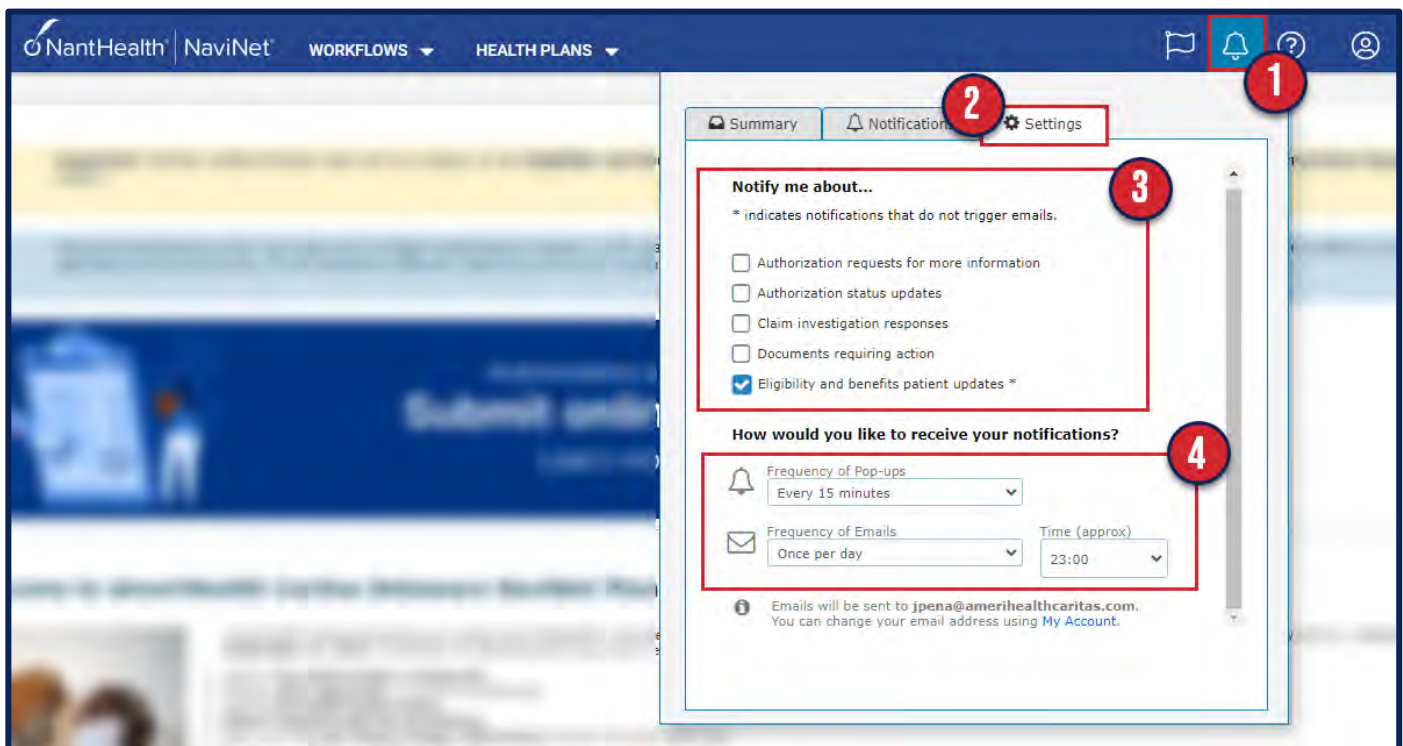
Note: Since the person who enrolls the office is automatically assigned as the Security Officer, it is important that the office determine who is best suited for this role prior to beginning the enrollment process.

Activity Icon

NaviNet notifications inform you about updates that may require your attention. Notifications can be a badge, pop-up window, or email. You choose the type and frequency of your notifications.

To update your notification preferences at any time:

1. Click the Activity icon (bell) in the upper-right corner of any screen
2. Click the Settings tab
3. Under “**Notify me about**”, select the types of notifications that you want to receive, such as Eligibility and benefits patient updates
4. Select the frequency in which you would like to receive your notifications from the Frequency of pop-ups and Emails drop-down menus

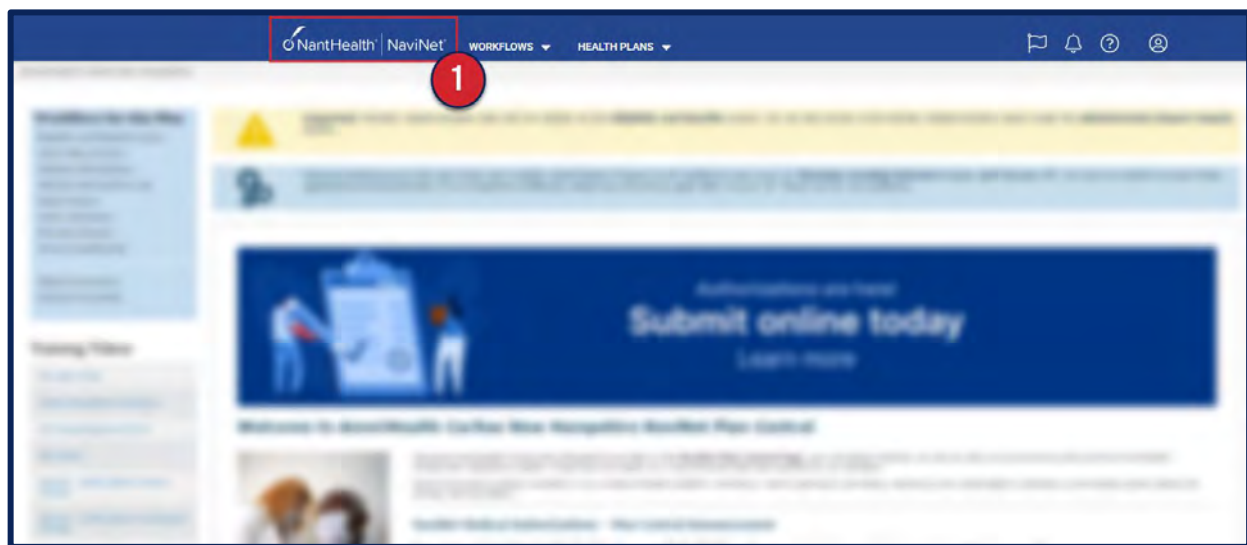
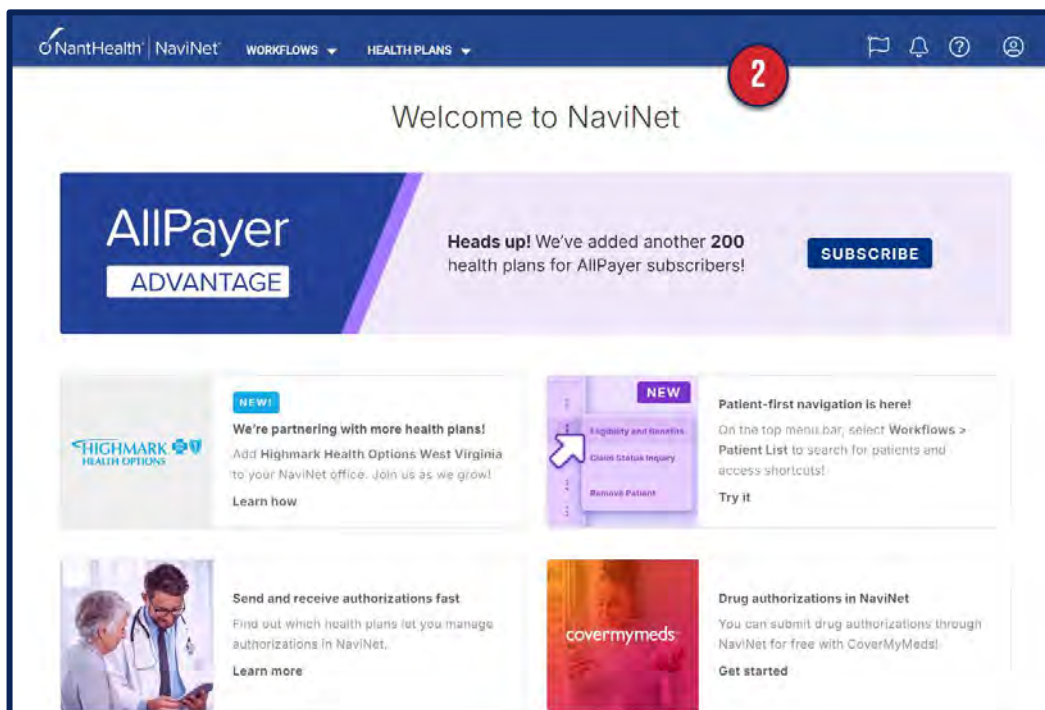


NantHealth | NaviNet Logo

The NaviNet logo allows you to return to the NaviNet homepage from any screen.

To return to the NaviNet homepage at any time:

1. Click the NantHealth | NaviNet logo on the toolbar
2. The NaviNet homepage displays.



Password Security

Every 90 days, your NaviNet password will expire and will need to be changed. You will receive an email from noreply@NaviNet.net alerting you this will occur. Please follow the instructions in the email to change your password.



NaviNet Plan Central Page

The NaviNet Plan Central page provides access to the following specific to the health plan:

1. Claims and Billing Information
2. Educational Tools
3. FAQs
4. Plan Updates
5. Contact information
6. Resource Information
7. NaviNet Homepage

The screenshot displays the NaviNet Plan Central page for AmeriHealth Caritas. The page layout includes a top navigation bar with 'NantHealth | NaviNet', 'WORKFLOWS', and 'HEALTH PLANS' tabs. On the right side of the header, there are icons for a flag, a bell, a question mark (highlighted by callout 3), and a user profile. The main content area is divided into several sections:

- Left Sidebar:** Contains 'Workflows for this Plan' (highlighted by callout 1) with links like 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', and 'Medical Authorizations Log'. Below it is a 'Training Videos' section (highlighted by callout 2) with links for 'Provider's Filter', 'Claims Adjustment Inquiries', and 'ADT alerts'.
- Top Banner:** A large blue banner with the text 'Authorizations are here! Submit online today Learn more' (highlighted by callout 7).
- Right Sidebar:** Includes 'Hours of Availability' (Mon-Fri: 8:00am-6:00pm ET, Sat-Sun: 9:00am-5:00pm ET), 'Resources' (highlighted by callout 6) with links to 'NaviNet Medical Authorizations Participant Guide', 'NaviNet Medical Authorizations Frequently Asked Questions', and 'HEDIS Documentation and Coding Guidelines (PDF)'. Below this is 'Contact Us' for AmeriHealth Caritas New Hampshire, located at 25 Sundial Ave, Manchester, NH 03103, with a phone number 1-888-999-1479 and website www.amerhealthcaritasnh.com.
- Main Content Area:** Features a 'Welcome to AmeriHealth Caritas' message, a 'NaviNet Plan Central' announcement, and a 'NaviNet Medical Authorizations - Plan Central Announcement' section. This section includes a list of features: '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', and 'Access a multi-player Authorization log'. Below this is a 'COVID-19 information' section with a link to 'Important information for providers regarding COVID-19'. At the bottom, there is a 'Use Quick Links' section (highlighted by callout 4) with links to 'Sign up for Feedback News', 'Provider manual (PDF)', and 'Claims filing instructions (PDF)'. A 'Provider alerts' section (highlighted by callout 5) contains a link to 'Care Gaps That Can Be Closed in NaviNet Care Gap Response Form (PDF)'.

You can access workflows from the Plan Central Home Page (workflows may vary according to the health plan).

Some workflows available and covered in this guide:

- [Eligibility and Benefits Inquiry](#)
- [Claims Status Inquiry](#)
- [Medical Authorization Log](#)
- [Report Inquiry](#)
- [Claim Submission](#)
- [Provider Directory](#)
- [Forms and Dashboards](#)

Workflows for this Plan

Eligibility and Benefits Inquiry

Claim Status Inquiry

Medical Authorizations

Medical Authorizations Log

Report Inquiry

Claim Submission

Provider Directory

Forms & Dashboards

Patient Documents

Practice Documents

Visit the [NaviNet Support Center](#) to find more information about other workflows not mentioned in this guide.

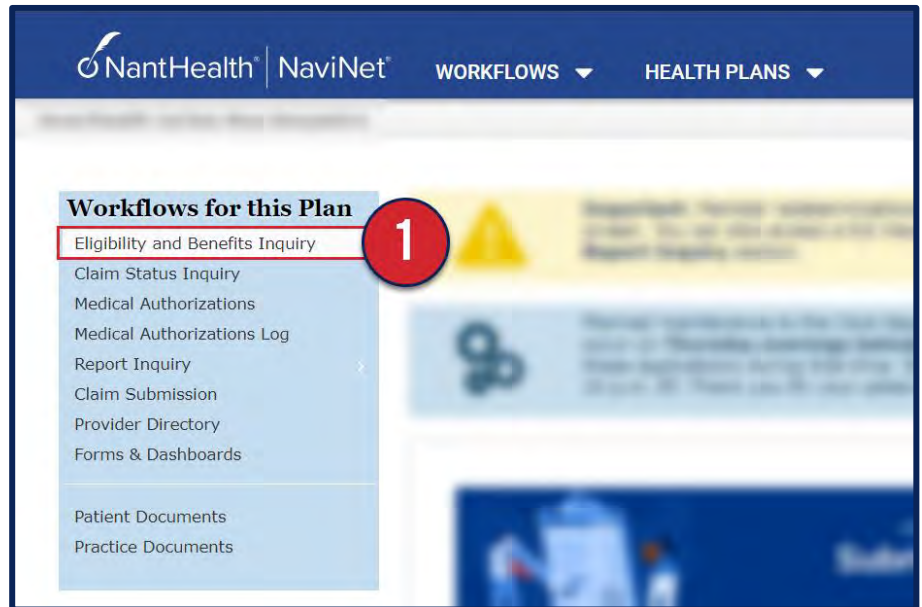
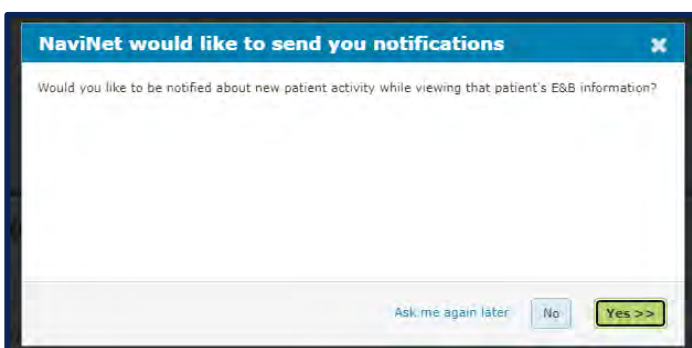
ELIGIBILITY AND BENEFITS INQUIRY



Eligibility and Benefits Inquiry

To access member eligibility and benefits information:

1. Click Eligibility and Benefits Inquiry from the Workflows for this Plan.
2. On the Patient Search screen, enter any of the following Patient (member) information:
 - Member ID #
 - Contract #
 - Social Security #
 - Medicaid #
 - Medicare ID #
 - HICN (Health Insurance Claim Number)
 - Last Name, First Name and Date of Birth
3. Click Search.



When performing a member search, a notification box will appear. This box allows you to set up notifications about the status of the patient's activity.

ELIGIBILITY AND BENEFITS INQUIRY CONT'D.



Eligibility and Benefits Inquiry Cont'd.

Once you click Search, the Eligibility and Benefits screen will be displayed. This screen highlights the following member eligibility and benefit details:

1. Name, Gender, and DOB
2. Patient Alert Details
3. Member ID
4. Insurance Plan and Product details
5. Member's Primary Care Provider
6. Current eligibility status
7. Original eligibility date
8. Provider Group details

The screenshot shows the NantHealth Navinet interface for the 'Eligibility & Benefits: Amerihealth Caritas' screen. The patient's name is John Doe, born on 11/16/2020. The screen is divided into several sections: Patient Alert Details (2), Insurance Details (4), Primary Care Provider (5), and Health Benefit Plan Coverage (6). The Health Benefit Plan Coverage section shows Active Coverage (6) with a Prior Year History (7) and a GROUP (8) for the LAKESIDE PHYSICIAN GROUP CAPITAL HEIGHTS. The screen also includes a search bar, a list of services, and a 'Set as default benefit view' option.

1 Eligibility and Benefits for **John Doe**
Male born on 11/16/2020

2 Patient Alert Details
▲ Care Gap for Doe, John
▲ Member ID Card for Doe, John
▲ PCP History for Doe, John
▲ TT-ST Therapy Accumulator for Doe, John

3 Member ID: 123456789
Member Language: English
Identity Card Number: 1122334455667
View Member Clinical Summary - Attestation Required
View EHR - Attestation Required
▲ Care Gap for Doe, John
▲ Member ID Card for Doe, John
▲ PCP History for Doe, John
▲ TT-ST Therapy Accumulator for Doe, John

4 Insurance Details
Product: AHC - AMERHEALTH
Type:

5 Primary Care Provider
THEODORE G. SEUSS
Phone: 123-456-7890
NPI: 1234567890

6 Health Benefit Plan Coverage
Benefit Status: Active Coverage
Prior Year History:
Eligibility Begin Date: 11/16/2020
• AMERHEALTH CARITAS
GROUP
LAKESIDE PHYSICIAN GROUP CAPITAL HEIGHTS
NPI: 0987654321
Phone: 111-222-3344

ELIGIBILITY AND BENEFITS INQUIRY CONT'D.



Eligibility and Benefits Inquiry Cont'd.

The Benefits section details the member's benefits and displays co-pay and authorization requirements (if applicable).

Benefits

Search ...

Health Benefit Plan Coverage

Brand Name Prescription Drug

Chiropractic

Dental Care

Emergency Services

Generic Prescription Drug

Hospital

Hospital - Emergency Medical

Hospital - Inpatient

Hospital - Outpatient

Mental Health

Pharmacy

Professional (Physician) Visit - Office

Urgent Care

Vision (Optometry)

Brand Name Prescription Drug

★ Set as default benefit view

Co-Pay:

\$0

Authorization / Not Required

Co-Insurance:

0%

Authorization / Not Required

Deductible:

\$0 per Calendar Year

Individual

\$0 Remaining

Individual

Authorization / Not Required

Benefit Begin Date: 11/16/2020

Benefits

Search ...

Health Benefit Plan Coverage

Brand Name Prescription Drug

Chiropractic

Dental Care

Emergency Services

Generic Prescription Drug

Hospital

Hospital - Emergency Medical

Hospital - Inpatient

Hospital - Outpatient

Mental Health

Pharmacy

Professional (Physician) Visit - Office

Urgent Care

Vision (Optometry)

Emergency Services

★ Set as default benefit view

Co-Pay:

\$0

Authorization / Not Required

Co-Insurance:

0%

Authorization / Not Required

Deductible:

\$0 per Calendar Year

Individual

\$0 Remaining

Individual

Authorization / Not Required

Benefit Begin Date: 11/16/2020

Benefits

Search ...

Health Benefit Plan Coverage

Brand Name Prescription Drug

Chiropractic

Dental Care

Emergency Services

Generic Prescription Drug

Hospital

Hospital - Emergency Medical

Hospital - Inpatient

Hospital - Outpatient

Mental Health

Pharmacy

Professional (Physician) Visit - Office

Urgent Care

Vision (Optometry)

Hospital - Inpatient

★ Set as default benefit view

Co-Pay:

\$0

Authorization / Required

Co-Insurance:

0%

Authorization / Required

Deductible:

\$0 per Calendar Year

Individual

\$0 Remaining

Individual

Authorization / Required

Benefit Begin Date: 11/16/2020

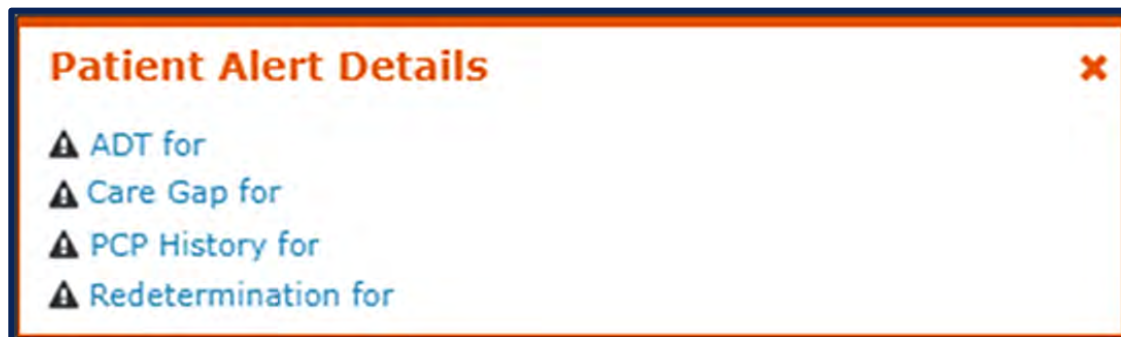
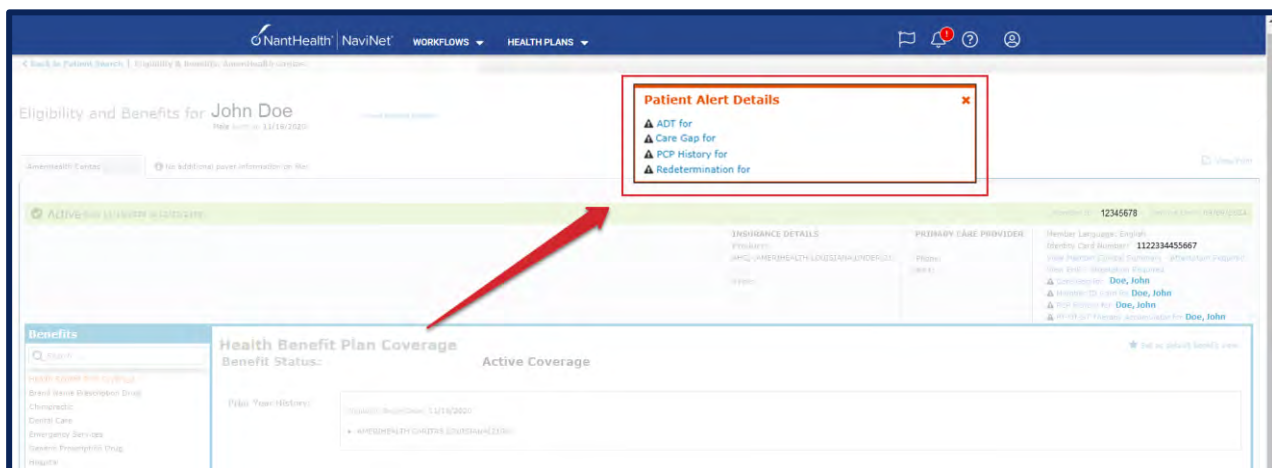
ELIGIBILITY AND BENEFITS INQUIRY CONT'D.



Patient Alert Details

The Patient Alert Details notification window appears on the patient's Eligibility and Benefits screen. This notification displays the following hyperlinked alerts that you can see for your members (if applicable):

- Admit and Discharge (ADT) alerts
- Care Gaps that need to be addressed
- Member ID Card
- Patient's PCP history
- Member Redetermination
- Vision Accumulator



Admission and Discharge (ADT) Alerts

These alerts identify any time a member has been admitted, discharged, or transferred to/from a facility.

- The ADT alert is available for seven days.

Emergency Room ALERT -

Member ID :		Alert Type :	
Member Name :		Event Type :	
Facility Name :		High Risk Indicator :	
Date Of Birth :		Readmission :	
Admit Date Time :		Alt. Phone Number :	
Discharge Date Time :		Pregnancy Indicator :	
Reason :			

Redetermination Alert

This alert indicates this member has an upcoming eligibility redetermination date. This is the scheduled date when the member needs to renew their eligibility.

Run Date :

Redetermination Report

Member ID	Member Name	Redetermination Date
		10/31/2024

End of Report

Disclaimer: The indicated redetermination dates for each member are only as current as of the last date the health plan received updates from the Medicaid agency. Some of the members on your panel may have been passively renewed or taken the necessary steps to recertify their Medicaid eligibility since this data was last updated.

ELIGIBILITY AND BENEFITS INQUIRY CONT'D.



Care Gap Alert

This alert identifies outstanding Care Gaps for the member. Care Gaps identify missing recommended preventive care services.

Important Clinical Information

Print this document and place it at the front of the member's medical record for review by a healthcare professional

Please click on 1 Clinical Document(s) link in the NaviNet E and B screen to resolve the care gaps on this member

Care Gap Worksheet

Member

Name: [REDACTED]

ID#: [REDACTED]

Age/DOB: [REDACTED]

SSN(Last 4): [REDACTED]

Phone: [REDACTED]

PCP Assigned

Name: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

**** Claims Processed Through End of Month July 2024 ****

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

Condition	Service Due	Last Service	Status	Frequency
EPSTD	EPSTD-Annual Vision Screen		Non-Compliant	Annually
Preventive Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children-Activity		Non-Compliant	Annually
Preventive Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children-BMI		Non-Compliant	Annually
Preventive Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children-Nutrition		Non-Compliant	Annually

Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

PCP History Alert

This alert displays the different PCPs the member has had.

Retroactive PCP Assignment

MEMBER ID : [REDACTED] **MEMBER NAME:** [REDACTED]

PCP ID	PCP NAME	DATE FROM	DATE TO
[REDACTED]	[REDACTED]	11/11/2020	12/31/2021
[REDACTED]	[REDACTED]	1/1/2022	6/30/2023
[REDACTED]	[REDACTED]	7/1/2023	

END OF REPORT

Vision Accumulator

Vision providers can view whether a member has used their vision benefits for the current benefit year.

If your patient has used their vision benefits the **Patient Alert** pop-up will include an option for ***Vision Accumulator***.

Selecting the Vision Accumulator link opens another screen, which displays:

- Eye Exam Visit Count
- Frame and Lens, including
 - Allowance, Used and Balance (if applicable)
 - Frame Visit count
 - Lens Visit Count
 - Contact Lens Visit Count

2025 Calendar year	
MEMBER ID :	MEMBER NAME :
Eye Exam	
Eye Exam Visit Count :	1
Frame & Lens	
Allowance :	\$100.00
Used :	\$39.40
Balance :	\$60.60
Frame Visit Count :	1
Lens Visit Count :	1
Contact Lens Visit Count :	0

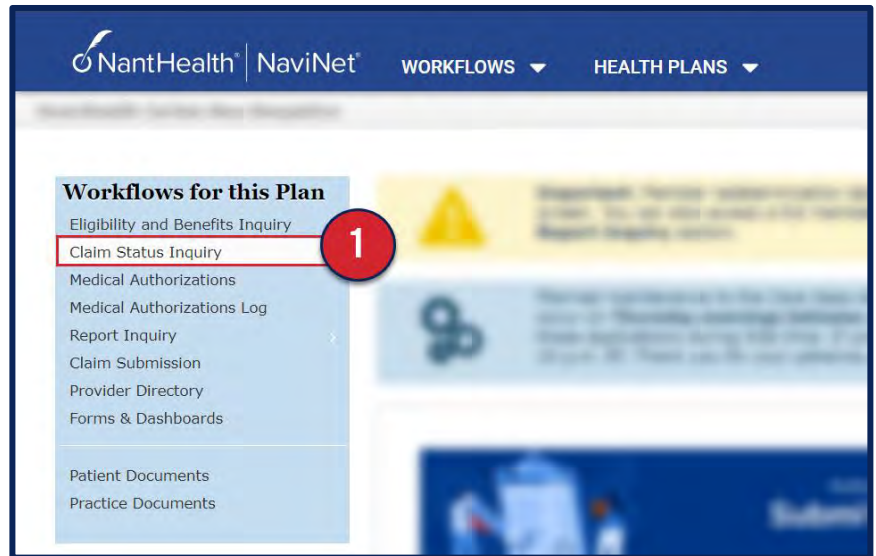
CLAIM STATUS INQUIRY



The Claims Status Inquiry workflow gives you access to real-time claim details for members.

To access this workflow:

1. Click on Claims Status Inquiry from the Workflows for this Plan.
2. From the Claim Status Search screen, select the Billing Entity (all providers or a specific practitioner).
3. Enter the Member ID or the member's Name and Date of Birth.
4. Enter the date of service.
5. Click Search.
6. Select the Claim ID from the Claim Status Search Results screen.



Claim Status: Search

Online Remittance Advice will be available for claims paid on or after 01/04/2018.

Billing Entity
Type Name or ID to find provider...

Patient Details
Search by either ...

Member ID OR Last Name
First Name
Date of Birth

Claim Status Details
Service Start: 06/13/2024 Service End: 06/13/2024
Claim ID: Optional

Search

Claim ID	Patient	Service Date(s)	Billed Amount	Payment Number	Payment Date	Paid Amount	Status
123456789012	JOHN DOE (07654321)	06/13/2024 to 06/13/2024	\$71.00	201513635	07/01/2024	\$24.03	Finalized
		06/13/2024 to 06/13/2024	\$114.00	201513635	07/01/2024	\$68.91	Finalized
		06/13/2024 to 06/13/2024	\$176.00	201513635	07/01/2024	\$48.31	Finalized
		06/18/2024 to 06/18/2024	\$140.00	201510901	06/28/2024	\$39.87	Finalized
		06/20/2024 to 06/20/2024	\$176.00	201522123	07/08/2024	\$48.31	Finalized
		06/20/2024 to 06/20/2024	\$114.00	201522123	07/08/2024	\$68.91	Finalized
		06/20/2024 to 06/20/2024	\$71.00	201522123	07/08/2024	\$24.03	Finalized
		06/27/2024 to 06/27/2024	\$114.00	201526982	07/24/2024	\$68.91	Finalized
		06/27/2024 to 06/27/2024	\$176.00	201526982	07/24/2024	\$48.31	Finalized

CLAIMS STATUS INQUIRY CONT'D.



The Claim Status Details screen will display once you select the claim. The following information can be found on this screen:

1. Name, Gender, and DOB
2. Claim Status
3. Claim ID
4. Insurance Details
5. Billing Entity
6. Total Billed and Total Paid
7. Payment Number
8. Claim and Service Line Details
9. Provider Services contact information

Claim Status Details **JOHN DOE**
Male born on 11/11/2020

Finalized (Claim Status as of 07/01/2024) **Claim ID: 123456780000** **Service Dates: 06/13/2024 to 06/13/2024**

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS
AmeriHealth Caritas
Member ID: 87654321

BILLING ENTITY
ALL PROVIDER
Tax ID: 000000000
Provider PIN: ALL PROVIDER

Additional Information
Gender: Male
Date of Birth: 11/11/2020
Remittance Advice: [View ERA](#)

Total Billed: \$71.00
Total Paid: \$24.03
Payment Number: 112233445
(Paid on 07/01/2024)

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 97530-GO	1.0	06/13/2024 to 06/13/2024	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$71.00	\$24.03

For questions about this claim, contact PROVIDER SERVICES, phone (888) 756-0000

Disclaimer:
AmeriHealth Caritas claims information is provided here as a service to our Providers. Claims processing is done on a daily basis, and the information is accurate to the previous business day.

CLAIM STATUS INQUIRY CONT'D.



Additional Information Links

On the Claims Status Details page, you will find a few links that provide additional information about the claim.

1. **View ERA** – this link will download a PDF copy of the remittance advice.
2. **View Additional Detail** – this link provides specific information on the claim lines billed.
3. **Investigate** – You can request and initiate the claim investigation process.
4. **View /Print** – This option gives you the opportunity to print the Claim Status Detail.

Claim Status Details | JOHN DOE
Male born on 11/11/2020

[Investigate](#) [View/Print](#)

✓ **Finalized** (Claim Status as of 07/01/2024) Claim ID: 123456780000 Service Dates: 06/13/2024 to 06/13/2024

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS
AmeriHealth Caritas
Member ID: 87654321

BILLING ENTITY
ALL PROVIDER
Tax ID: 000000000
Provider PIN: ALL PROVIDER

Total Billed: \$71.00
Total Paid: \$24.03
Payment Number: 112233445
(Paid on 07/01/2024)

Additional Information
Gender: Male
Date of Birth: 11/11/2020
Remittance Advice: [View ERA](#)

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 97530-GO	1.0	06/13/2024 to 06/13/2024	--	✓ Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$71.00	\$24.03

[View Additional Detail](#)

For questions about this claim, contact PROVIDER SERVICES, phone (888) 756-0004

Disclaimers:
AmeriHealth Caritas claims information is provided here as a service to our Providers. Claims processing is done on a daily basis, and the information is accurate to the previous business day.

New Investigation

The [Claim Inquiry function](#), also referred to in this guide as a Claim Investigation, allows ancillary, facility, and professional providers the ability to submit a claim inquiry on claims that were previously finalized.

To submit a claim:

1. Click Investigate on the Claims Status Detail page.
2. On the Start Investigation pop-up, select the Reason for the investigation.
3. Enter investigation details. Please be as specific as possible.
4. To Add an attachment to the investigation, click **Add Document** to choose a document, or drag and drop a document into the applicable field.

NantHealth | NaviNet

WORKFLOWS | HEALTH PLANS

< Back to Claim Status Search Results | Claim Status: AmeriHealth Caritas

Claim Status Details | JOHN DOE

Male born on 11/11/2020

1 Investigate View/Print

Finalized (Claim Status as of 07/01/2024) Claim ID: 123456780000 Service Dates: 06/13/2024 to 06/13/2024

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS AmeriHealth Caritas Member ID: 87654321	Total Billed: \$71.00 Total Paid: \$24.03
--	--

Start Investigation

John Doe

Date of Service: 11/30/2016 Claim ID: Billed Amount: \$264.87 Finalized

Reason: Select reason for investigation ...

2

3 Enter investigation details ...

4 Add Document

Drop Documents here to Attach

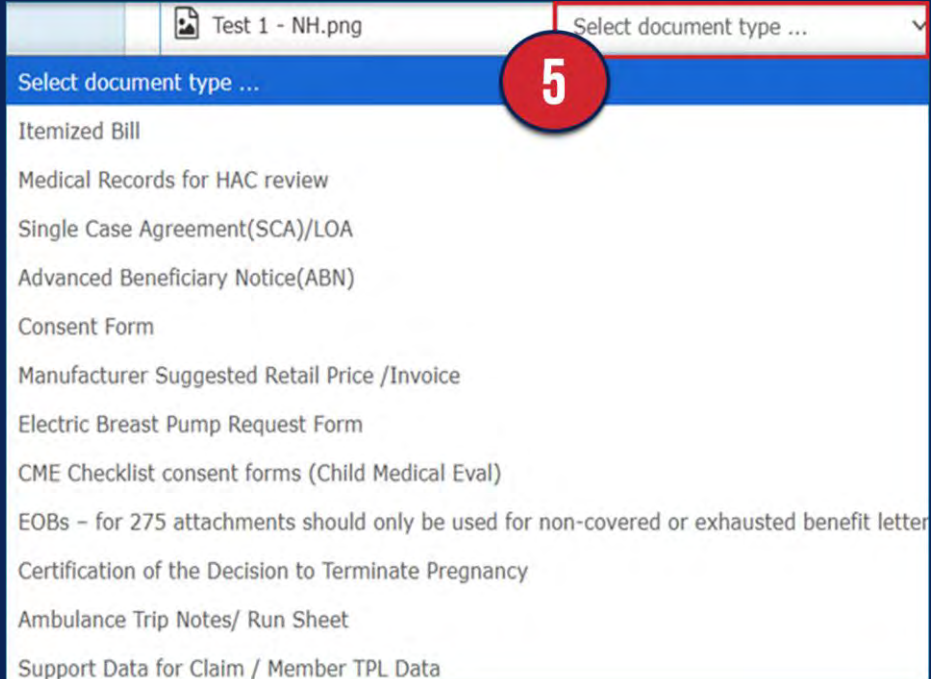
Contact Information

Cancel Send

New Investigation Cont'd.

5. Select the document type from the dropdown menu.
6. Type your contact information.
7. Click Send.

The system sends the investigation message to the plan, and your message appears in the Investigation List pane.



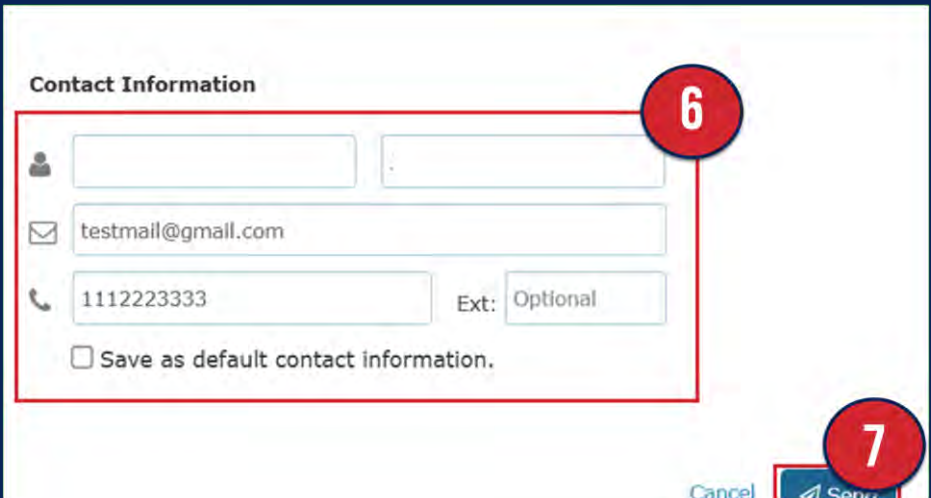
This screenshot shows a web application interface. At the top, there is a file upload area with a document icon and the text 'Test 1 - NH.png'. To its right is a dropdown menu labeled 'Select document type ...'. Below this, a larger dropdown menu is open, displaying a list of document types. A red circle with the number '5' is positioned over the dropdown menu header.

Select document type ...

- Itemized Bill
- Medical Records for HAC review
- Single Case Agreement(SCA)/LOA
- Advanced Beneficiary Notice(ABN)
- Consent Form
- Manufacturer Suggested Retail Price /Invoice
- Electric Breast Pump Request Form
- CME Checklist consent forms (Child Medical Eval)
- EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter
- Certification of the Decision to Terminate Pregnancy
- Ambulance Trip Notes/ Run Sheet
- Support Data for Claim / Member TPL Data



Note: Email address is required, but notifications will NOT be sent via email.



This screenshot shows a 'Contact Information' form. It includes fields for a name (with a person icon), an email address (with an envelope icon and the text 'testmail@gmail.com'), and a phone number (with a phone icon and the text '1112223333'). There is also an 'Ext:' field with the text 'Optional'. A checkbox labeled 'Save as default contact information.' is at the bottom. A red circle with the number '6' is positioned over the email field. At the bottom right, there are 'Cancel' and 'Send' buttons. A red circle with the number '7' is positioned over the 'Send' button.

Contact Information

Ext:

☐ Save as default contact information.

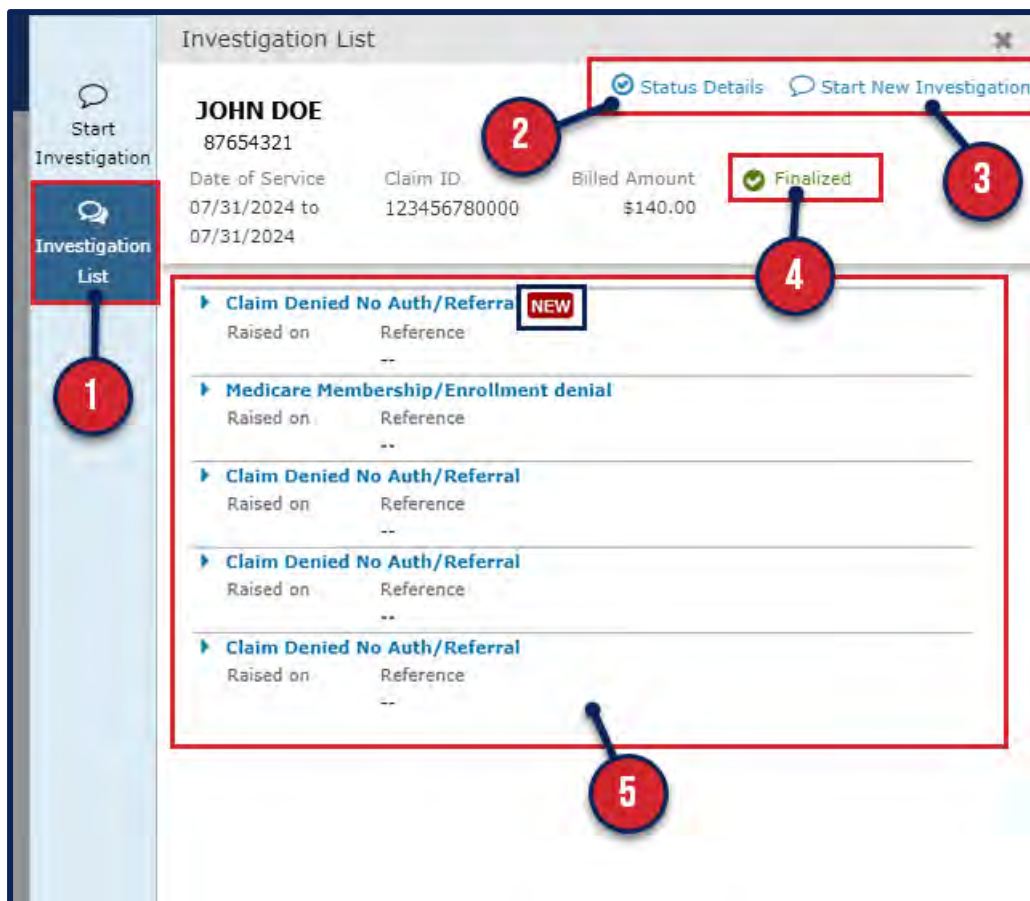
Cancel

Investigation List

Your inquiry will now show on the investigation list.

Items that can be seen on the Investigation List:

1. **Investigation List Icon** – Click this icon to see the list of existing investigations.
2. **Status Details** – One the upper-left of the window is a blue Status Details link. Click this to be redirected to the claim details page.
3. **Start New Investigation**—The Start New Investigation link is at the upper right of the Investigation screen. Click this to create a new message for the health plan.
4. **Claim Status** – On the upper right of the Investigation screen, the status of the claim is displayed.
5. **Investigation Communications** – Click on an investigation to view the health plan response.
 - **NEW** Icon – this icon will appear next to the investigation with a health plan response that you have not yet viewed.



Enabling Claim Investigation Notifications

To enable Claim investigation notifications:

1. Click the Activity Icon (bell) on the Menu bar
2. Select the Settings tab
3. Check the box for Claim investigation responses
4. Select the frequency in which you would like to receive your notifications

The first screenshot shows the NantHealth NaviNet interface. The top navigation bar includes 'WORKFLOWS' and 'HEALTH PLANS'. The 'Activity' icon (bell) is highlighted with a red circle and the number 1. The main content area displays 'Claim Status Details' for 'JOHN DOE', 'Male born on 11/11/2020'. The status is 'Finalized (Claim Status as of 08/16/2024)'. The 'Total Billed' is \$140.00. The 'Insurance Details' section shows 'AmenHealth Caritas' and 'Member ID:'. The 'Billing Entity' section shows 'ALL PROVIDER' and 'Provider PTN: ALL PROVIDER'. The 'Additional Information' section shows 'Gender: Male', 'Date of Birth: 11/11/2020', and 'Remittance Advice: View ERA'.

The second screenshot shows the same interface with the 'Settings' tab selected in the top right corner, highlighted with a red circle and the number 2. The 'Settings' modal is open, showing the 'Notify me about...' section. The 'Claim investigation responses' checkbox is checked, highlighted with a red circle and the number 3. The 'How would you like to receive your notifications?' section shows the 'Frequency of Pop-ups' dropdown set to 'Every 15 minutes', highlighted with a red circle and the number 4. The 'Frequency of Emails' dropdown is set to 'Once per day' and the 'Time (approx)' dropdown is set to '23:00'.

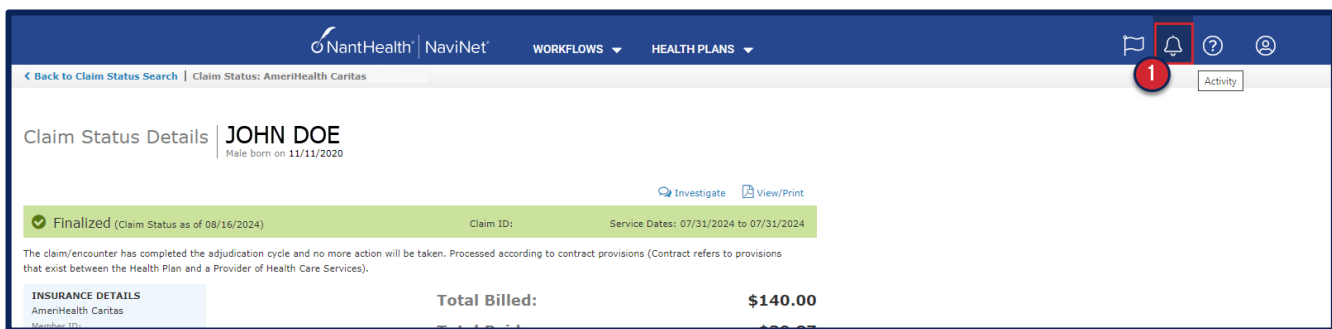
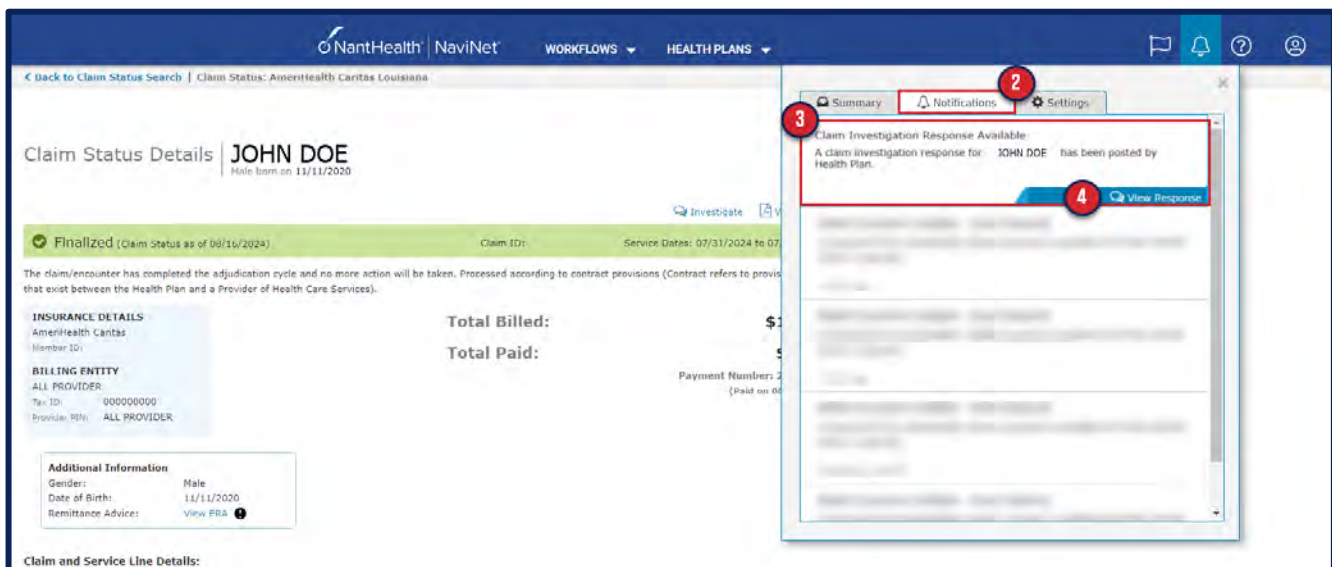


Note: Your e-mail is required to receive the notifications for the claim's investigation function

Notifications

To view the notifications:

1. Click the Activity Icon (bell) on the Menu bar
2. Select the Notifications tab
3. Select the notification you want to view
4. Click View Response to view Claim investigation sent to the health plan.

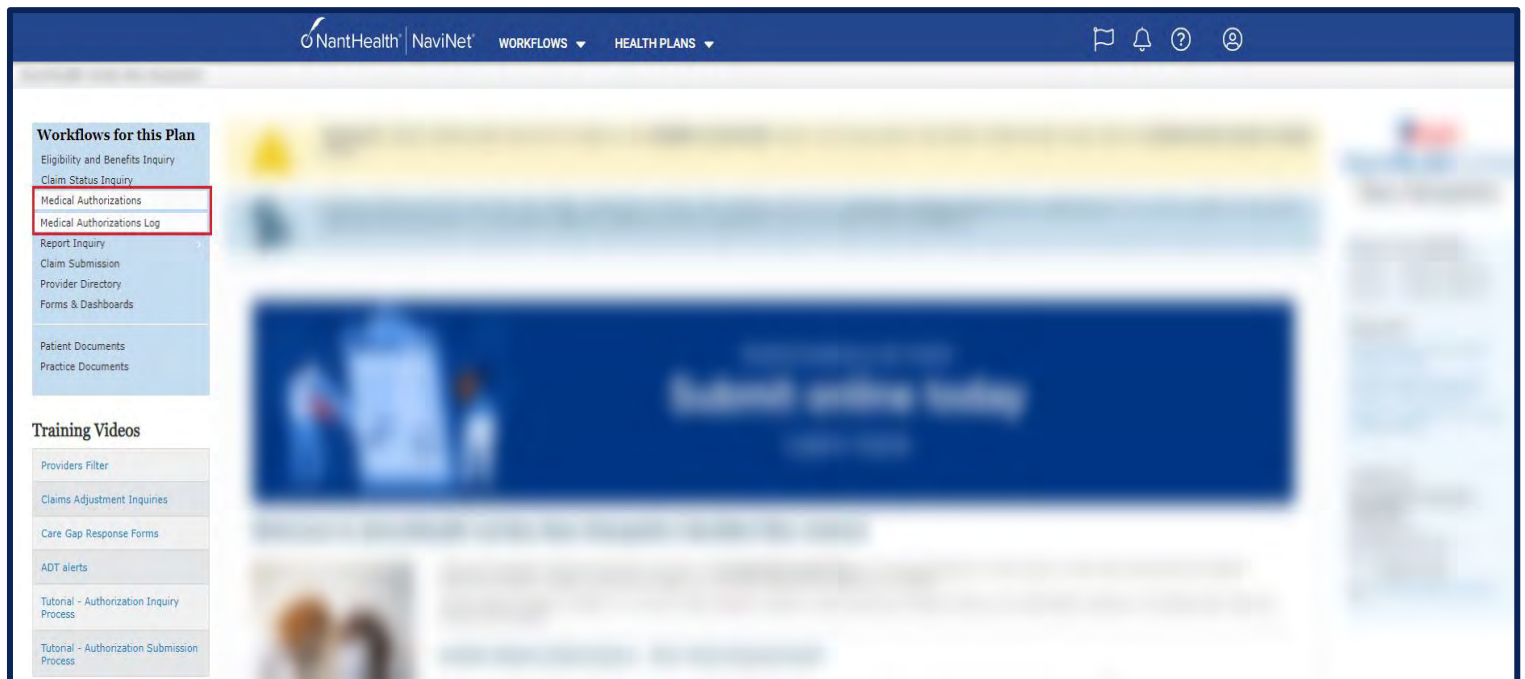


Note: Responses will be available to view for 7 days from the date of the notification.

The Medical Authorization workflow is a robust, intuitive, and streamlined online authorization workflow.

In addition to submitting and inquiring about existing Authorizations, you will 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



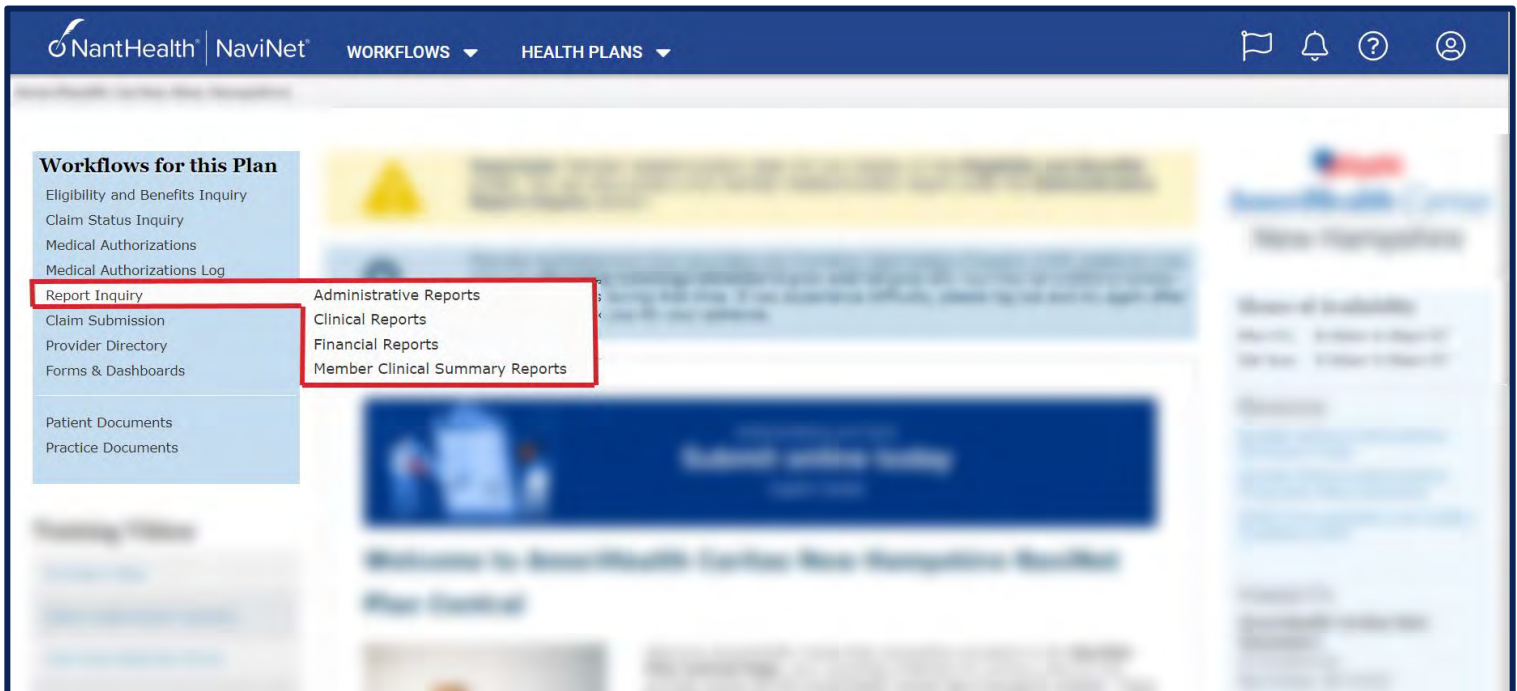
Note: For additional information on submitting authorizations and the medical authorization log, please reference the NaviNet Medical Authorization Participation Guide located on the NaviNet page of most plan websites. If you cannot locate the guide, contact your Provider Network Management Account Executive.

Use Report Inquiry to access a variety of reports.

The following reports are available in this workflow. The types of reports available may vary by health plan:

- [Administrative Reports](#)
- [Clinical Reports](#)
- [Financial Reports](#)
- [Member Clinical Summary Reports](#)

Review the Reports section of this guide for more information on the available reports, including those listed above.



Report Inquiry

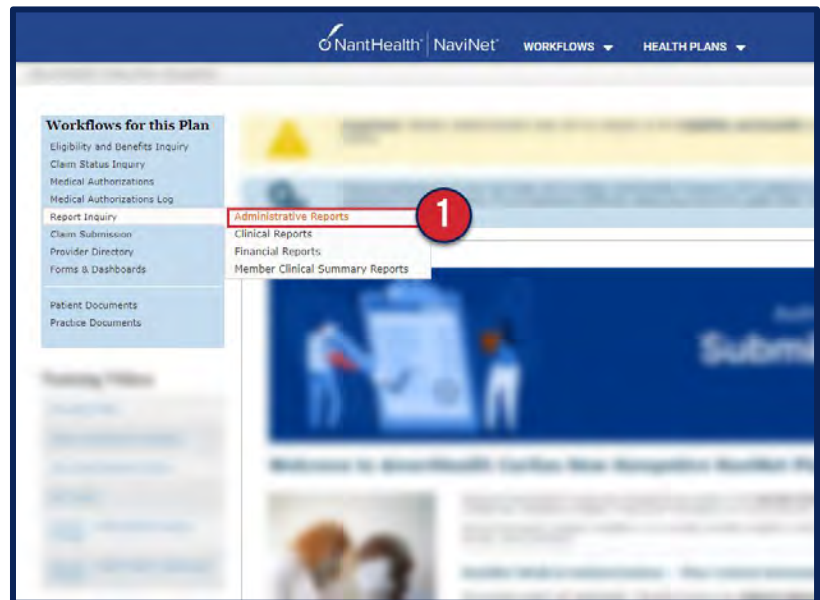
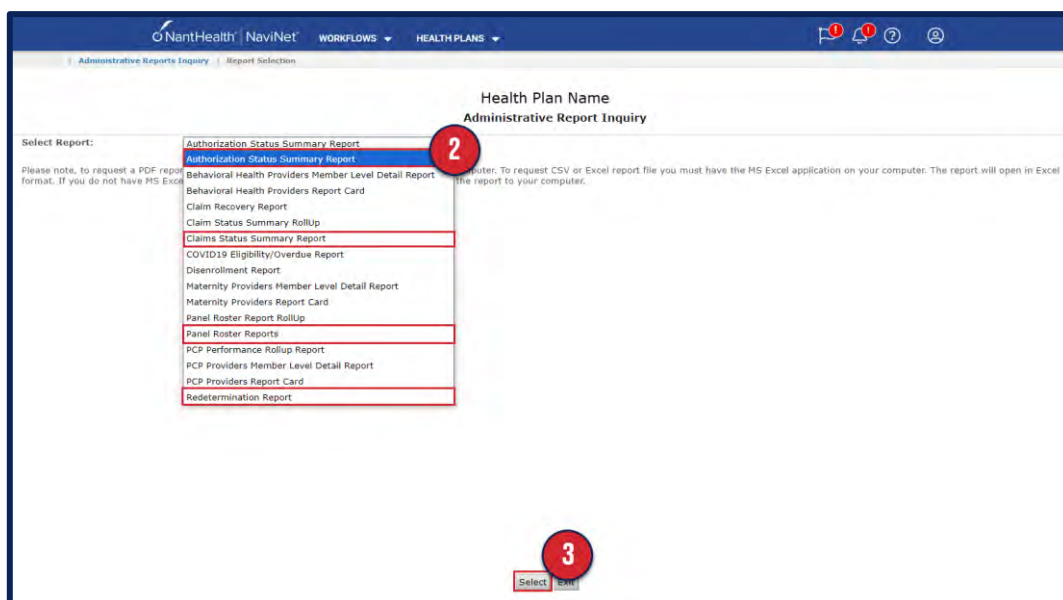
Numerous administrative reports are used. This may vary by health plan.

The most frequently used reports are:

- Authorization Status Summary
- Claim Status Summary
- Panel Roster
- Redetermination Report

To access any of these reports:

1. Select Administrative Reports from the Report Inquiry options in the Workflows for this Plan
2. Select the report you want to view from the drop-down
3. Click Select



You can request authorization summary reports directly in NaviNet, by either the requesting or servicing provider.

1. Select a Provider Group from the drop-down
2. Select the Provider Type
3. Select the Service Date Range
4. Enter the Service From and To Dates
5. Select Report Format (PDF is selected by default)
6. Click Search
7. An Authorization Summary Report will be generated based on the search criteria. The report will display in another window in the format selected. The example below is a PDF.

The screenshot shows the 'Authorization Status Summary Report' interface in NantHealth NaviNet. The header includes the NantHealth logo, 'NaviNet', and navigation links for 'WORKFLOWS' and 'HEALTH PLANS'. Below the header is a breadcrumb trail: 'Health Plan Name' > 'Administrative Reports Inquiry' > 'Report Selection' > 'Report Search'. The main title is 'Authorization Status Summary Report v.1.0.4' with a 'Print Page' link. A section titled 'Instructions' provides search criteria and a note about browser blockers. The search form contains several fields: a dropdown for 'Choose a Provider Group', a radio button selection for 'Choose Provider Type' (Requesting Provider or Servicing Provider), a date range selector for 'Service Date Range' with 'From Service Date' and 'To Service Date' inputs, and a radio button selection for 'Report Format' (PDF or Excel/CSV). At the bottom are 'Search', 'Exit', and 'Clear' buttons. Red callout boxes with numbers 1 through 6 highlight specific elements: 1 points to the 'Choose a Provider Group' dropdown, 2 points to the 'Requesting Provider' radio button, 3 points to the 'Service Date Range' dropdown, 4 points to the 'To Service Date' input field, 5 points to the 'Excel/CSV' radio button, and 6 points to the 'Search' button.

Search Criteria

* Choose a Provider Group: 1

Choose Provider Type: ☒ Requesting Provider 2
☐ Servicing Provider

Service Date Range: 3

From Service Date (MM/DD/YYYY) To Service Date (MM/DD/YYYY) 4

Report Format: ☒ PDF 5
☐ Excel/CSV

6

[illegible]

Claim Status Summary Report

You can request a full claim status report in PDF or Excel format.

1. Choose a Provider Group from the drop-down
2. Select Claim Status
3. Select the Report Format (PDF is selected by default)
4. Click Search
5. The Claim Status Summary will display in another window as a PDF or an Excel download.

The image illustrates the process of generating a Claim Status Summary Report through the NantHealth NaviNet system. It is divided into three main sections:

- Step 1-4: NantHealth NaviNet Interface**

This section shows the 'Claims Status Summary Report' form. The interface includes a header with 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below the header, there are navigation links: 'Health Plan Name', 'Administrative Reports Inquiry', 'Report Selection', and 'Report Search'. The main form area is titled 'Claims Status Summary Report v. 1.0.4' and includes a 'Print 6399' link. The 'Instructions' section states: 'Please enter your search criteria, and click "Search". * Indicates Required Fields. NOTE: If your browser has an active popup blocker you may need to turn it off to receive the report.'

The 'Search Criteria' section contains the following fields and controls:

 - 1**: A dropdown menu for 'Choose a Provider Group | Group Name - PIN'.
 - 2**: A dropdown menu for 'Claim Status | 01-ACCEPTED'.
 - 3**: A radio button for 'Report Format' with 'pdf' selected and 'Excel/CSV' as an option.
 - 4**: A 'Search' button.

Additional fields include 'Member (Plan) ID', 'From Service Date (MM/DD/YYYY)', and 'To Service Date (MM/DD/YYYY)'.
- Step 5: Report Download**

This section shows two browser windows. The first window, titled 'Claims_Status_Summary_Report_1726069113854 - Google Chrome', displays the report as a PDF document. The second window, titled 'Loading Report... - Google Chrome', shows a message: 'Please wait while the Report is generated. Please close this window once you have the report.' A download notification for 'Claims_Status_Summary_Report_9397029.xls' (4.3 KB) is visible in the bottom right corner.

Panel Roster Report

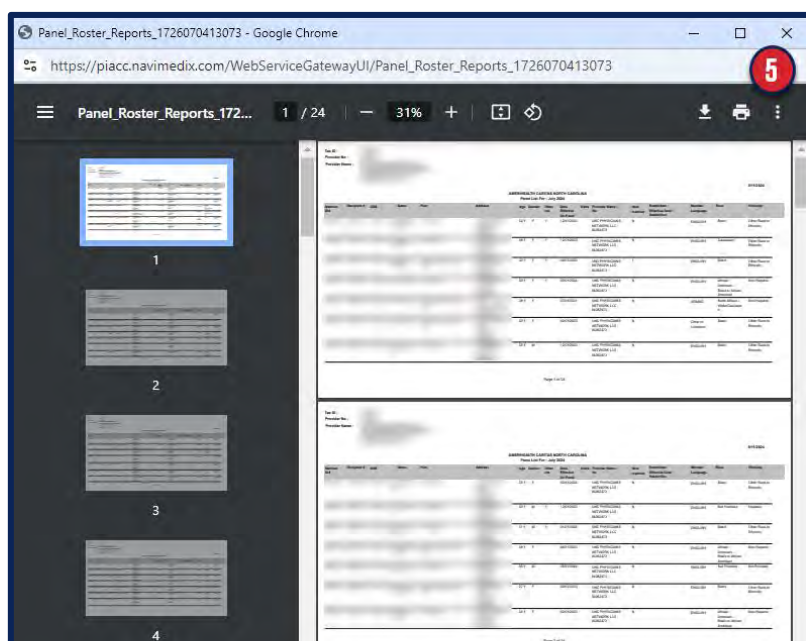
You can run a panel roster report directly from NaviNet.

1. Select the Provider Group from the drop-down
 - Once the Group name is chosen, you have the option to also select a specific provider (practitioner) within the group. If you choose not to select a provider, you will receive the panel roster for ALL providers in this group.
2. Select the Reporting Month from the drop-down
3. Select the Report Type (PDF is selected by default)
4. Click Search

The screenshot shows the NantHealth NaviNet interface for the 'Panel Roster Reports' section. The page has a blue header with the NantHealth logo and navigation links for 'WORKFLOWS' and 'HEALTH PLANS'. Below the header, there's a breadcrumb trail: 'Health Plan Name > Administrative Reports Inquiry > Report Selection > Report Search'. The main content area is titled 'Panel Roster Reports v. 1.0.6' and includes a 'Print page' link. Under the 'Instructions' section, it says: 'Please enter your search criteria, and click "Search". * Indicates Required Fields. NOTE: If your browser has an active popup blocker you may need to turn it off to receive the report.' The form is divided into three main sections: 'Provider/Member Information', 'Report Criteria', and 'Select Sort Options'. In the 'Provider/Member Information' section, there's a required field '* Choose a Provider Group' with a dropdown menu showing 'Group Name - PIN'. This field is highlighted with a red box and a red circle with the number 1. Below it, there's a 'Choose a Provider' dropdown with 'Provider Name - PIN' selected. In the 'Report Criteria' section, there's a required field '* Reporting Month' with a dropdown menu showing 'July 2024'. This field is highlighted with a red box and a red circle with the number 2. To the right of this, there's a 'Select Report Type' section with three radio buttons: 'pdf' (selected), 'Excel - CSV (Downloadable)', and 'Excel - XLSX (Downloadable)'. This section is highlighted with a red box and a red circle with the number 3. At the bottom of the form, there's a 'Search' button highlighted with a red box and a red circle with the number 4, along with 'Exit' and 'Clear' buttons. The 'Select Sort Options' section is currently empty.

Panel Roster Report Cont'd.

5. The report will be displayed in another window in the format selected. The example below is a PDF.
- The Panel Roster Report will provide you with your patient's Member ID, Medicaid Recipient ID, and Panel Effective Date, as well as basic demographic and contact information.



Tax ID :
Provider No :
Provider Name :

Panel List For : July 2024

Member ID#	Recipient #	DOB	Name	Plan	Address	Age	Gender	Other Ins	Date Effective On Panel	Visits	Provider Name / No	New member	Restriction Effective Date / Restriction	Member Language	Race	Ethnicity
						52 Y	F	Y	12/01/2023			N		ENGLISH	Black	Other Race or Ethnicity
						38 Y	F	Y	12/01/2023			N		ENGLISH	Caucasian	Other Race or Ethnicity
						32 Y	F	Y	09/01/2023			Y		ENGLISH	Black	Other Race or Ethnicity
						59 Y	F	Y	03/01/2024			N		ENGLISH	African American - Black or African American	Non-Hispanic
						28 Y	F		07/01/2021			N		ARABIC	North African - White/Caucasian	Non-Hispanic
						30 Y	F		02/01/2023			N		Other or Unknown	Black	Other Race or Ethnicity
						32 Y	M		12/01/2023			N		ENGLISH	Black	Other Race or Ethnicity

Page 1 of 24

ADMINISTRATIVE REPORTS CONT'D.



Redetermination Report

You can run a Redetermination Report to see a full list of members on the PCP's roster who have upcoming eligibility redetermination dates.

1. Choose your Provider Group from the drop-down
2. Select Report Type
3. Click Search
4. The report will open in another window and download an excel spreadsheet where the provider will be able to see the member's name, ID, Redetermination Date, Mailing Address, and any applicable plan details.

The composite image illustrates the process of generating and downloading a Redetermination Report. It consists of three main parts:

- Web Interface:** A screenshot of the NantHealth NaviNet 'Redetermination Report' page. It shows the 'Provider/Member Information' section with a dropdown for 'Choose a Provider Group' (labeled 1), a 'Select Report Type' dropdown with 'Current' selected (labeled 2), and a 'Search' button (labeled 3). Instructions and a 'Print page' link are also visible.
- Download Window:** A screenshot of a Google Chrome download window showing the file 'Redetermination_Report_1726071634777.xls' (601 KB) being downloaded (labeled 4).
- Excel Spreadsheet:** A screenshot of the downloaded Excel spreadsheet. The spreadsheet has columns for 'MEMBER_ID', 'MEMBER_NAME', 'DOB', 'REDETERM DATE', 'ELIG IN', 'ELIG EFF', 'ELIG TERM', 'PLAN_ID', 'PLAN_DESC', 'MAILING', and 'MAILING_ADDRESS'. It contains a list of members with their respective details (labeled 4).

Clinical Reports

There are various clinical reports available through NaviNet that can assist your office in improving patient outcomes.

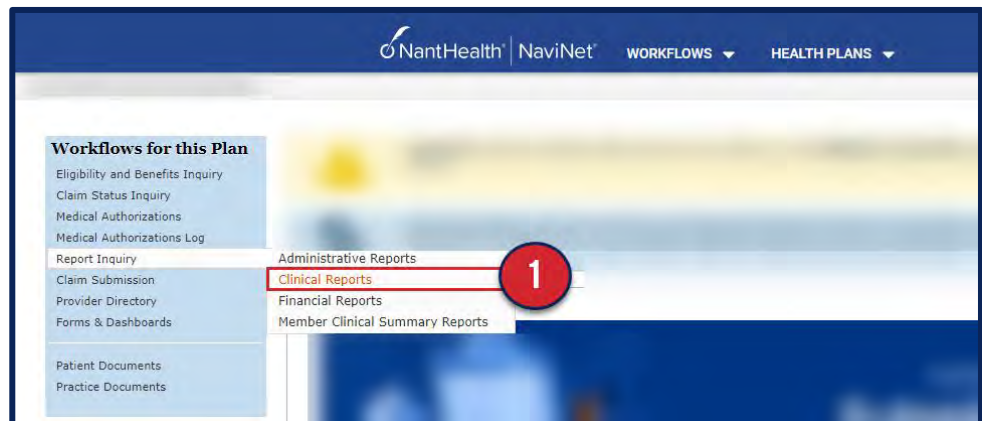
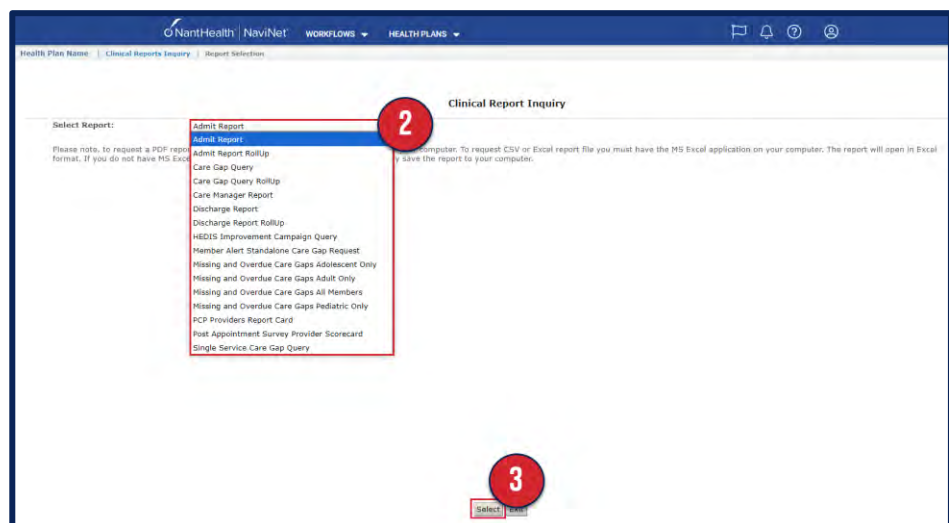
The reports that are available can vary from plan to plan. For the purposes of this user guide, Care Gap queries, Member Alert Standalone Care Gap Requests, and Hospital Admissions Reports are featured.

Additional reports that are available include, but are not limited to:

- Missing and Overdue Care Gaps for All
- Missing and Overdue Care Gaps Pediatric Only
- Missing and Overdue Care Gaps Adults Only

To access any of these reports:

1. Select Clinical Reports from the Report Inquiry options in the Workflows for this Plan
2. Select the report you want to view from the drop-down
3. Click Select



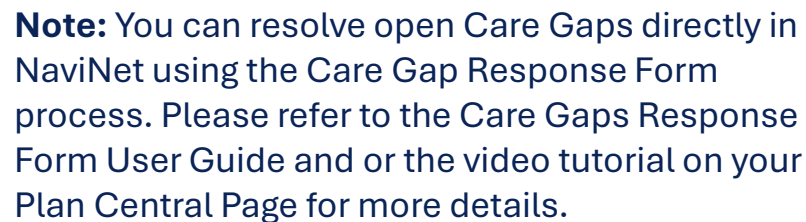
Care Gap Query

The Care Gap Query report is a customizable report that provides all the care gap information for the plan members in your practice.

1. Select a Provider Group
2. Select All or a specific condition
3. Select Age Range
4. Select Report Type (PDF is selected by default)
5. Select Sort Options
 - You can select by Member Last Name, Provider ID, Conditions or Service
6. Click Search

The screenshot displays the NantHealth NaviNet interface for the 'Care Gap Query' report. The interface includes a top navigation bar with 'NantHealth | NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below this is a breadcrumb trail: 'Home > Plan, Name > Clinical Reports Inquiry > Report Selection > Report Search'. The main title is 'Care Gap Query v. 1.0.0' with a 'Print page' link. An 'Instructions' section provides guidance on search criteria and required fields. The form is divided into several sections: 'Provider/Member Information' (1) with dropdowns for 'Choose a Provider Group' and 'Choose a Provider'; 'Report Criteria' (2) with 'Conditions' set to 'All' and 'Age Ranges' (3) with 'All' selected; 'Select Report Type' (4) with 'PDF' selected; and 'Select Sort Options' (5) with 'Member Last Name' selected. A 'Search' button (6) is at the bottom right, along with 'Exit' and 'Clear' buttons. The version 'v.1.0.0' is noted at the bottom left.

7. The report will display in another window in the format selected



Member Alert Standalone Care Gap Request

You can view the member's Care Gap Worksheet referenced in the [Patient Alert Details](#) section, by accessing the Member Alert Standalone Care Gap Request.

1. Select a Provider Group
2. Enter the Member's ID
3. Click Search
4. The Care Gap Worksheet will display in another window

Member Alert Standalone Care Gap Request v. 1.0.3

Instructions
Please enter your search criteria, and click "Search". * Indicates Required Fields.
NOTE: If your browser has an active popup blocker you may need to turn it off to receive the report.

Provider/Member Information

* Choose a Provider Group (Group Name - PIN) 1

* Member ID 2

3

Member Alert Standalone Care Gap Request_1726091474104 - Google Chrome

https://piacc.navimedix.com/WebServiceGatewayUI/Member_Alert_Standalone_Care_Gap_Request_1726091474104

Member Alert Standalone Care Gap Request_1726091474104

1 / 1 **75%** **+** **+** **+**

4

Important Clinical Information
Print this document and place it at the front of the member's medical record for review by a healthcare professional.

Please click on 1 Clinical Document(s) link in the NaviNet E and B screen to resolve the care gaps on this member

Care Gap Worksheet

Member

Name: [Redacted]

ID#: [Redacted]

Age/DOB: [Redacted]

SSN(Last 4): [Redacted]

Phone: [Redacted]

PCP Assigned

Name: [Redacted]

Address: [Redacted]

Phone: [Redacted]

**** Claims Processed Through End of Month July 2024 ****

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

Condition	Service Due	Last Service	Status	Frequency
Diabetes	Eye Exam for Patients with Diabetes		Non-Compliant	Annually
Diabetes	Hemoglobin A1c Control for Patients with Diabetes		Non-Compliant	Annually
Diabetes	Kidney Health Evaluation for Patient with Diabetes-QuACR		Non-Compliant	Annually
Diabetes	Kidney Health Evaluation for Patient with Diabetes-uACR		Non-Compliant	Annually
Hypertension	Controlling High Blood Pressure	4/2/2024	Non-Compliant	Ongoing
Preventive Health	Adult Immunization Status - Zoster		Non-Compliant	Annually
Preventive Health	Cervical Cancer Screening		Non-Compliant	Every 3-5 years test dependent

Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

Page 1 of 1

Admit Report

The Admit report contains information on the patients who have been admitted to the hospital.

1. Select a Provider Group
 - You can also select a specific Provider
2. Enter the Admit From and To Dates
3. Click Search
4. The report will display in another window

Admit Report v. 1.0.3

Search Criteria

1. Choose a Provider Group:

2. Choose a Provider:

3. Admit From Date (MM/DD/YYYY):

4. Admit To Date (MM/DD/YYYY):

Report Format: ☐ pdf

ADMIT REPORT

TAX ID: REQUESTING PROVIDER
MIDDLETOWN FAMILY CARE ASSOCIATES

MEMBER ID	FIRST NAME	LAST NAME	MEMBER DOB	FACILITY NAME	ADMITTED	DISCHARGED	DIAGNOSIS
				DOVER BEHAVIOR HEALTH SYSTEM	01/16/2024		Major depressive disorder recurrent severe without psychotic features
				MEADOW WOOD BEHAVIORAL HEALTH SYSTEM	01/10/2024		Alcohol dependence with withdrawal uncomplicated
			11/04/2003	DOVER BEHAVIOR HEALTH SYSTEM	12/26/2023		Major depressive disorder recurrent severe with psychotic symptoms
			07/31/1995	CHRISTIANA CARE	10/07/2023		Illness unspecified
			02/03/1962	ENCOMPASS HEALTH REHABILITATION HOSP OF MIDDLETOWN	10/06/2023		Spinal stenosis lumbar region
			11/26/1960	CHRISTIANA CARE	09/03/2023		Illness unspecified
			08/09/2001	CHRISTIANA CARE	07/24/2023		Illness unspecified
			06/20/1985	BAYHEALTH HOSPITAL- KENT CAMPUS	07/10/2023		Encounter for full-term uncomplicated delivery
			08/18/1991	BAYHEALTH HOSPITAL- KENT CAMPUS	07/04/2023		Encounter for full-term uncomplicated delivery
			04/02/1992	CHRISTIANA CARE	06/30/2023		Encounter for full-term uncomplicated delivery
			07/24/2001	CHRISTIANA CARE	06/30/2023		Illness unspecified
			03/11/1998	BAYHEALTH HOSPITAL- KENT CAMPUS	06/15/2023		Encounter for cesarean delivery without indication
			04/13/1971	HOSPITAL OF UNIVERSITY OF PENNSYLVANIA	04/03/2023		Illness unspecified
			09/04/1996	TIDALHEALTH NANTICORE	03/23/2023		Encounter for full-term uncomplicated delivery

Page 1 of 1

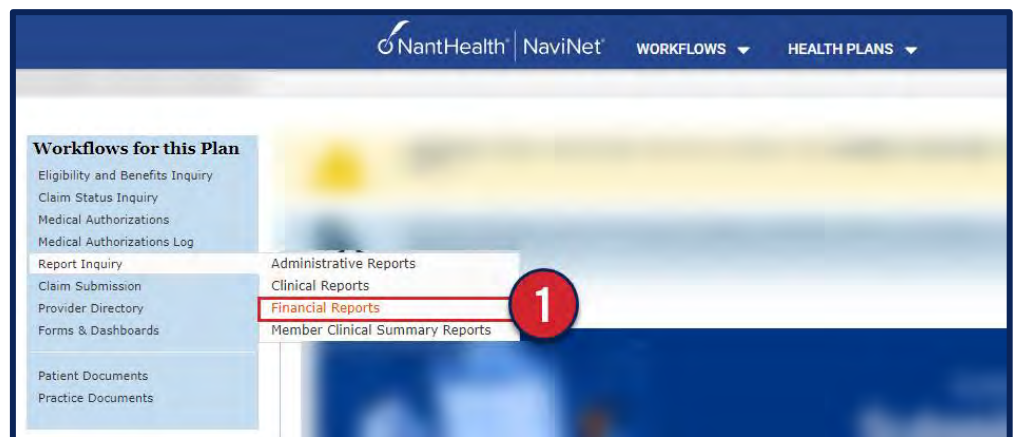
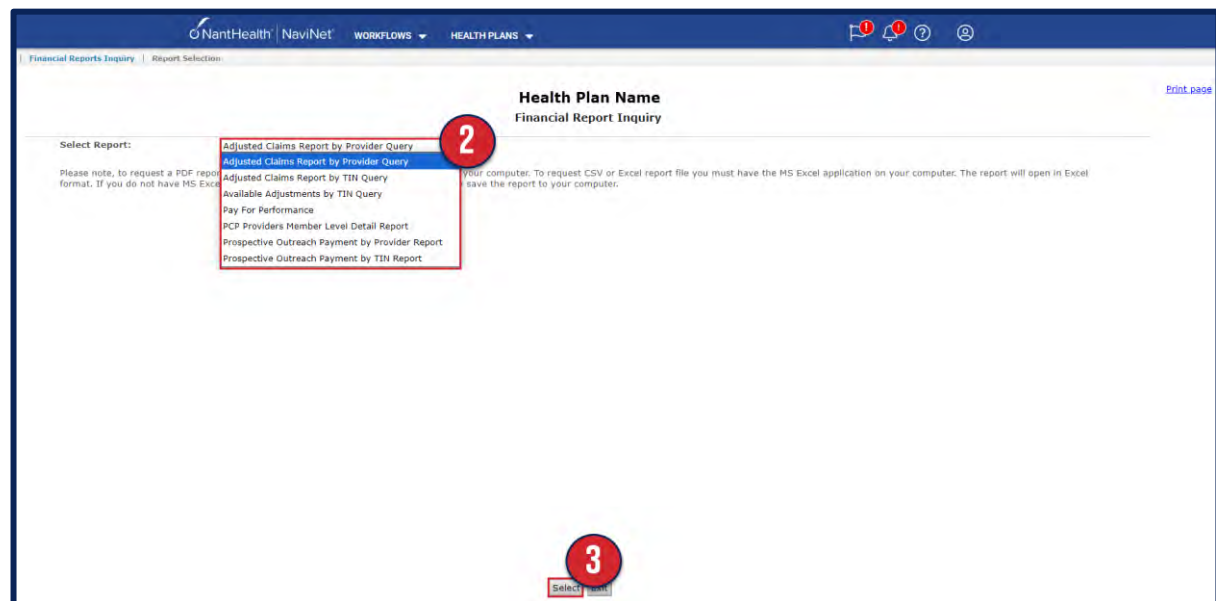
Various financial Reports are used, which vary by health plan. The Financial Reports provide information about the provider's adjusted claims within a date range.

Some of the reports available are:

- Adjusted Claims Report Provider Query
- HEDIS QEP Report
- Pay For Performance
- Prospective Outreach Payment Report

To access any of these reports:

1. Select Financial Reports from the Report Inquiry options in the Workflows for this Plan
2. Select the report you want to view from the drop-down
3. Click Select



4. Select a Time Period or Enter a Date Range
5. Select the Provider Group
6. Select the Adjusted Claims Type
7. Select Report Type (PDF selected by default)
8. Select Sort Options
9. Click Search
10. The report will display in another window

Adjusted_Claims_Report_by_Provider_Query_1726159332184 - Google Chrome

https://piacc.navimedic.com/WebServiceGatewayUI/Adjusted_Claims_Report_by_Provider_Query_1726159332184

Adjusted_Claims_Report_by_Provider_Query_17261... 1 / 2 67% +

Provider Transaction Detail Report - COP

Date of Report: 08/12/2024 Date from: 08/12/2024 to 08/12/2024

Provider ID	Provider Name
[REDACTED]	[REDACTED]

Member ID	Member Name	Claim ID	DOB From - To	Code	Referral Amount	User ID	Updated Date	IX Code - Status	Paid Date	Paid Amount	Status
								2047L-COPI-IRMI-D R440-COPI-IRMI-D R060-COPI-IRMI-D N060-COPI-IRMI-D 2060-COPI-IRMI-D 3700-COPI-IRMI-D K070-COPI-IRMI-D 7300-COPI-IRMI-D J0600-RESOLVED R050-RESOLVED M030-CANGETI-COPI-IRMI-D	08/12/2024		PROCESSED SUCCESSFULLY - 01
								F011-COPI-IRMI-D H010-COPI-IRMI-D Z0600-COPI-IRMI-D E1000-COPI-IRMI-D 2131-COPI-IRMI-D 00501-COPI-IRMI-D J0401-COPI-IRMI-D	08/12/2024		PROCESSED SUCCESSFULLY - 01
								M040-COPI-IRMI-D R050-COPI-IRMI-D C0620-COPI-IRMI-D 20600-COPI-IRMI-D 2130-COPI-IRMI-D F000-ADDED	08/12/2024		PROCESSED SUCCESSFULLY - 01
								M040-COPI-IRMI-D Q0600-COPI-IRMI-D 20701-COPI-IRMI-D Q0300-CANGETI-COPI-IRMI-D F0001-COPI-IRMI-D	08/12/2024		PROCESSED SUCCESSFULLY - 01

Page: 1 of 2

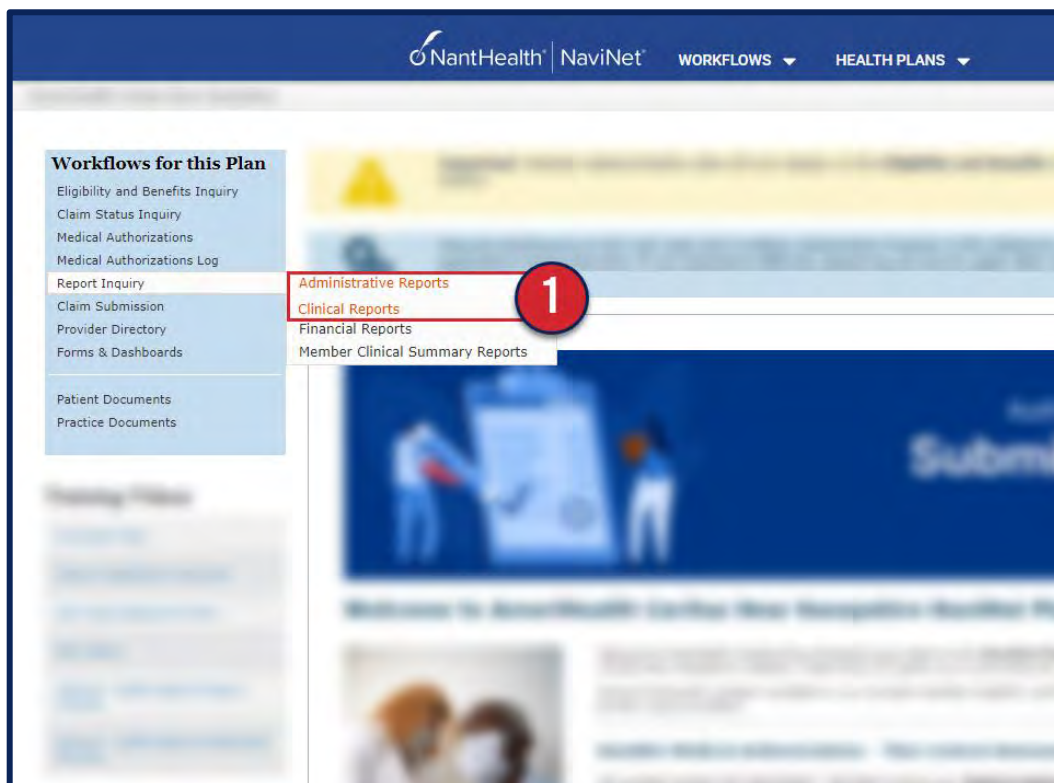
The Rollup report functionality allows you to run specific NaviNet reports at the TIN level. Instead of running a report for each Provider ID number that may exist for your group, you can now run ONE report with data consolidated for the practice at the TIN level.

The specific reports that can be run at the Rollup TIN level are:

- Claims Status Summary Rollup (found in Administrative Reports)
- Panel Roster Report Rollup (found in Administrative Reports)
- Admit Report Rollup (found in Clinical Reports)
- Care Gap Query Rollup (found in Clinical Reports)
- Discharge Report Rollup (found in Clinical Reports)

To create a Rollup report in NaviNet:

1. Hover over Report Inquiry and Select either Administrative Reports or Clinical Reports within the Workflows for this Plan menu



ROLLUP REPORTS CONT'D.



To create a Rollup report in NaviNet cont'd:

2. Select the specific report you would like to run
3. Click Select
4. Select ANY of the Provider Group options from the drop-down
5. Click Search

NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

Administrative Reports Inquiry | Report Selection

Health Plan Name
Administrative Report Inquiry

Select Report:

- Authorization Status Summary Report
- Authorization Status Summary Report
- Claim Recovery Report
- Claim Status Summary Rollup**
- Claims Status Summary Report
- COMPASS Specialist Provider Performance Report
- Panel Roster Report Rollup
- Panel Roster Reports
- Redetermination Report

Please note, to request a PDF report, you must select the PDF format. If you do not have MS Excel, you must save the report to your computer. To request CSV or Excel report file you must save the report to your computer.

Select | Next

NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

Clinical Reports Inquiry | Report Selection

Health Plan Name
Clinical Report Inquiry

Select Report:

- Admit Report
- Admit Report Rollup**
- Care Gap Query
- Care Gap Query Rollup
- Care Manager Report
- Discharge Report
- Discharge Report Rollup
- HEDIS Improvement Campaign Query
- Maternity Providers Report Card
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adolescent Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- PCP Providers Report Card
- Post Appointment Survey Provider Scorecard
- Single Service Care Gap Query

Please note, to request a PDF report, you must select the PDF format. If you do not have MS Excel, you must save the report to your computer. To request CSV or Excel report file you must save the report to your computer.

Select | Next

NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

Clinical Reports Inquiry | Report Selection | Report Search

Report Rollup v. 1.0.2

Instructions

Please enter your search criteria, and click "Search". * Indicates Required Fields.
NOTE: If your browser has an active popup blocker you may need to turn it off to receive the report.

Provider/Member Information

* Choose a Provider Group | Group Name - PIN

Select Report Type: Current | Previous

v. 1.0.2

Search | Next | Clear

The Member Clinical Summary report provides a snapshot of personal health information.

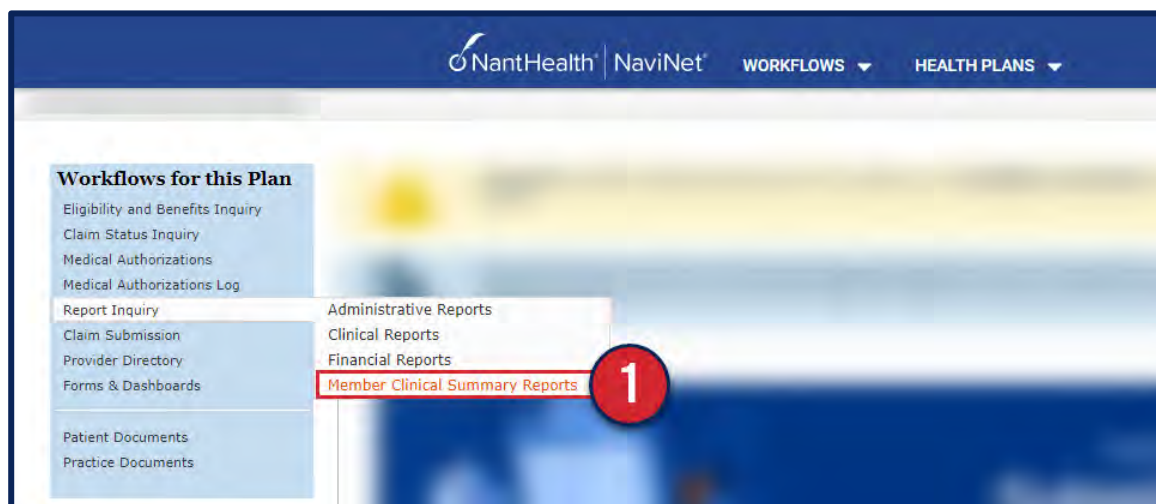
The report captures the following claims-based data:

- Patient and provider demographics.
- Recently filled medications.
- Chronic conditions.
- Gaps in care.
- ER visits.
- Inpatient admission

This tool allows you to view, capture, and share the most relevant demographic and clinical facts about your patients. The valuable information contained in these reports represents a tremendous opportunity to improve the quality and continuity of care for your patients.

To access this report:

1. Select Member Clinical Summary Reports from the Report Inquiry options in the Workflows for this Plan



Note: To use Member Clinical Summary Reports, your NaviNet Security Officer must grant security access.

MEMBER CLINICAL SUMMARY REPORTS CONT'D.



To access this report:

2. Once the Report Inquiry screen displays, select Member Clinical Summary from the drop-down
3. Click Select
4. Select a Provider Group
5. Enter the Member ID
6. Select Report Type (PDF is selected by default)
7. Select Time Frame (6 months selected by default)
8. Click Search

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Member Clinical Summary Reports Inquiry | Report Selection

Health Plan Name
Member Clinical Summary Report Inquiry

Select Report:
Member Clinical Summary

Please note, to request a PDF report you must have the PDF application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer. The report will open in Excel format. If you do not have MS Excel on your computer, you will have the option to simply save the report to your computer.

Select Exit

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Health Plan Name | Member Clinical Summary Reports Inquiry | Report Selection | Report Search

Member Clinical Summary v 2.2.4

Instructions
Please enter your search criteria, and click "Search". * Indicates Required Fields.
NOTE: if your browser has an active popup blocker you may need to turn it off to receive the report.

Patient Clinical Report

* Choose a Provider Group | Group Name - PIN

* Member ID

* Select Report Type ☒ View PDF ☐ Save For EHR (CCD)

* Search Time Frame ☒ 6 months ☐ 12 months ☐ 24 months

Search Exit Close

MEMBER CLINICAL SUMMARY REPORTS CONT'D.



9. The Member Clinical Summary report will be displayed in another window. This report provides important clinical information about a member within the Search Time Frame selected such as:

- Medications prescribed (within the past 6 months)
- Chronic Conditions
- Gaps in Care (based on diagnosis compared to clinical recommendations)
- ER Visits (Within the past 6 months)
- Inpatient Admission (Within the past 6 months)
- Office Visits (Within the past 6 months)

Member Clinical Summary

Member Information

Name: [Redacted]
 Address1: [Redacted]
 Address2: [Redacted]
 City/Zip: [Redacted]
 Phone: [Redacted]
 Gender: M
 DOB: [Redacted]
 Member ID: [Redacted]

PCP Information

Provider Name: [Redacted]
 Address: [Redacted]
 City/Zip: [Redacted]
 Phone: [Redacted]

Care Manager Information

Provider Name: [Redacted]
 Address: [Redacted]
 City/Zip: [Redacted]
 Phone: [Redacted]

Medications (Within past 6 months)

Fill Date	Name & Strength	Days Supply	Prescriber Name	Primary Name
1/10/2024	EPIDOT 100 MG/5 ML SUSP	30	[Redacted]	EPIDOT 100 MG/5 ML SUSP
1/10/2024	AMOXICILIN 400 MG/5 ML SUSP	10	[Redacted]	AMOXICILIN 400 MG/5 ML SUSP
1/10/2024	AMOXICILIN 100 MG/5 ML SUSP	7	[Redacted]	AMOXICILIN 100 MG/5 ML SUSP

Clinical Conditions

There are no data records available for this section.

Social Determinants (Within past 12 months)

There are no data records available for this section.

ER Visits (Within past 6 months)

There are no data records available for this section.

Inpatient Admissions (Within past 6 months)

There are no data records available for this section.

Observations (Within past 6 months)

There are no data records available for this section.

Office Visits (Within past 6 months)

Date	Provider Name	Specialty	Reason
1/10/2024	[Redacted]	Physical Therapy	Unspecified lack of coordination - Therapeutic Plan 1 Areas Each 15 Min; Therapeutic Exercises
1/10/2024	[Redacted]	Physical Therapy	Unspecified lack of coordination - Therapeutic Plan 1 Areas Each 15 Min; Therapeutic Exercises
1/10/2024	[Redacted]	Physical Therapy	Unspecified lack of coordination - Therapeutic Plan 1 Areas Each 15 Min; Therapeutic Exercises
1/10/2024	[Redacted]	Physical Therapy	Unspecified lack of coordination - Therapeutic Plan 1 Areas Each 15 Min; Therapeutic Exercises

Lab Data (Within past 6 months)

Date	Lab Name	Test	Result	Abnormal	Status
1/10/2024	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Historical Events (Within past 12 months)

Date	Provider Name	Reason
1/10/2024	[Redacted]	[Redacted]

Care Plan Goals

Start Date	Priority	Goal Goal Title	Expected Completion Date
1/10/2024	[Redacted]	[Redacted]	[Redacted]

Historical Services

Service	Frequency	Start Date	End Date	Provided by	Cost
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

DIRECT ENTRY/MANUAL CLAIM SUBMISSION



ACFC provides options for you to key-in (direct entry) or manually submit claims, at no cost via the NaviNet portal.

Use **Claim Submission** to submit direct entry/manual claims.

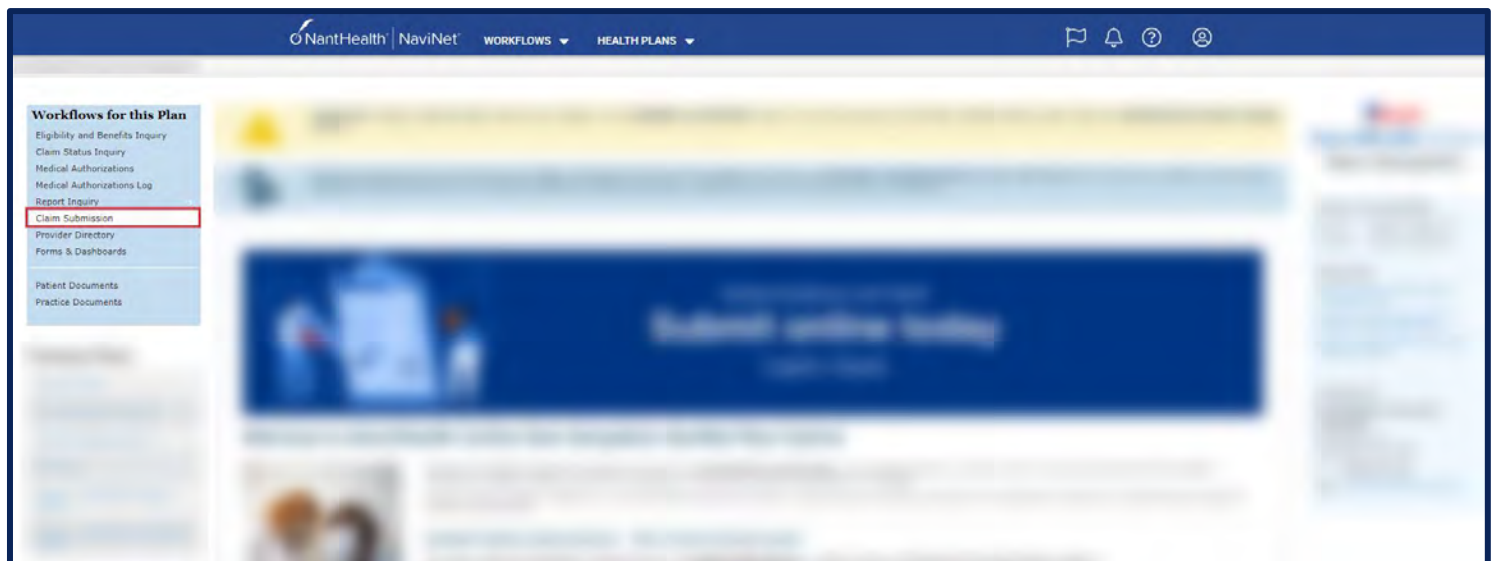
- You can access this transaction from NaviNet, but it's hosted by a third party, Optum.

Claim Submission Vendors

In addition to electronic claims submission via Optum, ACFC has partnered with the following vendors to submit claims:

- Availity – Electronic Claims
- PCH Global – Manual/Direct Entry Claims

Please refer to the Claim Submission Job Aid for more details.

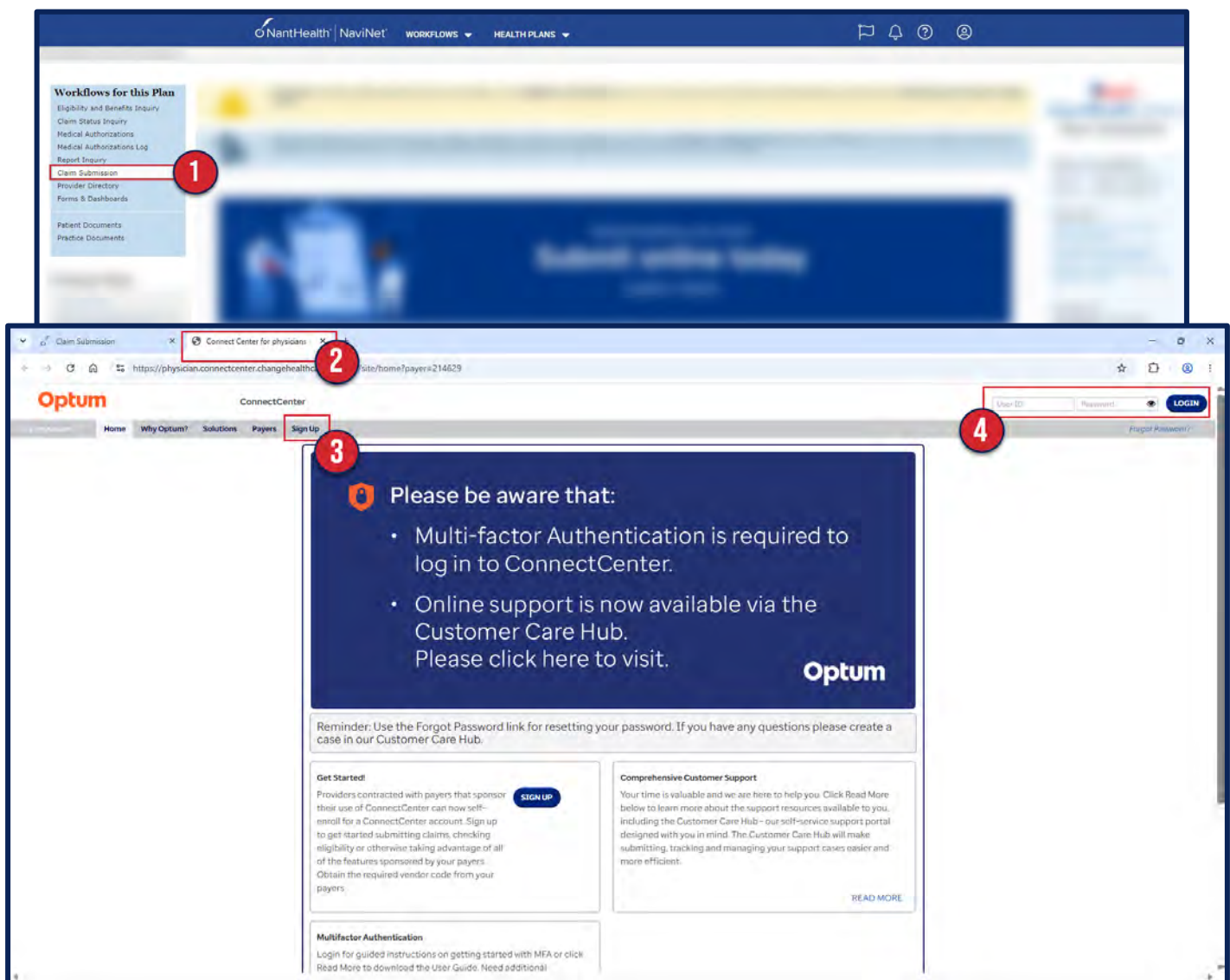


DIRECT ENTRY/MANUAL CLAIM SUBMISSION CONT'D.



To submit a claim:

1. Click on Claim Submission from the Workflows for this Plan
2. The Optum ConnectCenter page will display in another window
3. Click “Sign Up” to enroll in electronic submissions or
4. Login using your Optum account credentials

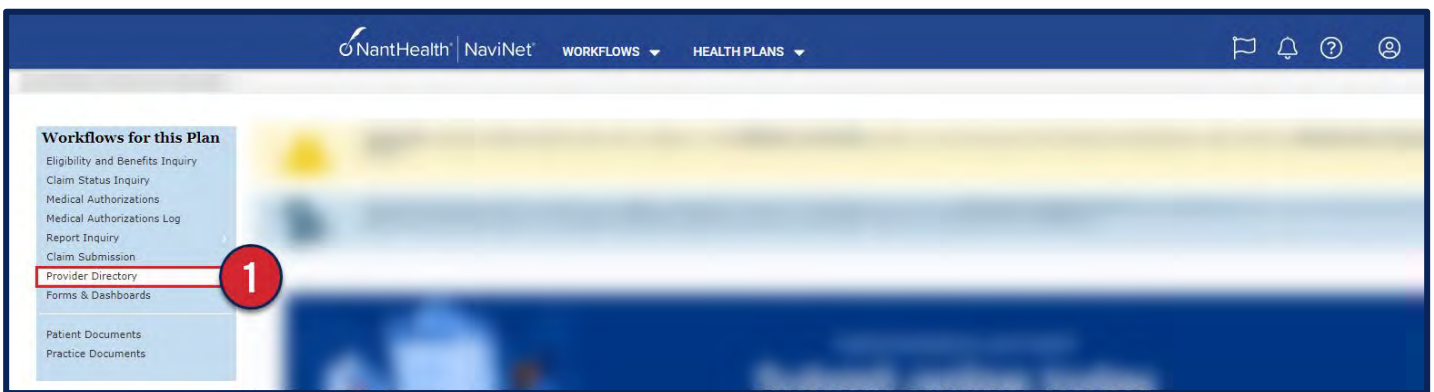
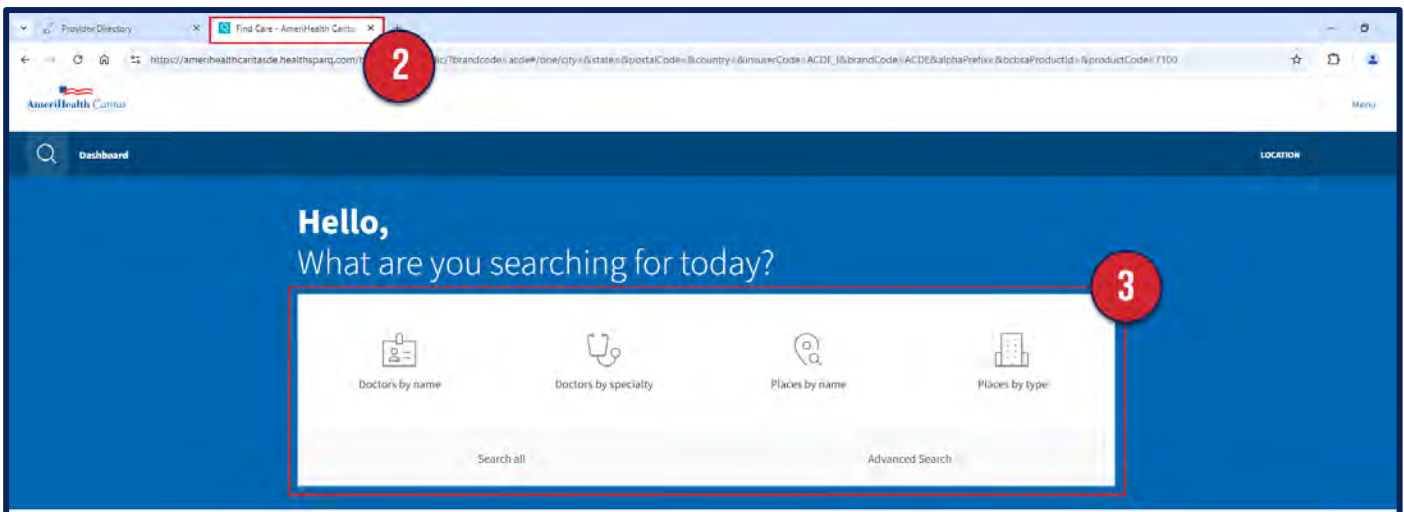


Note: To view and generate a Remittance Advice, access the ECHO Health provider payment portal at <http://www.providerpayments.com>.

The Provider Directory will search the Plan's participating practitioners, facilities, pharmacies, DME suppliers, behavioral health, and vision care providers. It also provides directory tools to perform specific searches for maternity and urgent care.

To view information about a doctor, hospital, or other participating provider:

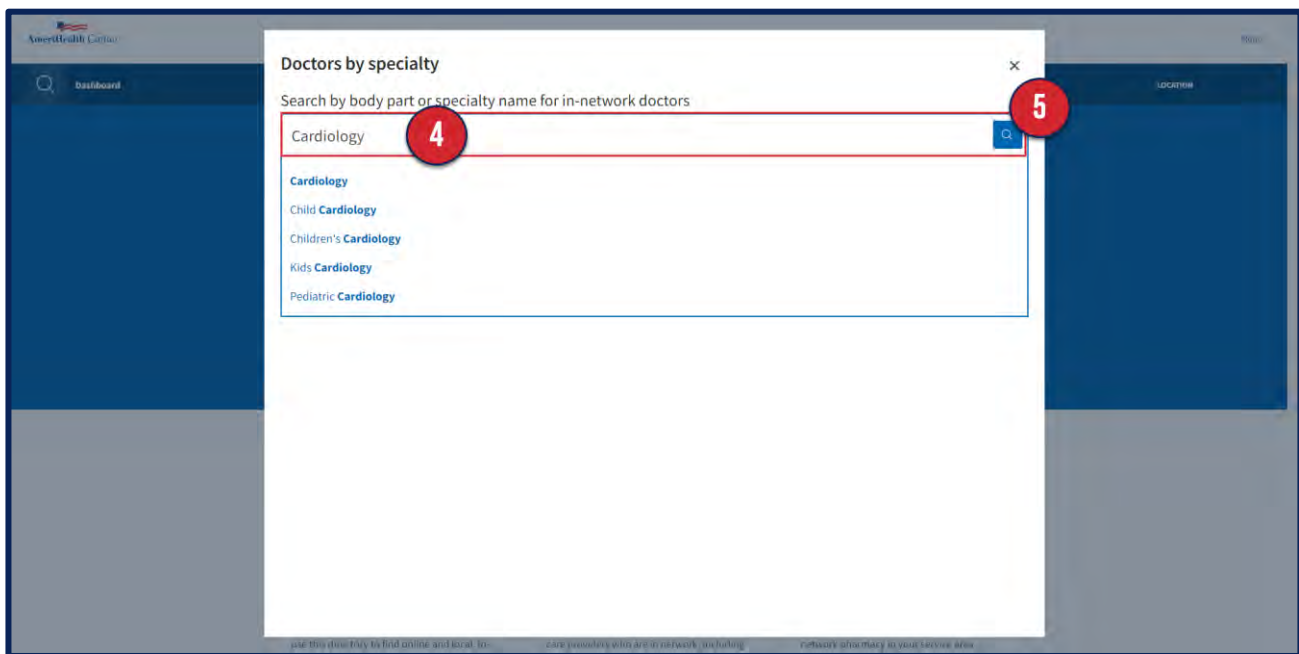
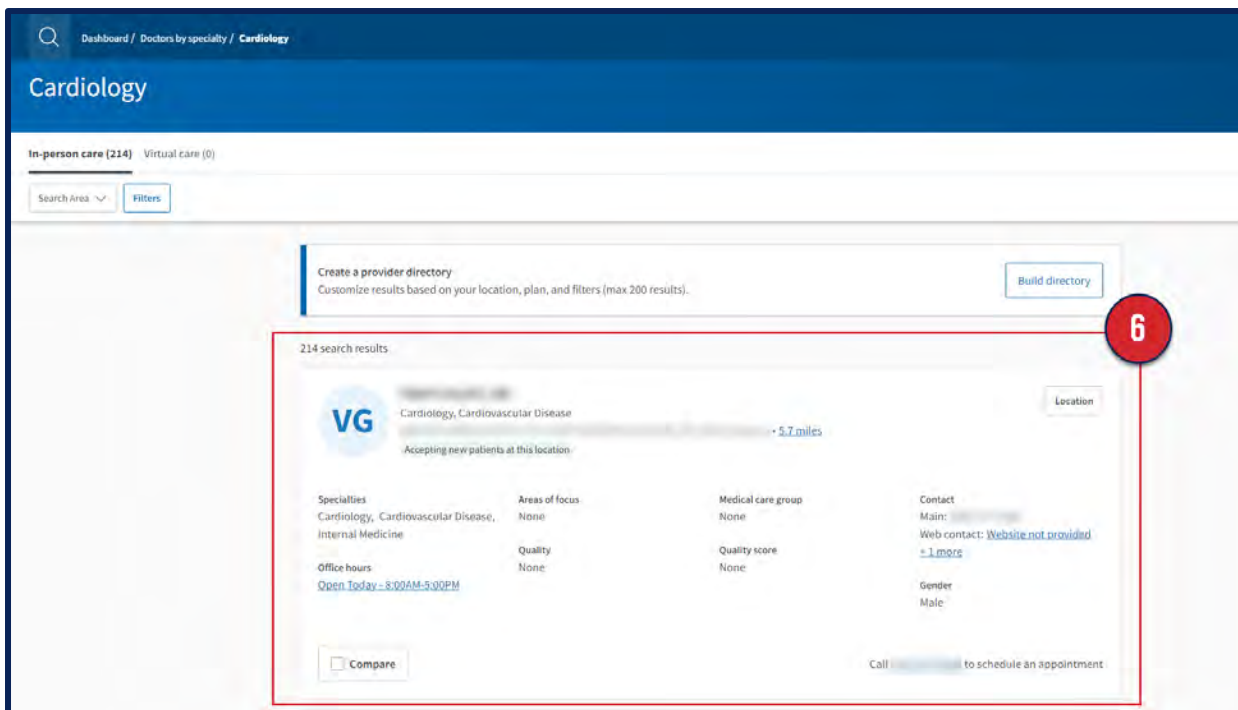
1. Click Provider Directory from the Workflows for this Plan
2. The Provider Directory dashboard will display in a new window
3. Select what you want to search for from the options. For this example, the option of Doctors by specialty was selected.



PROVIDER DIRECTORY CONT'D.



4. Enter the specialty in the field provided
5. Click the magnifying glass or click the Enter key on your keyboard
6. The search results will display



This section varies by health plan. The standard items featured under Forms and Dashboards are:

- [Member Care Plan](#)
- [Provider Dashboard](#)
- [Health Risk Assessment](#)
- [Provider Claim Dispute](#)
- [Overpayments](#)
- [Member Intervention Form](#)

To access any of these items:

1. Click Forms & Dashboard from the Workflows for this Plan
2. Click the hyperlinked bullet under each item

The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the left, a sidebar titled 'Workflows for this Plan' lists various options, with 'Forms & Dashboards' highlighted by a red box and a red circle labeled '1'. The main content area displays a list of items, each with a description and a link. A red box labeled '2' highlights the 'Member Care Plan' link. The items listed are:

- Member Care Plan**
This care plan was developed with the support of care coordinators to help members improve their personal health. Members, Providers and Care partners have specific roles to help members move forward with their care plan.
• [View Care Plan](#)
- Provider Dashboard**
3M™ Health Information Systems (3M HIS) Dashboard.
• [Provider Dashboard](#)
- Health Risk Assessment**
This Health Risk Assessment (HRA) collects information on Member health history, self-perceived health status, readiness to change, language preference and identifies Social Determinants of Health that may be impacting the Member's health outcomes.
• [View Health Risk Assessment Form](#)
- Provider Disputes**
Link to submit Provider Disputes online
• [Submit Provider Disputes](#)
• [Check Dispute Status](#)
- Overpayments**
View, Approve and Dispute Overpayments.
• [Overpayment Dashboard](#)
- Member Intervention Form**
Submit Member Intervention Form.
• [Member Intervention Form](#)
- Provider Appeals**
Providers may file an appeal on a denied pre-service within 30 days of the notice of Adverse Benefit Determination (ABD).
• [Provider Clinical Appeal](#)
• [Check Provider Clinical Appeal Status](#)

The Member Care Plan

This care plan was developed with the support of care coordinators to help members improve their personal health. Members, Providers, and Care partners have specific roles to help members move forward with their care plan.

Guidelines for viewing a Member Care Plan in NaviNet

1. Select a Group and a Provider from the drop-down fields.
2. Click View under the Action column for the desired member.
3. The Care Plan for the member will be displayed.
 - This information may be saved by selecting Save to PDF
4. Click the Back to Member Listing button to return to the Member Care Plan screen.

Member Care Plan

Group: [Select a Group] Provider: [Select a Provider]

Action	Member	Member ID	Gender	Date Of Birth
View	[Redacted]	[Redacted]	FEMALE	06/02/2007
View	[Redacted]	[Redacted]	FEMALE	03/27/2011

[Back](#)

Member Care Plan

Member: [Redacted] Care Manager: [Redacted]
Member ID: [Redacted] Care Manager Phone: [Redacted]
Date of Birth: 06/02/2007 Care Manager Email: [Redacted]
Eligibility Start Date: 08/09/2024 Plan Last Updated: 08/09/2024

Problem	Goal	Intervention and Status	Responsible Person	Start/Completed Date
Diabetes Management	do not use	Address any questions or concerns the member may have regarding their health literacy barrier and healthcare management needs.	[Redacted]	08/09/2024 / 01/01/2025

[Save to PDF](#)

[Send Note to Care Manager](#)

250 characters left: [Clear](#) [Submit](#)

[Back to Member Listing](#)

Provider Dashboard

Another important resource for you is Solventum. The Solventum Health Information Systems dashboard tool can be launched from within Navinet's Provider Portal. Clicking on the 'Provider Dashboard' hyperlink will launch Solventum without having to enter a password. Your Solventum account must be set up with your Navinet user ID for this to work.

Provider Resources

We have worked with Solventum (formerly 3M Health Information Systems) since 2010 to support value-based contracting. Solventum's proprietary clinical designations and potentially preventable events are shared with Primary Care Physicians and Behavioral Health providers via Solventum's web-based dashboard platform.

PerformPlus Value-Based Dashboards and Reports Powered by Solventum are refreshed monthly and available 24/7.

Available dashboards:

- **TC:** Supports our network-wide True Care and Total Cost of Care programs.
- **Medical Home:** PCP-based dashboard that contains information on Solventum's proprietary designations compared to expected/benchmarks, with member actionable lists.
- **Behavioral Health:** Similar to the Medical Home dashboard but includes BH-focused HEDIS performance rates.
- **Shared Savings:** Custom dashboards that include the metrics included in shared savings providers' agreements

The screenshot displays a web-based dashboard with a navigation bar at the top containing 'Home', 'Dashboard', and 'Reports'. The main content area is divided into two primary sections: 'KPI Measures' and 'HEDIS Quality & Other Measures'. Each section contains a table with three columns: 'Key Performance Measure', 'Year to Date', and 'Baseline'. To the right of these tables is a sidebar titled 'Reports' with a 'Supporting Resources' section listing 'HEDIS 2024 Documentation and Coding Guidelines' and 'Shared Savings Dashboard User Guide'.

Key Performance Measure	Year to Date	Baseline
NOU Days Per 1,000	299 (NPI)	687 (NPI)
Potentially Preventable Admission (PPA) Actual vs Expected Ratio (M)	1.06	1.00
Potentially Preventable DR (PPV) Actual vs Expected Ratio (M)	1.06	1.00
Potentially Preventable Readmission (PPR) Actual vs Expected Ratio (P)	1.06	1.00
Social Determinants of Health Reporting (SDOH)	2,254	
Transitions of Care	68.65%	64.60%

Key Performance Measure	Year to Date	Baseline
Blood Pressure Control for Patients With Diabetes (BP)	72.29%	62.99%
Breast Cancer Screening (BCS)	68.16%	62.20%
Cervical Cancer Screening (CCS)	73.02%	67.07%
Child and Adolescent Well-Care Visits (Total) (WCV)	43.02%	48.07%
Childhood Immunization Status - Combo 10 (CIS)	15.00%	30.00%
Chlamydia Screening in Women - Total (CHL)	78.94%	56.00%
Controlling High Blood Pressure (CBP)	60.69%	65.30%
Eye Exam for Patients With Diabetes (EE)	56.25%	52.20%
HbA1c Control for Patients with Diabetes - Control (HbA1c) (HBC)	55.83%	62.30%
Immunizations for Adolescents - Combo 2 (IMA)	68.91%	34.30%
Prenatal and Postpartum Care - Postpartum Care (PPC)	88.83%	78.00%
Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC)	79.23%	34.20%
Well-Child Visits in the First 18 Months (WCV)	49.00%	58.00%
Well-Child Visits for Age 18 Months-30 Months (WCV)	79.00%	66.00%

The projected health information in this data set has been replaced to remove highly sensitive protected health information in accordance with applicable state and/or federal law.

solventum Informed Analytics (IA) Platform © Solventum 2025 All Rights Reserved

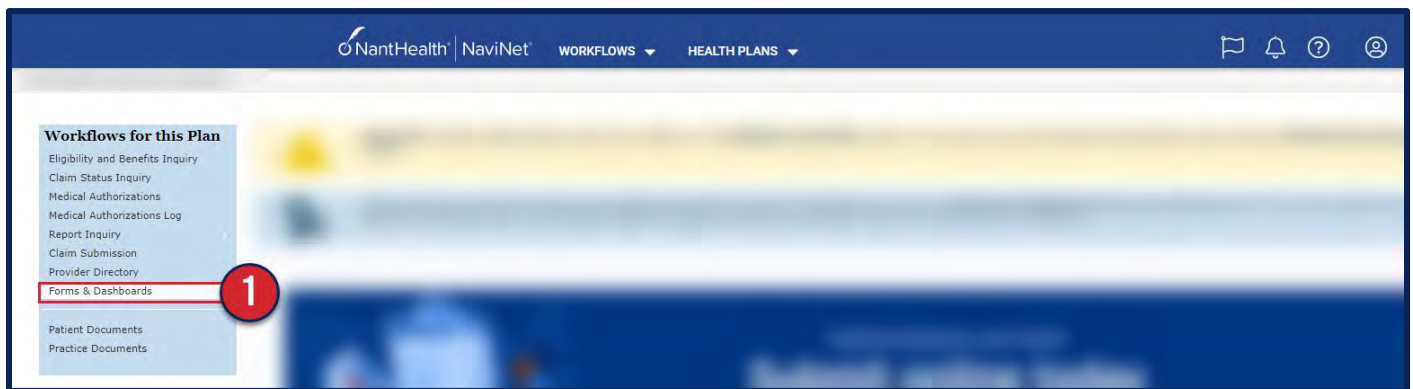
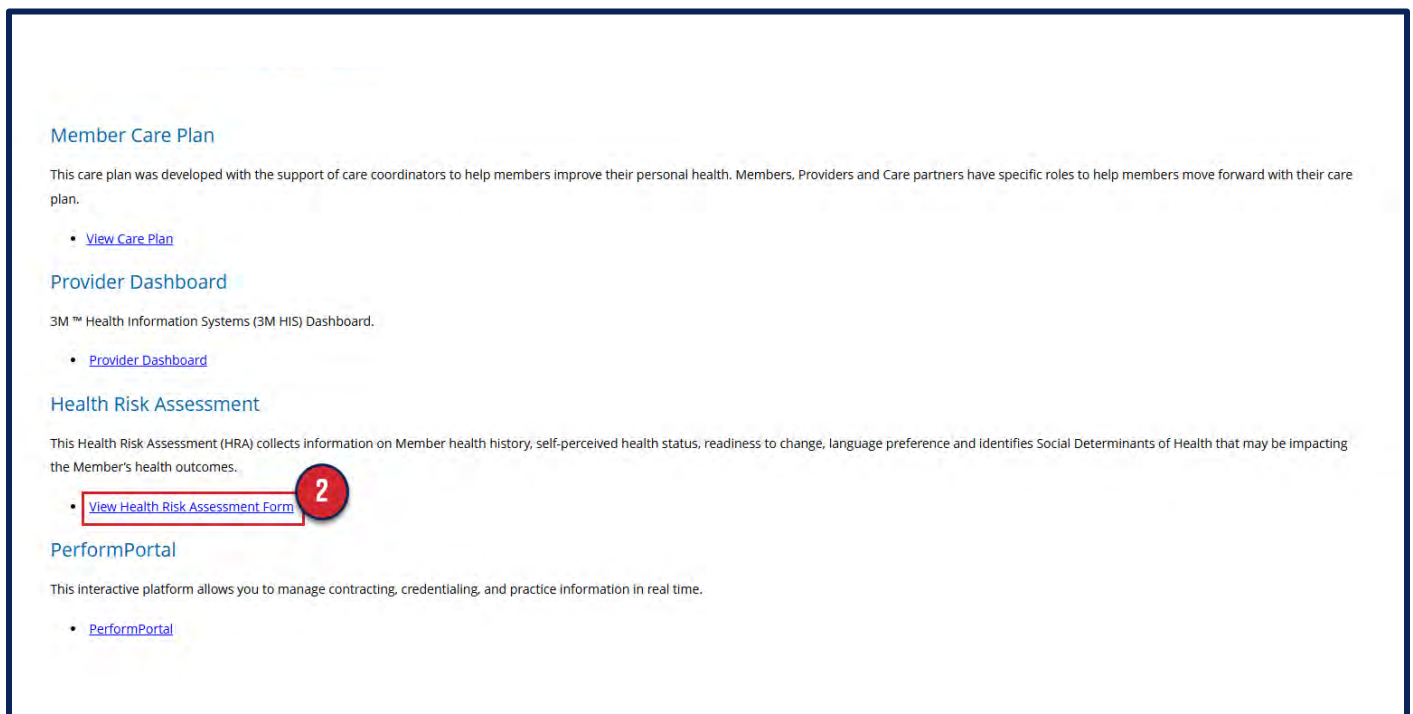
Shared Savings Dashboard Example

Health Risk Assessment

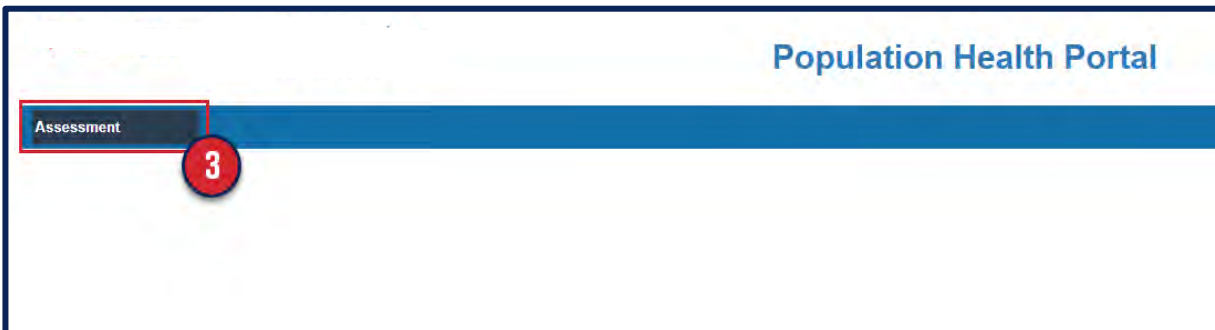
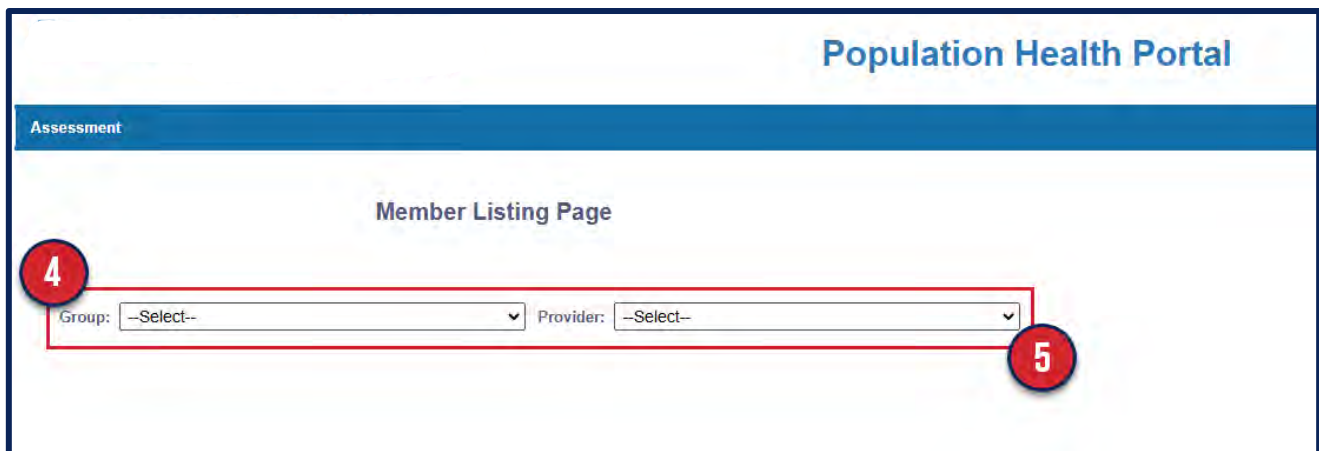
You may want to view assessments for your patients.

To view assessments:

1. Click Forms & Dashboard from the Workflows for this Plan
2. A new window will display, click the hyperlinked bullet, View Health Risk Assessment Form.



3. On the Population Health Portal page, click Assessment.
4. From the Member Listing page, select the Group from the drop-down.
5. Select the Provider from the drop-down.



FORMS AND DASHBOARDS CONT'D.



6. A list of members will display.
 7. You can also search for members by Member ID or Member Name.
- Select either option from the Search drop-down, then enter the applicable information (member's name or member's ID) into the empty field and click Search.

Population Health Portal

Assessment

Member Listing Page

Search: **Search**

Group: Provider:

6

Action	Member	MemberID	Gender	Date Of Birth
Physical Care Plan			Female	
Physical Care Plan			Female	
Physical Care Plan			Female	
Physical Care Plan			Female	
Physical Care Plan			Male	
Physical Care Plan			Female	
Physical Care Plan			Male	
Physical Care Plan			Female	
Physical Care Plan			Male	
Physical Care Plan			Female	

1 2 3 4 5 6 7 8 9 10 ...

Population Health Portal

Assessment

Member Listing Page

Search: **Search**

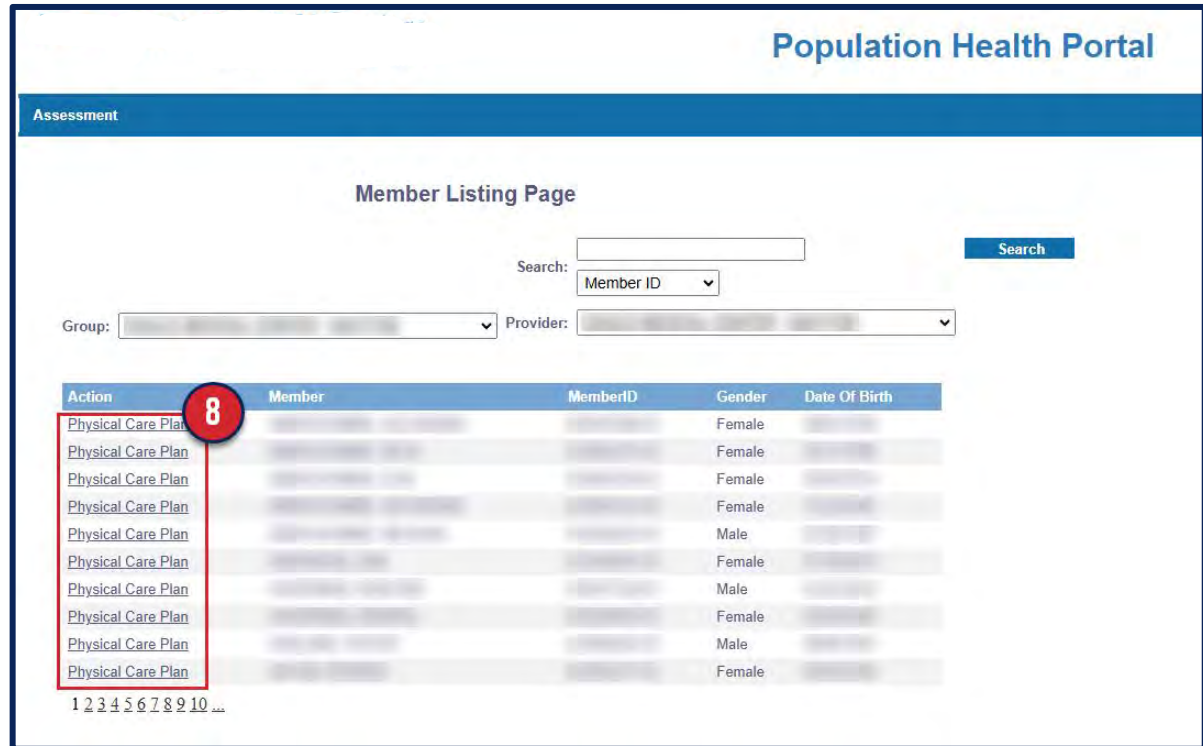
Group: Provider:

7

Member ID
Member ID
Member Name

Action	Member	MemberID	Gender	Date Of Birth
--------	--------	----------	--------	---------------

8. Once the member is located, click on Physical Care Plan, under the Action column.
9. The Assessment Summary will display in a separate window for you to select the assessment you wish to view.



Population Health Portal

Assessment

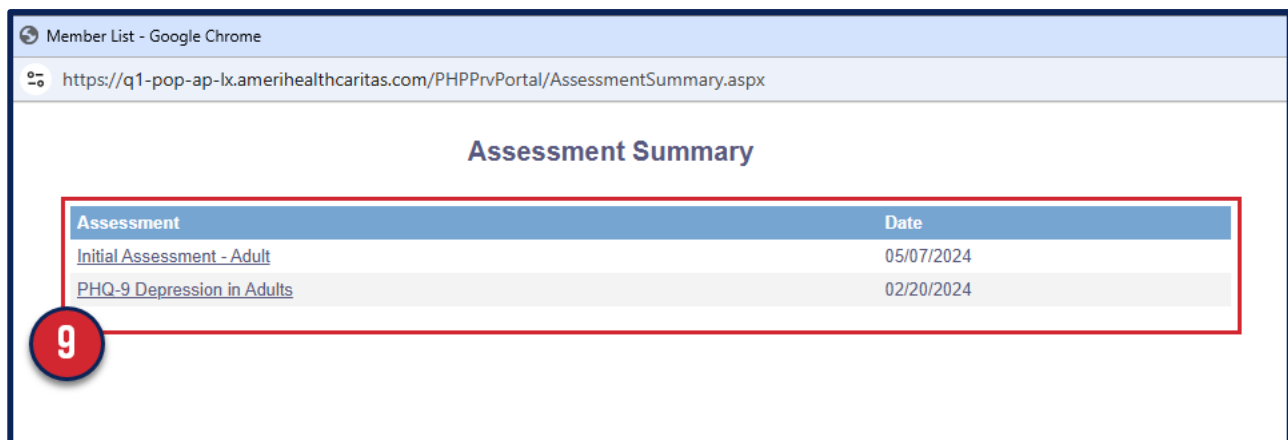
Member Listing Page

Search: **Search**

Group: Member ID: Provider:

Action	Member	MemberID	Gender	Date Of Birth
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Male	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Male	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Male	[REDACTED]
Physical Care Plan	[REDACTED]	[REDACTED]	Female	[REDACTED]

1 2 3 4 5 6 7 8 9 10 ...



Member List - Google Chrome

https://q1-pop-ap-lx.amerihealthcaritas.com/PHPPrvPortal/AssessmentSummary.aspx

Assessment Summary

Assessment	Date
Initial Assessment - Adult	05/07/2024
PHQ-9 Depression in Adults	02/20/2024



Note: If the Assessment Summary does not display after selecting the assessment, ensure that the popup blocker is disabled.

Provider Claim Dispute

A claim dispute* is a request from a Healthcare Provider to change a plan decision regarding claim payment or denial for services already provided. A provider dispute is not a pre-service appeal, or an appeal of a denied or reduced authorization. Disputes are generally administrative in nature and do not include decisions concerning medical necessity.

Submitting the Provider Claim Disputes Form in NaviNet:

1. Click **Forms & Dashboard** from the Workflows for this Plan.
2. In the new window that displays, click the hyperlinked bullet, **Submit Provider Disputes**.
3. The Provider Claim Dispute form will display, along with a disclaimer of when this form should not be used (highlighted in yellow).
4. Complete the required fields on the form.
5. Attach supporting documents.
6. State the rationale that will assist in the resolution.
7. Click the Submit button (at the bottom of the screen).

The screenshot shows the 'Provider Disputes Form' interface. At the top, a yellow disclaimer box (callout 3) states: 'The Claim Dispute process is NOT intended for any of the following scenarios. Please do not use this form if:'. Below this, the form is divided into sections: 'Provider Info' (callout 4), 'Member Info', and 'Claim Info'. The 'Provider Info' section includes fields for Provider, Phone, Tax ID, Email ID, Contact, Fax, NPI, and Mailing Address. The 'Member Info' section includes fields for Member Name, Member's ID, Member DOB, and a date picker. The 'Claim Info' section includes fields for Date of Service From, Date of Service To, Payment Notification Date, CPT/HCPCS Codes, NDC Code, Reason, and a 'Supporting Documents' section with a 'Choose Files' button (callout 5). At the bottom, there is a large text area for the rationale (callout 6) and a 'Submit' button (callout 7) next to a 'Back' button.



*** Note:** Also referred to as Complaints, Appeals, or Grievances.

Submitting the Provider Claim Disputes Form in NaviNet Cont'd.

8. Once the form is submitted, a receipt message will appear, detailing the resolution timeframe and contact information.
9. Click OK.

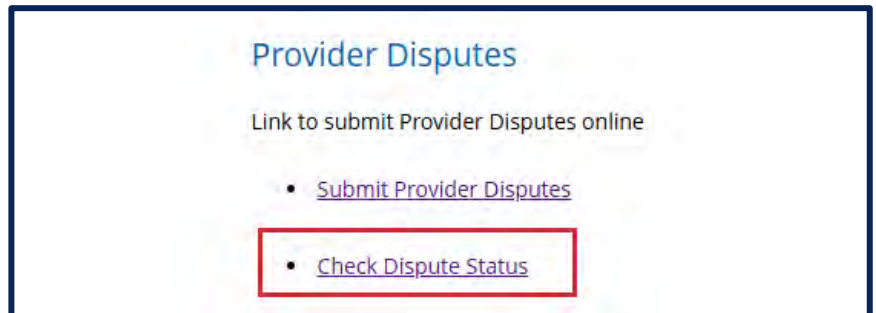
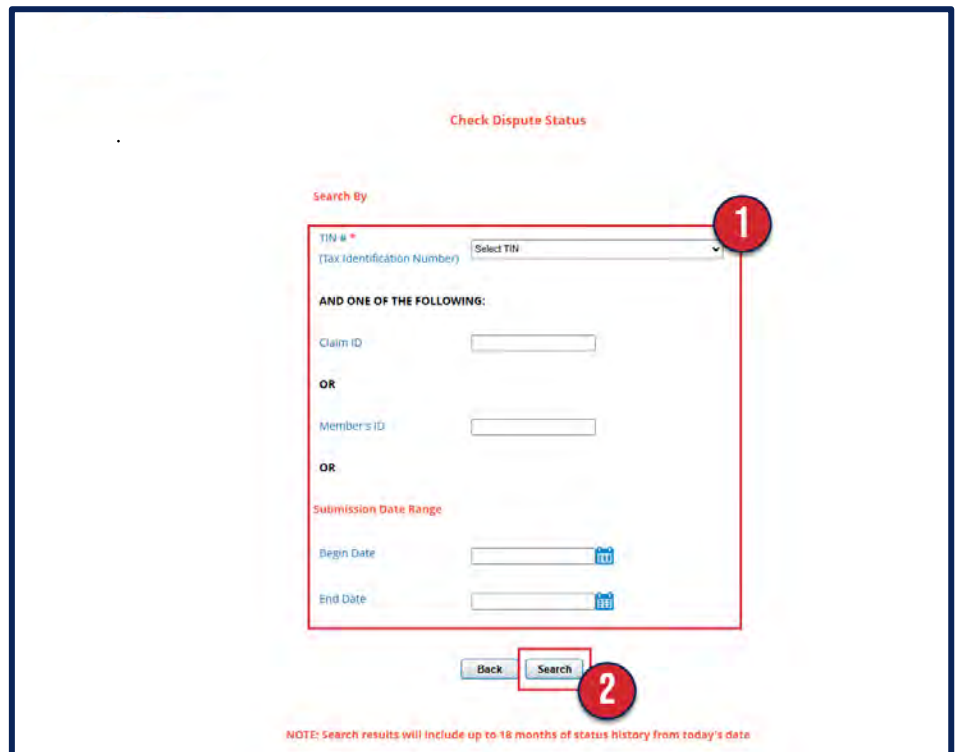
The completed form will be sent to the appropriate team for follow-up.

Check Dispute Status

You can also check the status of your dispute by clicking on the Check Dispute Status link.

The Check Dispute Status form will display. The search criteria will be based on the provider's NaviNet login information.

1. Perform a search by using the Tax Identification Number (TIN) and one of the following data elements:
 - Claim ID or
 - Member ID or
 - Submission Date Range – Begin Date and End Date
2. Click the Search button.



*** Note:** You will be able to view 18 months of status history based on the date the claim dispute is received.

Check Dispute Status Cont'd.

The search will return one of the following statuses:

- In Progress
- Overturned
- Upheld
- Voided

It will also include the date the determination letter was uploaded into the system.

A copy of the determination letter will be available under Patient Documents.

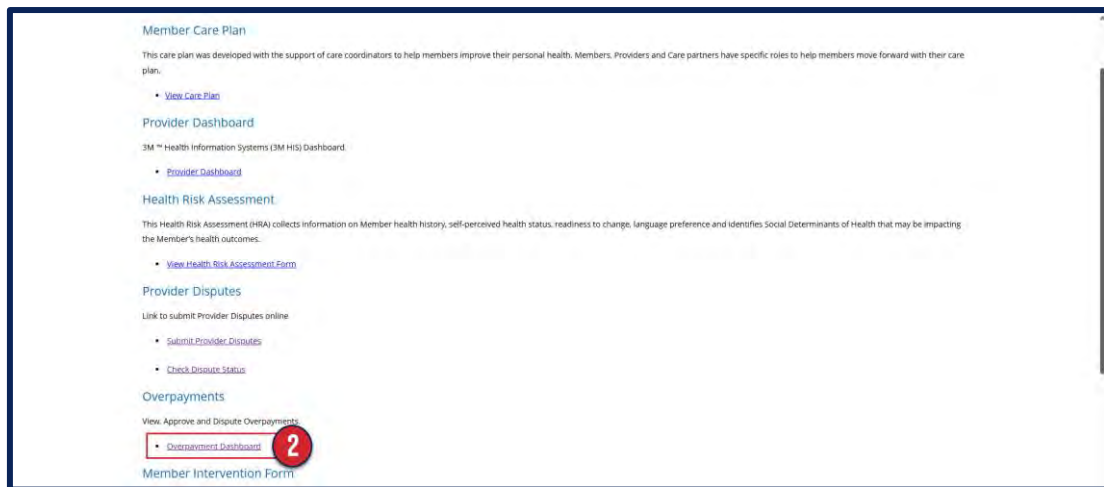
Check Dispute Status										
Member ID	Member Name	Claim ID	Service Start Date	Service End Date	Dispute/Appral Receive Date	Status	Completion Date	Decision Letter Upload Date	Voided Reason	Voided Service Form Number
			2023-10-12	2023-10-13	2025-10-16	Upheld	2025-10-17	2025-10-17		
			2023-10-12	2023-10-13	2025-10-16	Overturned	2025-11-05			
			2023-10-12	2023-10-13	2025-10-21	Upheld	2025-11-05	2025-11-05		
			2023-10-12	2023-10-13	2025-10-21	Voided	2025-11-05		SHOV Scanning Error*	
			2023-10-12	2023-10-13	2025-10-30	Upheld	2025-10-30	2025-10-31		
			2023-10-12	2023-10-13	2025-10-30	In Progress				
			2023-10-12	2023-10-13	2025-11-03	Voided	2025-11-05		Duplicate Request*	
			2023-10-12	2023-10-13	2025-11-03	In Progress				
			2023-10-12	2023-10-13	2025-11-03	In Progress				
			2023-10-12	2023-10-13	2025-10-10	In Progress				
			2023-10-12	2023-10-13	2025-10-10	In Progress				
			2023-10-12	2023-10-13	2025-10-13	In Progress				

Claims Overpayment Recovery

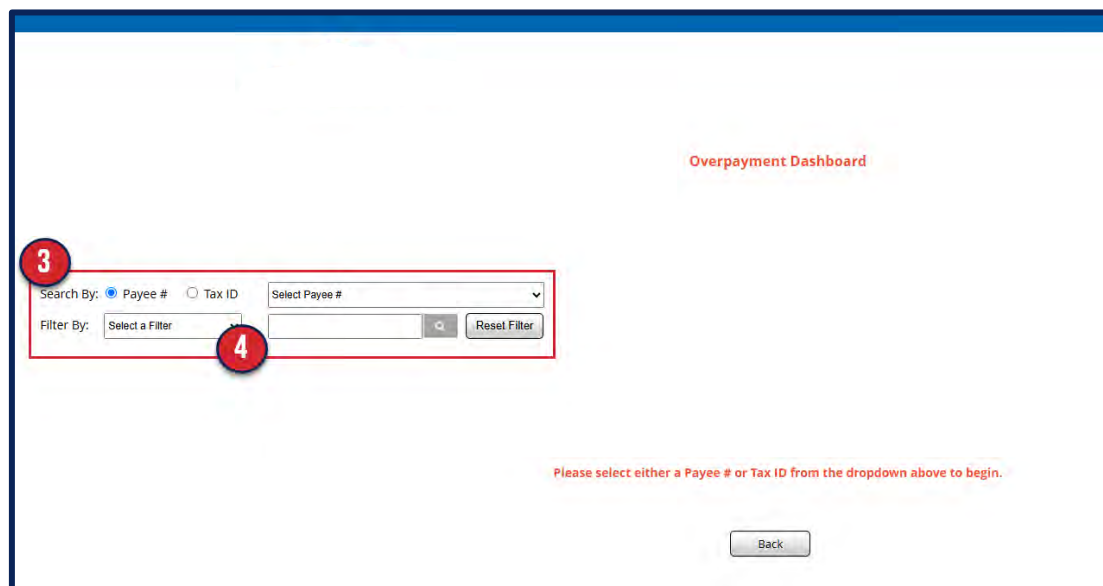
View, Approve, and Dispute Overpayments.

To view the dashboard:

1. Click **Forms & Dashboard** from the Workflows for this Plan.
2. In the new window that displays, click the hyperlinked bullet, **Overpayment Dashboard**.



3. Select the search criteria.
 - Payee (displays the Provider Group name and ID)
 - Tax ID (displays the Tax entity name and ID)
4. You can narrow the search by using the Filter By option to search for a specific overpayment by the Project ID, Claim ID, or Patient Account #.



Dashboard Tabs

Open Tab

When the search is performed, **Open** claims will show in the initial results. You can choose to view Disputed or Resolved claims by clicking on the appropriate tab.

<div> <div>Open</div> <div>Disputed</div> <div>Resolved</div> </div>					
Select	Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment
☐	700093				KELLER, SHAWN
☐	723454				UNITED HOSPITAL
☐	723454				UNITED HOSPITAL
☐	723454				UNITED HOSPITAL

Disputed Tab

Previously disputed claims will appear here with a Determination Due date. The plan will respond within the stated time noted in the confirmation message.

<div> <div>Open</div> <div>Disputed</div> <div>Resolved</div> </div>					
Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Payee # / Tax ID / NPI
700093				KELLER, SHAWN	
723454				UNITED HOSPITAL	
723454				UNITED HOSPITAL	
723454				UNITED HOSPITAL	

Resolved Tab

The Resolved Tab display will show multiple Resolution statuses based on the actions taken.

- Overpayments submitted from the Open Tab will appear in the Resolved Tab.
- If no action is taken in Open Tabs and the due date has expired, records will be moved to the Resolved tab, and the recovery of overpayments will begin.

1. Check the individual box(es) for the claim(s) you would like to review.
2. Check the **Select All** box to select all the claims.

- Different actions can be selected for each claim line

Overpayment Claim Details

Claim ID: [REDACTED]

Project ID: 1062786

Patient Name: [REDACTED]

Patient Account #: [REDACTED]

Date of Birth: [REDACTED]

Payee # / Tax ID / NPI: [REDACTED]

Paid Date: 12/19/2025

Notification Date: 04/13/2026

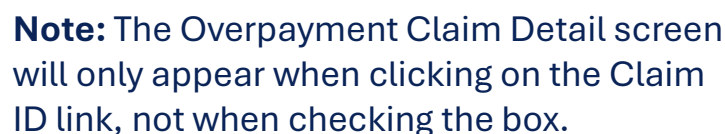
Dispute Due Date: 04/14/2026

Recovery Reason: Combined Stay

[Approve All](#) [Dispute All](#)

Line #	Begin DOS	End DOS	Proc Code	Rev Code	Billed Charges	Paid Amount	Recovery Amount	Overpayment Explanation	Action
1	11/17/2023	11/17/2023	87505	0300	\$486.00	\$228.48	\$228.48	Test for Provider ID 75310828	Approve
2	11/17/2023	11/17/2023	99212	0456	\$132.00	\$176.70	\$176.70	Test for Provider ID 75310828	<div style="border: 1px solid black; padding: 2px; text-align: left;"> Select an Action <div style="background-color: #007bff; color: white; padding: 2px;">Select an Action</div> Approve Dispute </div>

Back
Submit



Selecting the Claim ID link Option Cont'd.

You will be taken to the **Review & Submit Overpayment Details** screen.

The **Approve** and/or Dispute summary will be displayed, along with options to reprocess the claim or send a check.

5. Upload any supporting documents and add comments to assist with the resolution.
6. Click Submit or the Back button to make changes.
7. The acknowledgment of receipt message will display.
8. Click Ok.



A screenshot of a confirmation message from AmeriHealth Caritas. The message is displayed in a white box with a red border. It contains three lines of text, each preceded by the AmeriHealth Caritas logo. A red circle with the number 7 is positioned to the right of the first two lines of text. A red circle with the number 8 is positioned to the right of the third line of text. Below the message box is an 'OK' button.

AmeriHealth Caritas	acknowledges the receipt of your dispute for overpayment recovery on 06/16/2025.
AmeriHealth Caritas	review your inquiry and provide a response within 30 calendar days.
AmeriHealth Caritas	response will be available on the Overpayment Dashboard Resolved Tab on the NaviNet Portal.

OK



Note: The option to attach documents and provide comments will display only if the claim line(s) are being disputed.

Selecting the Select All Option

1. Check the Select All box to display the associated items with the project.
2. Click Approve.

The Review & Submit Overpayment Claim Details screen will display.

3. Select one of the two approval options:
 - Reprocess the claim (recovered from future payments)
 - Mail a check to the plan
4. Click Submit.

Search By: ☐ Payee # ☒ Tax ID

Filter By:

Reset Filter

Open

Disputed

Resolved

Select All

Project ID

Claim ID

Patient Name

Patient Account #

Provider Rendering Treatment

Payee # / Tax ID / NPI

Begin DOS

End DOS

Paid Amount

Recovery Amount

Notification Date

Dispute Due Date

Recovery Reason

☒	1063039	123456789012			CHILDRENS HOSPITAL MEDICAL CENTER		02/09/2023	02/09/2023	\$25,019.73	\$18.26	04/20/2026	04/21/2026	Authorization does not match as expected
☐	1063039				CHILDRENS HOSPITAL MEDICAL CENTER		02/09/2023	02/09/2023	\$3,409.61	\$17.16	04/20/2026	04/21/2026	Authorization does not match as expected
☐	932213				CHILDRENS HOSPITAL MEDICAL CENTER		09/08/2023	09/08/2023	\$108.11	\$108.11	03/23/2026	03/24/2026	Dual Eligible
☐	1062786				CHILDRENS HOSPITAL MEDICAL CENTER		11/17/2023	11/17/2023	\$405.18	\$405.18	04/13/2026	04/14/2026	Combined Stay
☐	1063039				CHILDRENS HOSPITAL MEDICAL CENTER		02/16/2023	02/16/2023	\$201.88	\$17.89	04/20/2026	04/21/2026	Authorization does not match as expected
☐	1063039				CHILDRENS HOSPITAL MEDICAL CENTER		07/19/2023	07/19/2023	\$1,889.93	\$5.65	04/20/2026	04/21/2026	Authorization does not match as expected
☐	932213				CHILDRENS HOSPITAL MEDICAL CENTER		12/19/2024	12/19/2024	\$154.97	\$20.22	03/23/2026	03/24/2026	Dual Eligible
☐	932213				CHILDRENS HOSPITAL MEDICAL CENTER		11/05/2024	12/16/2024	\$487.63	\$33.33	03/23/2026	03/24/2026	Dual Eligible
☐	1063916				CHILDRENS HOSPITAL MEDICAL CENTER		01/10/2026	01/10/2026	\$116.96	\$4.27	07/21/2026	07/22/2026	Dual Eligible

Back

Approve

Review & Submit - Overpayment Claim Details

Review Approval:

☒ I agree that Ameri-Health Caritas North Carolina has overpaid on below Claims for a total amount of \$192.74 and I give my permission to reprocess the claim for the overpayment recovery.
 ☐ Would like to send a check for the recovery amount instead of recovering from future payments?

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Begin DOS	End DOS	Payee # / Tax ID / NPI	Paid Amount	Recovery Amount	Notification Date	Dispute Due Date	Recovery Reason
726131	802823062202	FIRST LAST			2021-07-23	2021-07-23		192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitalized

Back

Submit

Selecting the Select All Option Cont'd.

The Approval Confirmation message will be displayed.

5. Click Ok.

Reprocess the claim option:

Review Approval:

☒ I agree that AmeriHealth Caritas has overpaid on below Claims for a total amount of \$192.74 and I give my permission to reprocess the claim for the overpayment recovery.
Would like to send a check for the recovery amount instead of recovering from future payments?

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Begin DOS	End DOS	Payee # / Tax ID / NPI	Paid Amount	Recovery Amount	Notification Date	Dispute Due Date	Recovery Reason
726131	602623062202	FIRST LAST			2021-07-23	2021-07-23		192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.

AmeriHealth Caritas acknowledges receipt of your approval for overpayment recovery on XX/XX/XX. No further actions is required. The claims will be reprocessed and all overpayments will be recovered from future payments.

Mail a check option:

Review Approval:

☒ I agree that AmeriHealth Caritas has overpaid on below Claims for a total amount of \$192.74 and I give my permission to reprocess the claim for the overpayment recovery.
Would like to send a check for the recovery amount instead of recovering from future payments?

Submit your check.
AMC
Include a copy of the recovery letter you received from us with the Project Number.

Send your check and accompanying letter to:
AmeriHealth Caritas
Attn: Provider Refunds

Note: Checks received without a copy of Page 1 of the recovery letter, or not received prior to the Dispute Due Date, will be returned and the overpayment will be recovered from future payments.

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Begin DOS	End DOS	Payee # / Tax ID / NPI	Paid Amount	Recovery Amount	Notification Date	Dispute Due Date	Recovery Reason
726131	602623062202	FIRST LAST			2021-07-23	2021-07-23		192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.

AmeriHealth Caritas acknowledges receipt of your approval for overpayment recovery on XX/XX/XX Your check must be received by AmeriHealth Caritas prior to the Dispute Due Date. If it is not received the claims will be reprocessed and all overpayments will be recovered from future payments



Note: Overpayment requests will be resolved within 14-30 days from the date of submission.

Overpayment Reports

To run a report from the Overpayment Dashboard:

1. Click the **CSV icon** on the Overpayment Dashboard page and click Enter.
2. The system can generate Excel spreadsheets for each of the three overpayment categories.
 - Open
 - Dispute
 - Resolved

Search By: ☐ Payee # ☐ Tax ID

Filter By:

1

Open			Disputed			Resolved							
Select All	Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Payee # / Tax ID / NPI	Begin Date	End Date	Paid Amount	Necessary Amount	Notification Date	Dispute Due Date	Recovery Reason
☐	1063039	121456789012			CHILDRENS HOSPITAL MEDICAL CENTER		02/09/2023	02/09/2023	\$25,919.73	\$18.26	04/20/2026	04/21/2026	Authorization does not match as expected
☐	1063039				CHILDRENS HOSPITAL MEDICAL CENTER		02/09/2023	02/09/2023	\$3,499.61	\$17.15	04/20/2026	04/21/2026	Authorization does not match as expected
☐	932213				CHILDRENS HOSPITAL MEDICAL CENTER		09/08/2023	09/09/2023	\$108.11	\$108.11	03/23/2026	03/24/2026	Dual Eligible
☐	1962786				CHILDRENS HOSPITAL MEDICAL CENTER		11/17/2023	11/17/2023	\$405.18	\$405.18	04/15/2026	04/16/2026	Combined Stay
☐	1063039				CHILDRENS HOSPITAL MEDICAL CENTER		02/16/2023	02/16/2023	\$201.98	\$17.89	04/20/2026	04/21/2026	Authorization does not match as expected
☐	1063039				CHILDRENS HOSPITAL MEDICAL CENTER		07/19/2023	07/19/2023	\$1,889.93	\$5.65	04/20/2026	04/21/2026	Authorization does not match as expected
☐	932213				CHILDRENS HOSPITAL MEDICAL CENTER		12/19/2024	12/19/2024	\$154.97	\$20.22	03/23/2026	03/24/2026	Dual Eligible
☐	932213				CHILDRENS HOSPITAL MEDICAL CENTER		11/05/2024	12/16/2024	\$487.63	\$33.33	03/23/2026	03/24/2026	Dual Eligible
☐	1063916				CHILDRENS HOSPITAL MEDICAL CENTER		07/10/2026	01/10/2028	\$116.96	\$4.27	07/21/2028	07/22/2028	Dual Eligible

Back

Approve

2

Overpayment Dashboard

Dashboard_OPEN_Export_20

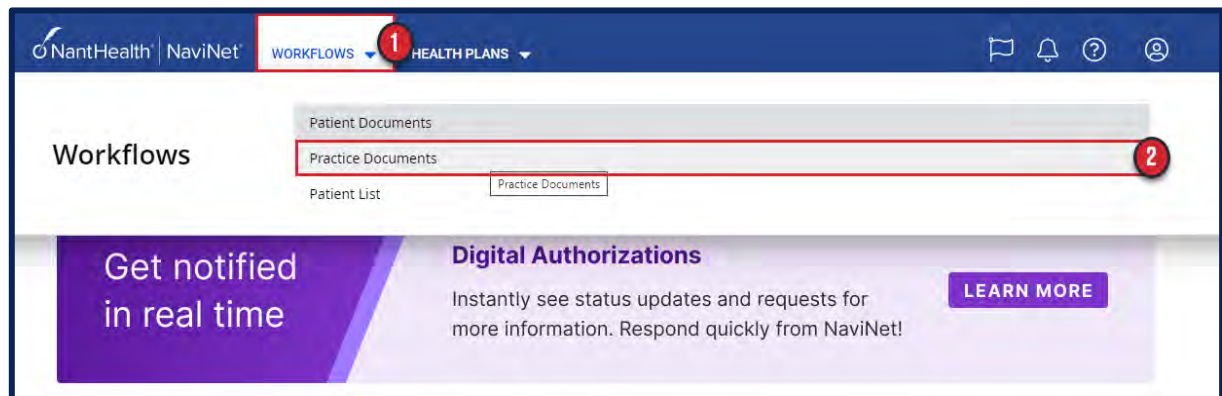
18.csv

7.5 KB • Done

Accessing Recovery Letters

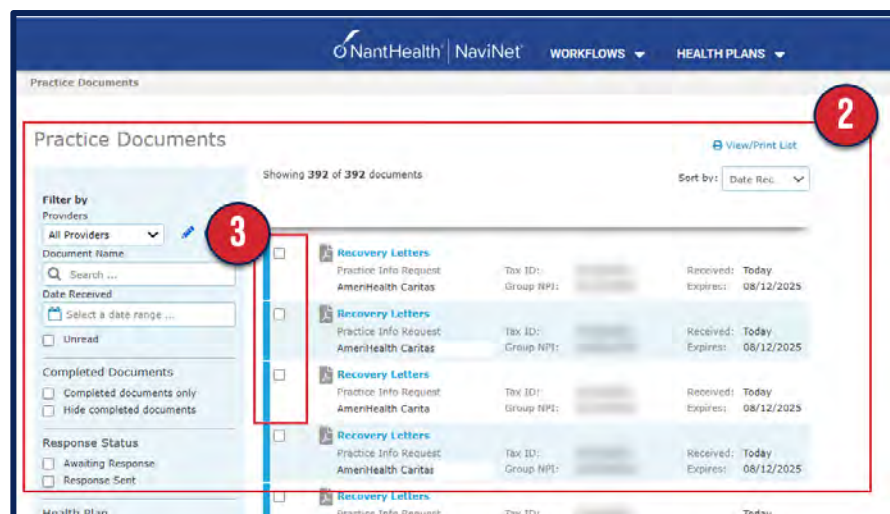
To access the Recovery Letters via the Practice Documents workflow:

1. Click the **Workflows** from the menu bar.
2. Select **Practice Documents**



To access the Recovery Letters via the Plan Central page:

1. Click the **Practice Document** link.
2. The **Practice Documents** page will appear.
3. Check the box to select the appropriate **Recovery Letter** from the list.



Recovery Letter

The recovery letter will contain overpayment details and instructions on how the provider can approve or dispute the overpayment.

May 19, 2025 Page 1 of 2

Re: Overpayment - Provider # -
Project Number -
Denr 1

Based on our calculations, the overpayments on the claims in question totaled \$308.67. While we strive to ensure that all claim payments are accurate, we are obligated to recover all overpayments as they occur.

Enclosed you will find the claim payment detail for your review, which includes:

- Policy holder information (name, policy number, group number)
- Carrier information (Carrier name, address, phone)
- Type of coverage (major medical, major medical no maternity, Rx only, etc.)
- Patient information (name, Medicaid ID, DOB) line item payment information.

Please follow the instructions on the next page and contact us within 60 days from the date of this letter if you have any questions or if you do not agree with our findings. If you've billed the liable third party carrier and have not yet received a response, you may request an additional 30 days to be added to the 60 day timeframe. Please mail your letter to the address shown for disputes.

At the end of the applicable timeframe, the claims will be reprocessed and all overpayments will be recovered from future payments. **Please do not send in a check for these claims.** These recoveries will be reflected on future remittance advices as V24 - TPL received/updated after clm process'd. Please be advised that other service lines on the affected claims could potentially be impacted when these overpayments are reprocessed.

We value you as a provider and apologize for any inconvenience that this may have caused.

Sincerely,

OVERPAYMENT PROCESSING INSTRUCTIONS Page 2 of 2

IF YOU...	THEN
Agree with this letter	<ul style="list-style-type: none"> You do not need to do anything. The claims will be reprocessed and all overpayments will be recovered from future payments.
Have questions regarding the recovery or the calculation of the overpayment amount	<ul style="list-style-type: none"> Contact our Provider Claims Services Please reference the Project Number from the letter when calling.
Do not agree with our findings and would like to dispute this letter	<p>You must notify us in writing. Your letter should include the following:</p> <ul style="list-style-type: none"> A copy of the letter you received from us with the Project Number. The reason for your dispute. Supporting documentation for your dispute including claims information. <p>Send your correspondence to: AmeriHealth Caritas</p>
Would like to send a check for the recovery amount	<ul style="list-style-type: none"> Submit your check. AND Include a copy of the letter you received from us with the Project Number. <p>Send your check and accompanying letter to:</p> <p>Note: Checks received without a copy of Page 1 of this letter will be returned and the overpayment will be recovered from future payments.</p>

Let Us Know – Member Intervention Form

The health plans are committed to assisting health plan providers in engaging members and supporting their health and well-being. If you identify members who need help managing their health, please notify the plan so they can offer timely assistance through the Let Us Know Program.

You can *Let Us Know* if a member requires support by completing the Member Intervention Form via the NaviNet Provider Portal. The form can be used to assist members with issues such as:

- Missed appointments
- Behavioral health needs
- Medication noncompliance
- Care management engagement
- Developmental screening concerns
- Emergency room misutilization
- Understanding plan benefits
- Social determinants of health
- Tobacco cessation referrals

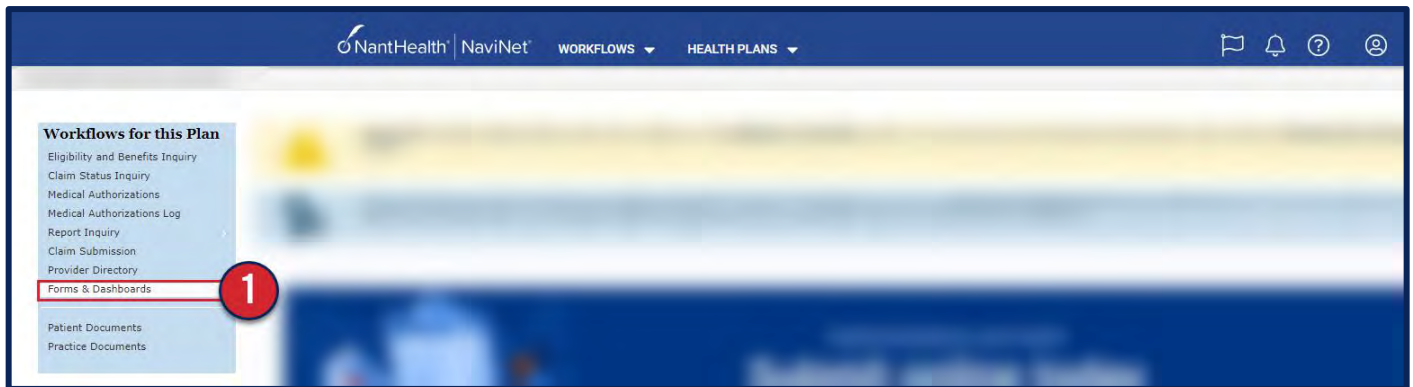
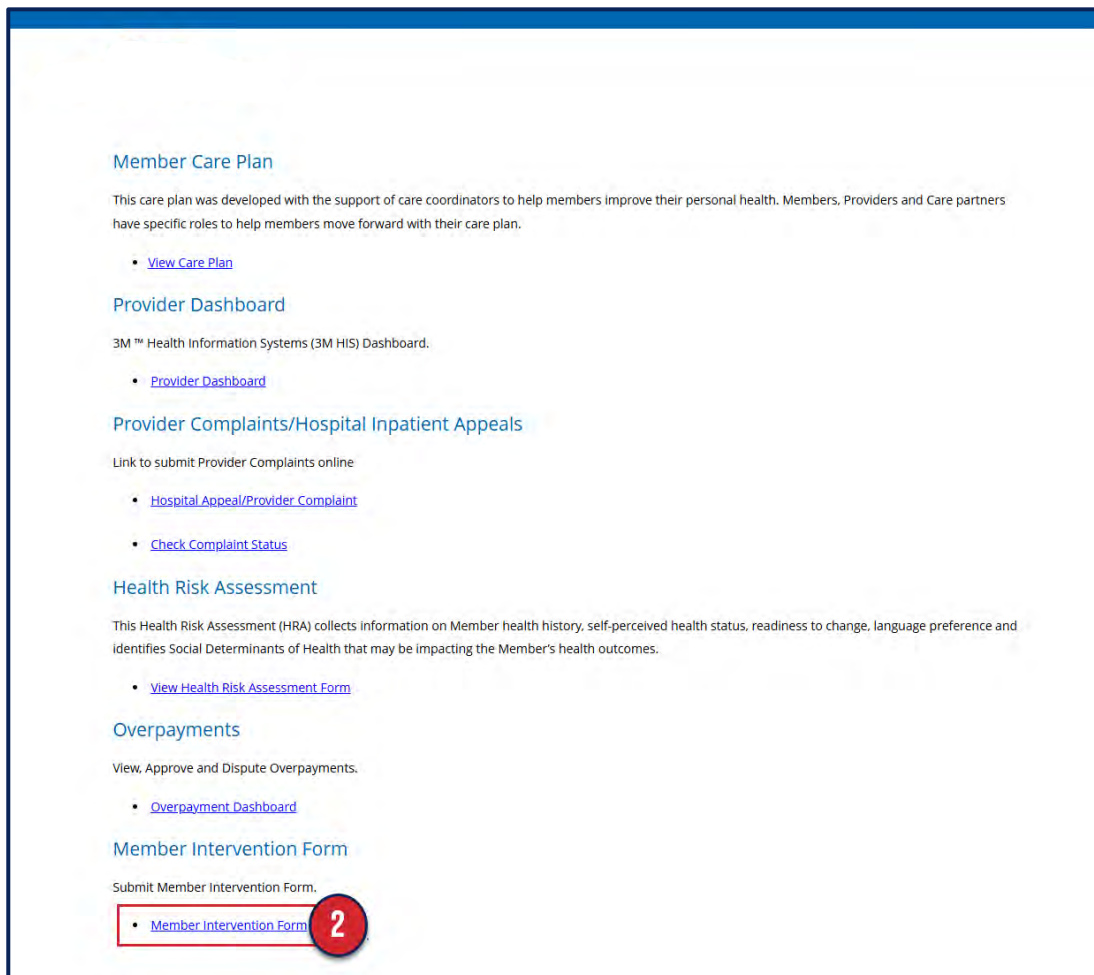
Routing and Support

Once submitted, the Member Intervention form is routed directly to the Rapid Response Outreach Team (RROT) to address any identified concerns.

- A Care Connector from the RROT will contact you within 48 to 72 hours to confirm receipt and to ensure understanding of the request.
- Outreach will then be made to the member, and upon successful contact, all requested interventions will be completed.
- Upon completion, you will be notified of the outcome, whether successful or unsuccessful.

Submitting the Member Intervention Form in NaviNet

1. Click **Forms & Dashboard** from the Workflows for this Plan.
2. In the new window that displays, click the hyperlinked bullet, **Member Intervention Form**.



FORMS AND DASHBOARDS CONT'D.



3. Fill out all relevant fields on the form.
4. Click Submit.
5. After submission, a confirmation message will appear: Member intervention form Submitted (not pictured).

Member Intervention Request Form

3

MEMBER INFORMATION

Member name *	Date of birth *
Member ID number *	Phone number *
Address Line 1	
Address Line 2	
City	County Zip
Preferred Language	Preferred contact method (select all that apply) ☐ Phone ☐ Text ☐ Mail
Is the member aware of this referral? ☐ Yes ☐ No	Parent/guardian name

PROVIDER INFORMATION

Group *	Provider *
Role in member's care team ☐ Primary Care Provider (PCP) ☐ Specialist	Office contact name *
Phone Number *	Email/fax
Best time to call	Follow-up preference ☐ Fax ☐ Call ☐ Email

Please check the identified need or intervention

☐ Assistance locating a specialty provider (e.g., physical health, behavioral health, trauma specific) ☐ Assistance with durable medical equipment (DME) (e.g., a wheelchair) ☐ Assistance with translation services and preferred language materials ☐ Bright Start® maternity program referral Estimated date of delivery ☐ Care management referral ☐ Caregiver resources ☐ Coaching and education on health conditions ☐ Crisis follow-up resources (recent suicide attempt or bereavement after a death by suicide) ☐ Education on alternative and proper use of urgent care and emergency services ☐ Education on plan benefits and resources ☐ Frequent emergency room utilization ☐ Identified care gaps ☐ In need of dental provider ☐ Multiple missed appointments or follow-up care ☐ Nonadherence with treatment plan ☐ Pharmacy consult on controlled substances	☐ Assistance with scheduling and transportation (e.g., records discharge or appointments) ☐ Recent exposure to trauma or stressful life events (e.g., natural disaster, bullying, violence, loss of job, or death in the support system) ☐ Risk of prescribed medication nonadherence ☐ Screening for mental health or substance use services ☐ Tobacco cessation ☐ Value-added benefits support Specific request, if any ☐ Weight management ☐ Assistance identifying resources for the following social determinants of health (SDOH) and/or health-related social needs (HRSNs) Education and employment Food and nutrition Financial (budget/utilities) Housing resources Transportation ☐ Treatment plan coaching and education support ☐ Additional comments
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For guidance on completing this form, or to enquire about a submission, please call

4

Patient and Practice Documents

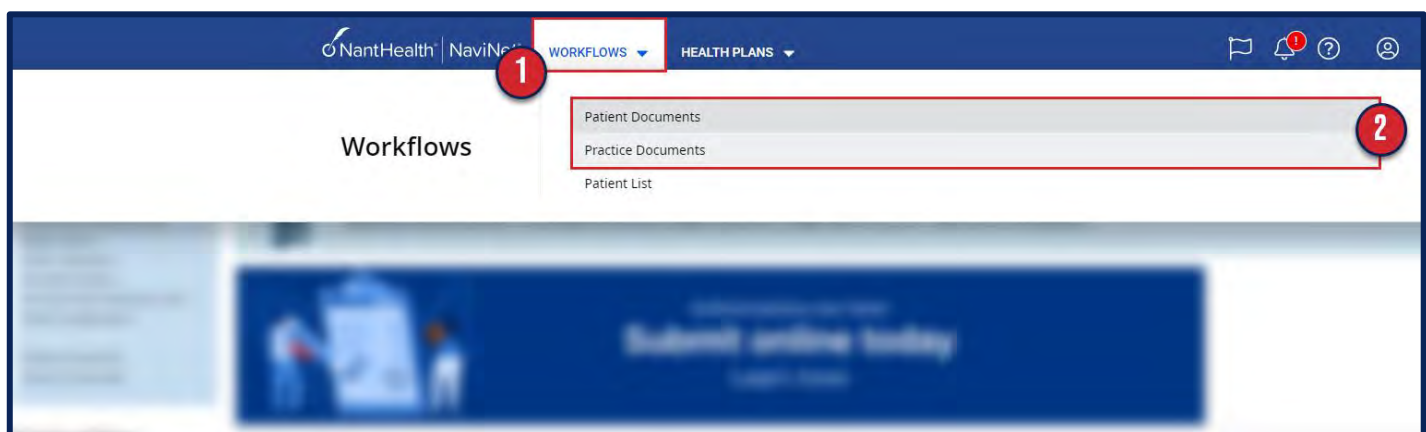
In the Patient or Practice Documents workflows, you can view and access documents submitted on behalf of all providers associated with your office. The patient's health plan provides these documents. Many of them are questionnaires or forms that require an uploaded response.

Some of the documents you can find under the Patient or Practice Documents Workflows are:

- Care Gap Response Forms
- ADT Alerts
- Authorization Letters
- Condition Optimization Program (COP)
- Dispute Letters

To access the Patient or Practice Documents:

1. Click Workflows from the NaviNet toolbar
2. Select either the Patient or Practice Documents workflow



Provider Filter

You can specify a list of providers whose documents you prefer to see and save the list to be used by default anytime you access the Patient or Practice Document dashboards.

The following topics will be covered in this section:

- [Provider Filter Options](#) – Learn about the options in this drop-down menu.
- [Provider Filter Panel](#) – Learn about the three views of the panel and the actions you can take on each view.
- [Provider Details View](#) – Review what the Provider Details screen looks like once selected.
- [Search for Providers to Select](#) – Find out how to search for a specific provider.
- [Select and save your Default Providers](#) – Follow these steps to save your default list of providers.
- [Select and Save Providers](#) (for one-time use) – Follow these steps to select providers whose documents you want to view during the current session.

Provider Filter Options

In the Filter by section of the Practice or Patient Document dashboard, you can select an option from the Providers drop-down list or click the Pencil icon to select Providers to filter the documents by.

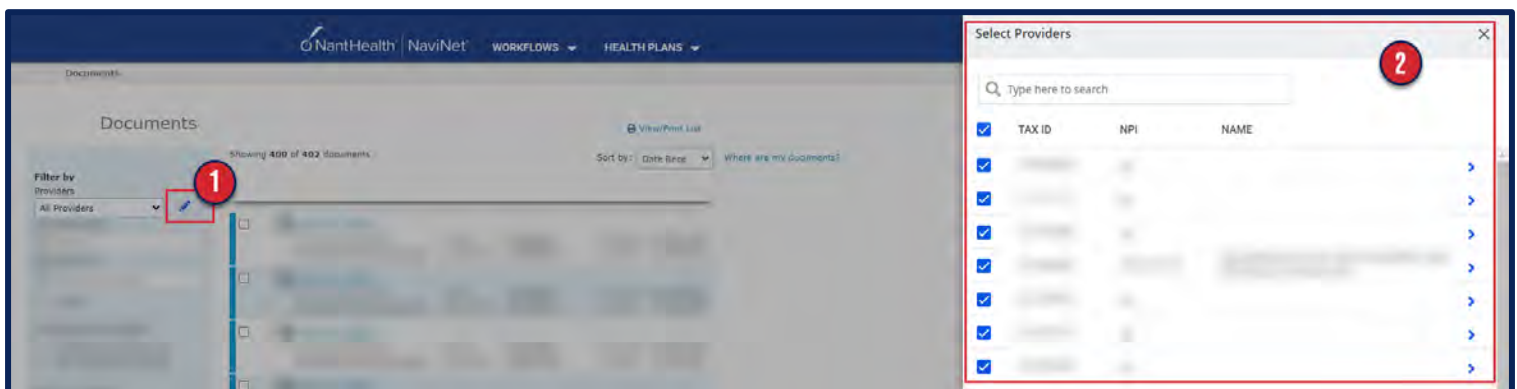
This field always has the option to view all providers. To have other options in this field, you must make manual provider selections or define a default list of providers. Once you do so, additional options appear in the Providers drop-down list.

The possible options in the drop-down list include the following:

- **All Providers** – View documents associated with all providers in your office.
- **Default** – View documents associated with the providers that you have saved as default.
- **Manually selected** – View documents associated with the provider selections that you have applied during the current visit to the Practice or Patient Clinical Documents screens.

To open the Provider Filter panel to review and select providers:

1. Click the pencil icon next to the Providers field
2. The Select Providers view of the panel appears



Provider Filter Panel

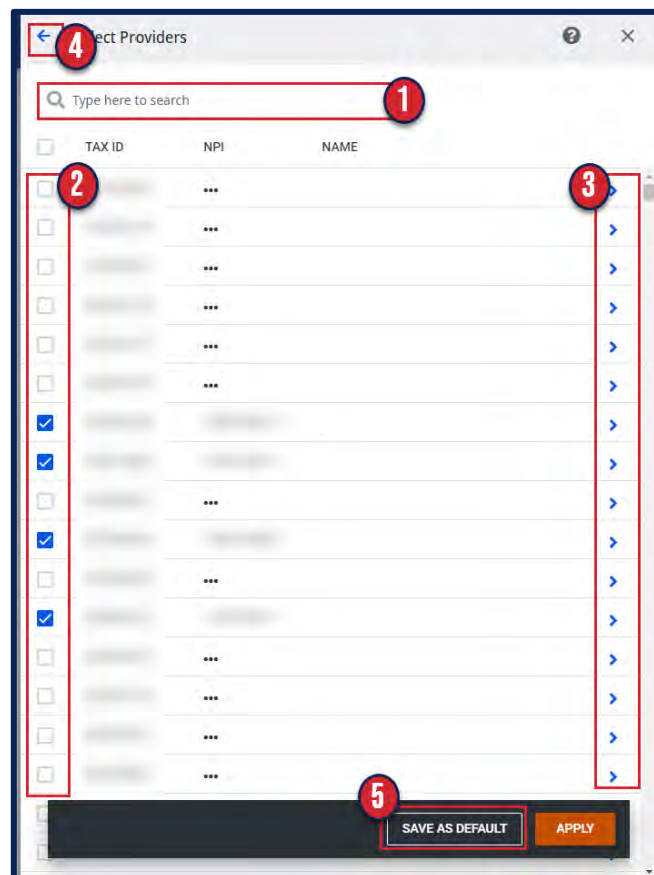
The Provider Filter panel allows you to search for providers, review provider details, make selections, and apply/save your selections.

The Provider Filter panel can show the following details for each record:

- Provider Name (Clinician or Billing Entity)
- NPI
- Tax ID
- Address
- Provider Group ID
- Provider ID
- Providers view (View all Providers for a specific Tax ID, sorted by health plan)
- Provider Details view

You can take any of the following actions in this view:

1. Type in the search box to find a specific provider or Tax ID.
2. Make selections, as needed.
3. Click a Provider to view Provider Details, including Group ID, health plan, and address
4. Return to the previous view by clicking the arrow in the top left of the panel.
5. Save as default or apply your selections



Provider Details View

The Provider View provides more details about the provider (or entities) associated with a particular Tax ID.

- Billing entities and Clinicians are sorted by health plan.
- You cannot make selections from this view.

To access the Provider Details View:

1. Select a provider (Tax ID) from the Select Providers screen
2. Select Provider or Practice
3. The Provider View will display

Screenshot 1: Select Providers

Search: Type here to search

TAX ID	NPI	NAME
...	...	...
...	...	...
...	...	...
...	...	...
...	...	...
...	...	...
112233445	1234567890	PRACTICE NAME
...	...	...
...	...	...

Screenshot 2: Providers (for Tax ID: 112233445)

Search: Type here to search

TYPE	NPI	NAME
...	...	...
...	1122334455	PRACTICE NAME

Screenshot 3: Providers (for Tax ID: 112233445)

PRACTICE NAME

Group NPI: 123456789 Plan: Health Plan Name

Provider Details (1)

Provider Group ID: 11223344	PRACTICE NAME 11 SESAME AVE DREAMSVILLE, NH 0123456780
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Search for Providers to Select

Type at least three characters in the search box to search for an individual provider. The list of providers begins to sort.

Search requirements and included fields are as follows:

- The search includes sub-strings and is not case-sensitive.
- If you enter multiple words, an "or" search is performed.
- The search includes Tax ID, NPI, Group NPI, Provider Name, Address, and Health Plan Name.

	TAX ID	NPI	NAME
☒			
☒	231489843	1922141167	MALVERN INSTITUTE FOR PSYCHIATRIC AND ALCOHOLIC STUDIES, INC.
☒			
☒			
☒			
☒			
☒			
☒			
☒			
☒			

Default Providers

You can save a list of providers to use to filter the list of documents by default every time you visit the Patient or Practice Document dashboard.

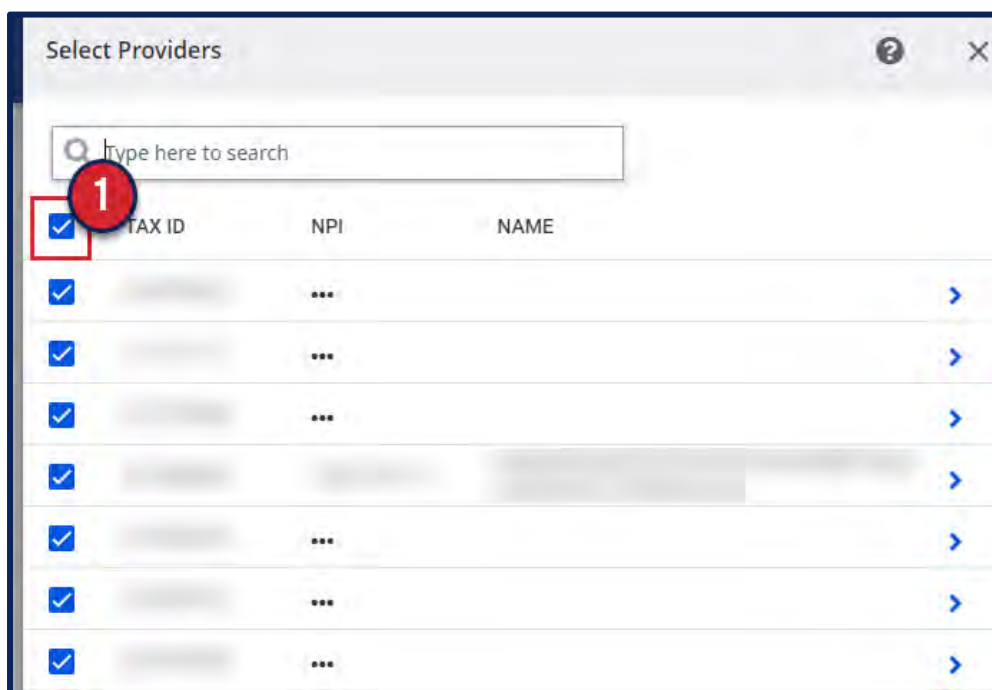
You can select:

1. [All providers](#)
2. [All providers for a particular Tax ID](#)
3. [Individual providers](#)

You can also make selections from the Select Providers and Provider views of the Provider Filter panel.

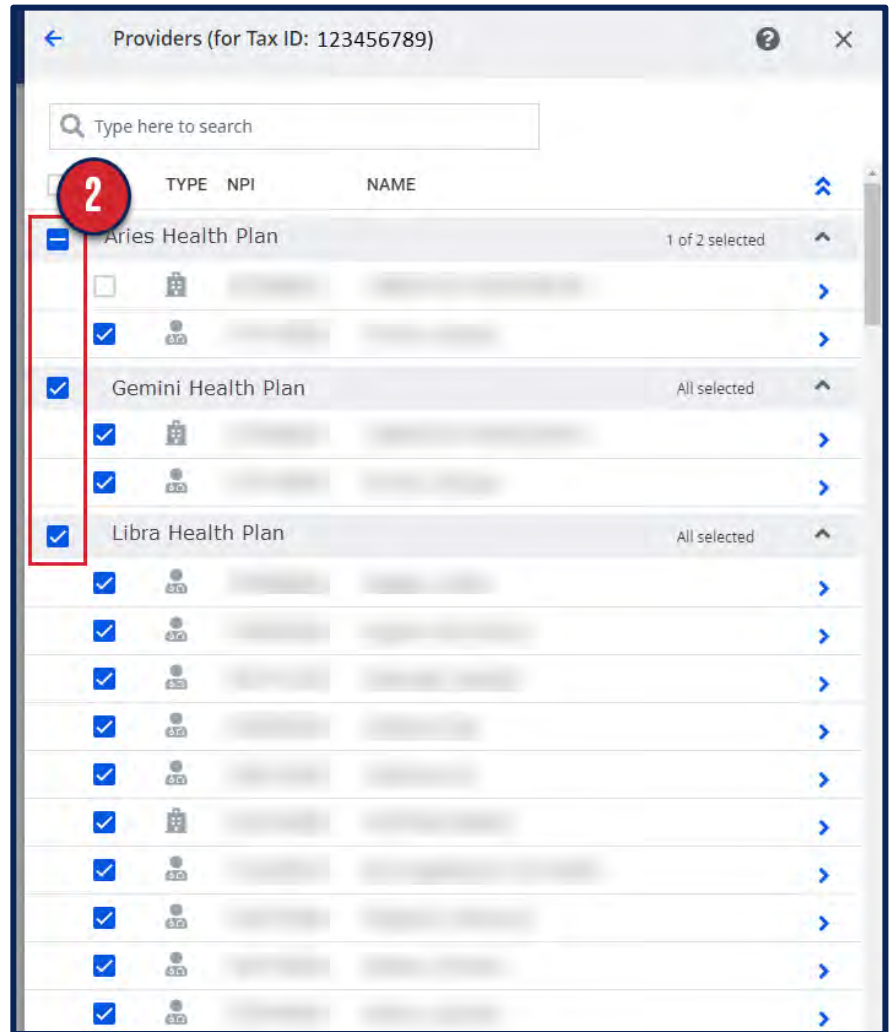
Default Providers: All Providers

1. On the Select Providers view, select the Select All checkbox to select all providers associated with your office
 - When new providers or health plans are added to your office in the future, they are automatically included in your default filter results.
 - The “Select All” checkbox is not checked if you choose individual Tax IDs.
 - If you perform a search, the “Select All” check box will only select the visible Tax IDs and providers. If you save these as default, any time a new provider is added to your office or to the selected health plan, it will NOT be included in your default filter results.



Default Providers: All Providers for particular Tax ID

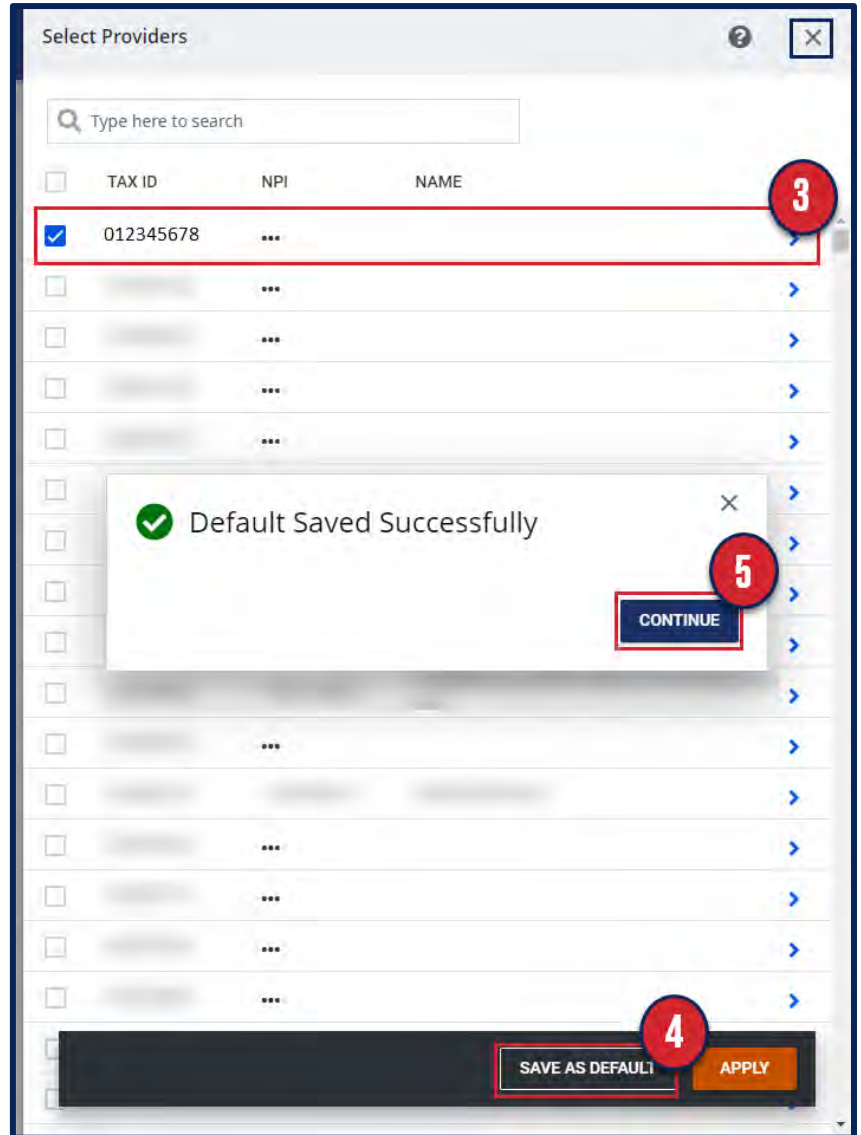
2. On the Providers view, click the Select All checkbox for the required health plan to select all providers associated with a Tax ID for that health plan.
 - When a new provider is associated with the health plan for the selected Tax ID in the future, it is automatically included in your default filter results. In the following example, the Select All checkbox for Gemini and Libra health plans is selected.



Note: The Select All checkbox displays a dash (-) if only individual providers associated with a Tax ID are selected on the Provider view (as shown in the Aries Health Plan Select All checkbox in the screenshot).

Default Providers: Individual Providers

3. On the Select Providers view, select the check box next to the provider. If necessary, use the search box to find a particular provider.
 - This selection will include all details associated with that provider (for example, multiple locations or health plan associations).
4. Once you have made your selections, click Save As Default
 - Click Apply to close the panel and apply your selections. They are retained until you navigate away from the Practice or Patient Documents screen
 - You can close the panel without saving or applying your selections by clicking the X button at the top-right of the panel.
5. A pop-up will display, click Continue



Note: If you selected too many items, a pop-up window will appear with a message indicating that changes cannot be saved because you selected too many providers. Click Cancel, reduce the number of selections you made, and try again.

Select and Save Providers (for one-time use)

During your current session, you can view documents for specific providers by selecting:

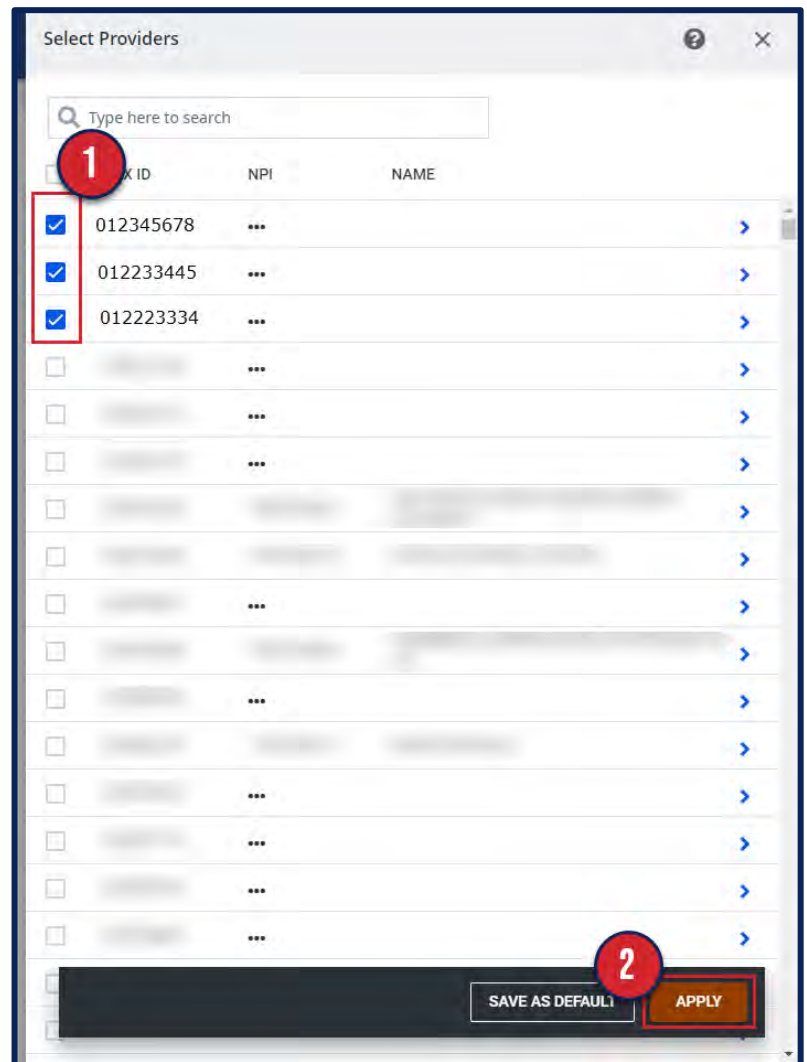
- All providers
- All providers for a particular Tax ID
- Individual Providers

These selections are not retained for future visits to the Practice or Patient Clinical Documents screens.

You can make selections from the Select Providers and Provider views of the Provider Filter panel.

1. Select the providers
2. Click Apply to close the panel and apply your selections.

Your selections are retained until you navigate away from the Practice or Patient Documents screen.



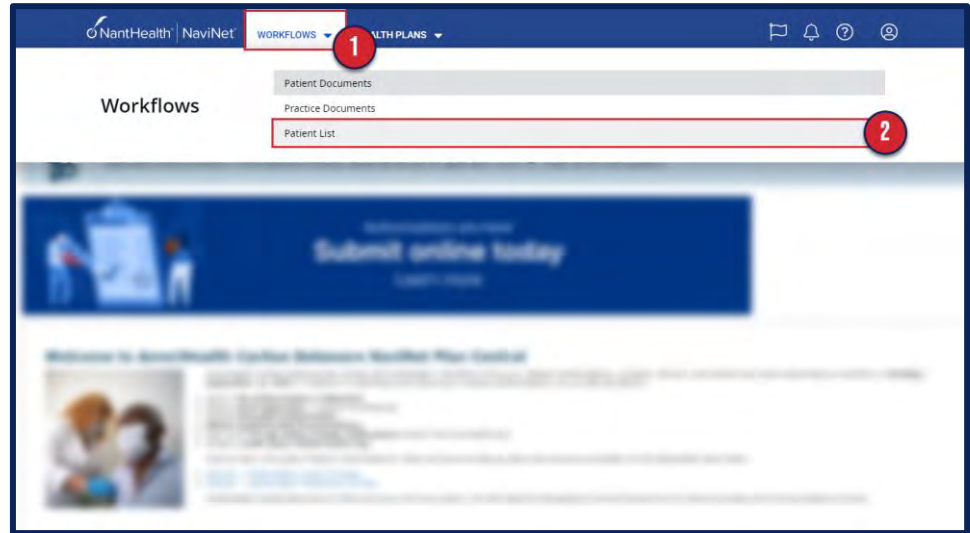
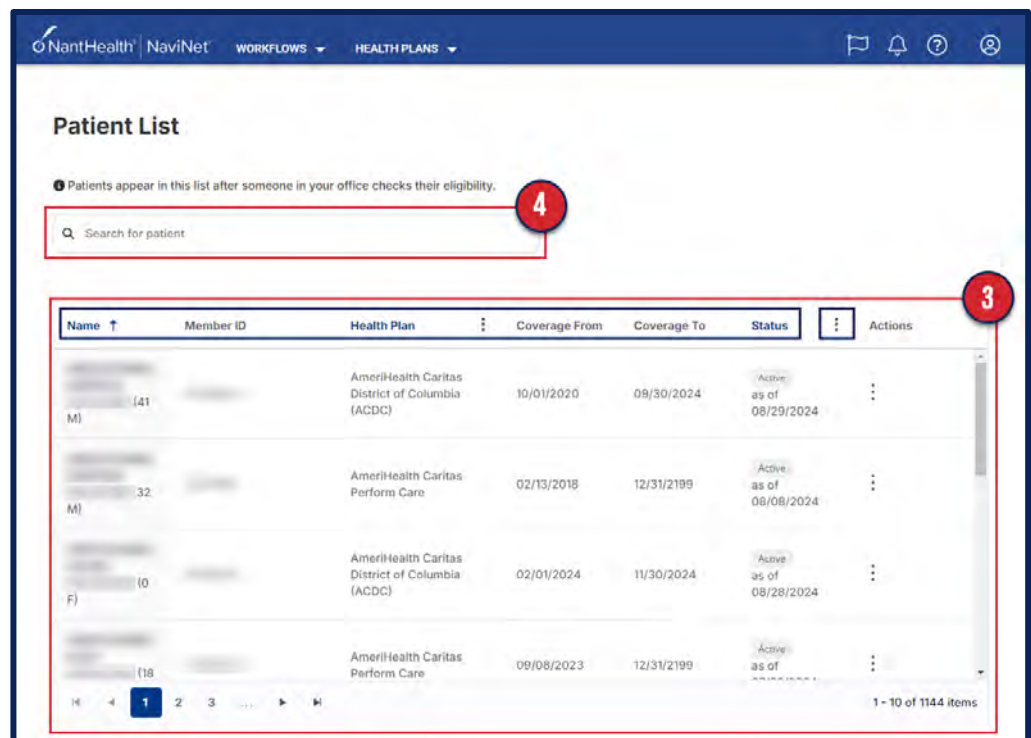
Note: If you selected too many items, a pop-up window will appear with a message indicating that changes cannot be saved because you selected too many providers. Click Cancel, reduce the number of selections you made, and try again.

Patient List

You can view your patients in one place and quickly check their eligibility details or claim status. Patients automatically appear in the list after the eligibility is checked.

To access the Patient List:

1. Click Workflows from the top menu bar
2. Select Patient List
3. The Patient List appears. You can see the patient's coverage status, which is based on the most recent eligibility check
4. Find the patient
 - Type criteria in the search box at the top to narrow the list
 - Click a column header to sort by that column
 - Click the Filter icon () in the Health Plan or Status column to filter the list by a specific health plan or coverage status



Patient List Actions

The following actions can be performed in the Patients List:

- View the patient's eligibility for today
- [Update the eligibility search criteria](#)
- [Check the status of a claim](#) (only available if the health plan supports it)
- [Remove a patient from the list](#)

To view the patient's eligibility for today:

1. Click the patient row
2. The Eligibility and Benefits screen will display

Patient List

Patients appear in this list after someone in your office checks their eligibility.

Name ↑	Member ID	Health Plan	Coverage From	Coverage To	Status	Actions
MEMBER LAST NAME, FIRST NAME 01/01/1983 (41 M)	11223344	Health Plan Name	10/01/2020	09/30/2024	Active as of 08/29/2024	

Back to Patient List | Eligibility & Benefits: AmeriHealth Caritas

Eligibility and Benefits for

AmeriHealth Caritas

AETNA U.S. HEALTHCARE - MEDICAL/HOSPITAL WITH RX | BOND2 - MEDICAL/HOSPITAL WITH RX | CIGNA - MEDICAL/HOSPITAL WITH RX | EXPRESS SCRIPTS - PHARMACY

Active from 10/01/2020 to 09/30/2025

Member ID: 11223344 | Group: 028563001000001 AETNA U.S. HEALTHCARE - MEDICAL/HOSPITAL WITH RX | Service Date: 09/23/2024

INSURANCE DETAILS
Product: AMERHEALTH CARITAS
Type:

PRIMARY CARE PROVIDER
Phone: | NPI: | Member Language: English
Identity Card Number: | View Member Clinical Summary
View EHR
Member ID Card for
PCP History for
On Demand Medication Report for

Benefits

Health Benefit Plan Coverage

Benefit Status: Active Coverage

Prior Year History:

Eligibility Begin Date: 10/01/2020
Eligibility End Date: 09/30/2025
AMERHEALTH CARITAS

GROUP
METRO IMMEDIATE PRIMARY CARE-MCPHERSON SQUARE
NPI: | Phone: |

Patient List Actions Cont'd.

You can **update the eligibility search criteria** by:

1. Clicking the Actions menu (three vertical dots) on the right side of the patient row
2. Select Eligibility & Benefits
3. The Patient Search screen will display. Update the search criteria

- You can use the current patient or search for a new one. You cannot change the health plan.

Patient List

Patients appear in this list after someone in your office checks their eligibility.

Search for patient

Name ↑	Member ID	Health Plan	Coverage From	Coverage To	Status	Actions
MEMBER LAST NAME, FIRST NAME 01/01/1983 (41 M)	11223344	Health Plan Name	10/01/2020	09/30/2024	Active as of 08/29/2024	<div>1</div> <div>2</div> <ul style="list-style-type: none"> Eligibility & Benefits Claim Status Remove Patient

1 - 10 of 1144 items

[Back to Patient List](#) | Eligibility & Benefits: AmeriHealth Caritas

Eligibility & Benefits: 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

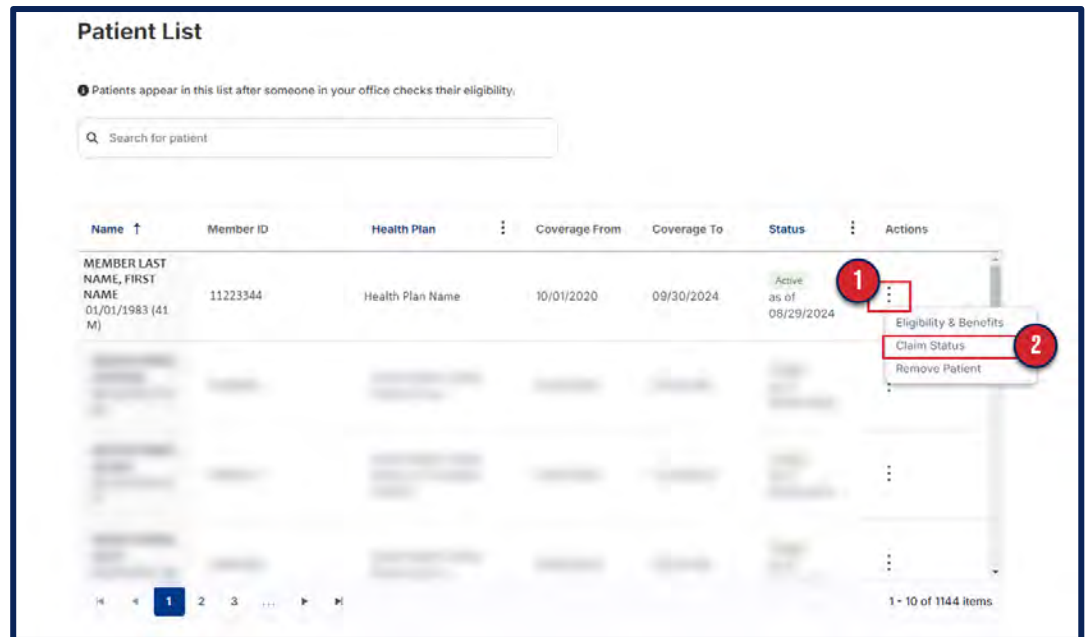
Date of Birth

Date Of Service

Patient List Actions Cont'd.

You can **check the status of a claim** by:

1. Clicking the Actions menu (three vertical dots) on the right side of the patient row
2. Select Claim Status
3. The Claim Status Search screen will display. Enter your search criteria
 - You can use the current patient or search for a new one. You cannot change the health plan.



The screenshot shows the 'Claim Status: Search' screen. At the top, there is a breadcrumb link '< Back to Patient List' and the text 'Claim Status: AmeriHealth Caritas'. Below this is a section titled 'Claim Status: Search' with a note: 'Online Remittance Advice will be available for claims paid on or after 01/04/2016.' There is a 'Reset Search Fields' link. The main form area is divided into sections: 'Billing Entity' with a search bar 'Type Name or ID to find provider...', 'Patient Details' with fields for Member ID, Last Name, First Name, and Date of Birth, and 'Claim Status Details' with fields for Service Start (09/23/2024), Service End (09/23/2024), and Claim ID (Optional). A 'Search' button is at the bottom right. A red circle and number 3 highlight the 'Reset Search Fields' link.

Patient List Actions Cont'd.

After a patient appears on this list, they stay there unless you remove them.

To remove a patient from the list:

1. Clicking the Actions menu (three vertical dots) on the right side of the patient row
2. Select Remove Patient

This action removes the patient from the list until someone in your office checks their eligibility again in NaviNet.

Patient List

Patients appear in this list after someone in your office checks their eligibility.

Name ↑	Member ID	Health Plan	Coverage From	Coverage To	Status	Actions
MEMBER LAST NAME, FIRST NAME 01/01/1983 (41 M)	11223344	Health Plan Name	10/01/2020	09/30/2024	Active as of 08/29/2024	<div>1</div> <div>⋮</div> <div>Eligibility & Benefits</div> <div>Claim Status</div> <div>Remove Patient</div> <div>2</div>
						⋮
						⋮

1 2 3 ... ▶▶

1 - 10 of 1144 items

