

# NaviNet Medical Authorizations Workflow



# NaviNet Log-in



Access NaviNet using the following address: <https://navinet.navimedix.com>.

NantHealth | NaviNet

Username

Password

**SIGN IN**

[Forgot username?](#) [Forgot password?](#)

[Register for a new account](#)

# Supported Browsers



Use any [supported browser](#) to submit an authorization to Select Health of South Carolina.

NaviNet supports the following operating systems and browsers:

## **Windows® operating system version 8.1, 10, and 11**

- Microsoft Edge™ (latest version)
- Mozilla Firefox® (latest version)
- Google Chrome™ (latest version)

*NOTE: As of June 15, 2022, NaviNet no longer supports Internet Explorer®.*

## **Macintosh® operating system**

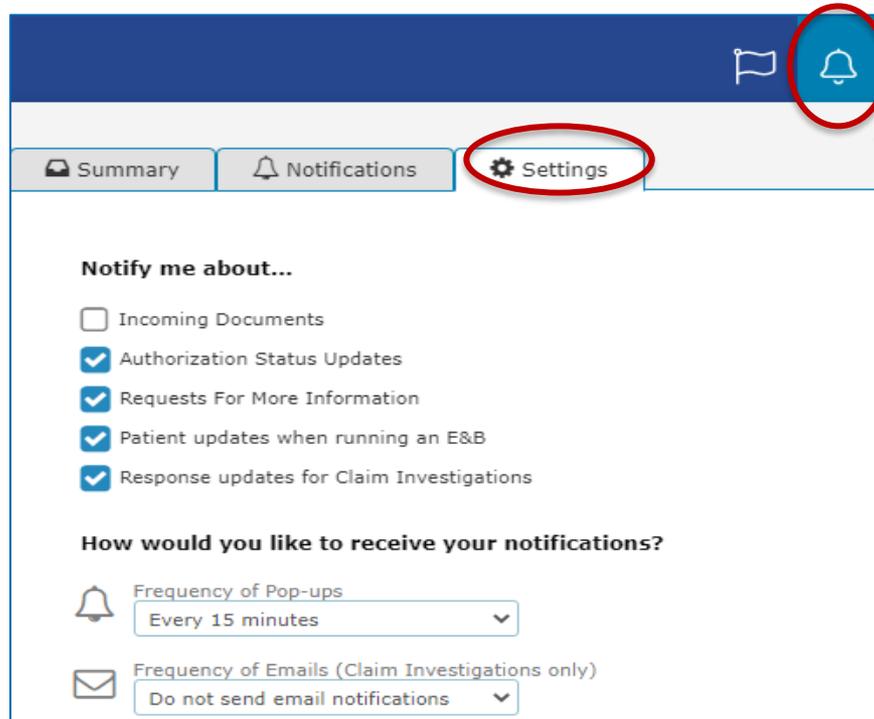
- Safari® 16 on macOS® 13 (Ventura)
- Safari 15 on macOS 12 (Monterey)
- Mozilla Firefox (latest version)
- Google Chrome (latest version)

## **Linux® operating systems**

- Mozilla Firefox (latest version)

# Notifications

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



# Plan Central Page

Users can view Authorization workflows videos by clicking on the links on the Plan Central page.

### Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Medical Authorizations
- Medical Authorizations Log
- Claim Submission
- Report Inquiry
- Provider Directory
- Notification of Pregnancy Submission
- Forms & Dashboards

### Training Videos

- Providers Filter
- Claims Adjustment Inquiries
- Care Gap Response Forms
- ADT alerts
- The Condition Optimization Program
- Tutorial - Authorization Inquiry Process**
- Tutorial - Authorization Submission Process**

Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on Thursday evenings between 6 p.m. and 10 p.m. again after 10 p.m. ET. Thank you for your patience.

**Important information for providers regarding COVID-19.**

**FirstChoice**  
by Select Health of South Carolina  
*Your Hometown Health Plan*

Healthy Connections | Healthy Connections  
PRIME

## NaviNet Medical Authorizations – Plan Central Announcement

In collaboration with NantHealth/NaviNet, we have enhanced the prior authorization submission process by developing a new workflow.

The **Medical Authorizations** workflow allows you to submit authorization requests, inquire on existing authorizations, and manage your workflow.

Want to learn more about **Medical Authorizations**? **Video tutorials** and **step-by-step instructions** are available on the NaviNet website.

- [Tutorial — How to Inquire About an Authorization](#)
- [Tutorial — Authorization Submission](#)

The health plan will offer training on the new system. Provider Network Management Account Executives will contact you to schedule training.

## Member Clinical Summary and Panel Roster report offer additional information

We've added new elements to the Member Clinical Summary. This valuable report now includes the following information:

- Care Manager name and contact information.
- Observation stays.

# Creating A New Authorization Request

On the **Health Plans** menu, under **My Plans**, click **Select Health of South Carolina**.

Under **Workflows for This Plan**, click **Medical Authorizations**.

## Workflows for this Plan

Medical Authorizations

Medical Authorizations Log

Eligibility and Benefits Inquiry

Claim Status Inquiry

Report Inquiry

Claim Submission

Provider Directory

***NOTE: The Medical Authorizations link is used to submit both physical and behavioral health prior authorization requests.***

- After clicking the link, the authorization submission screen will display.
- You may want to search for an existing authorization request for the member before creating a new request.

# Search for Existing Authorization

You can search by requesting or servicing provider, for a 30 day or specified date range and for a specific member.

[+ Create New Authorization](#)

### Search for Existing Authorization

Requesting  Servicing

Servicing Provider

Select Group/Facility ...

[Search by Provider](#)

Date Range

10/16/2023 - 11/14/2023

#### Optional Details

Member ID

Last Name

First Name

Authorization #

[Search](#)

The system will let you know if there is an existing authorization request.

### Authorizations: Search Results

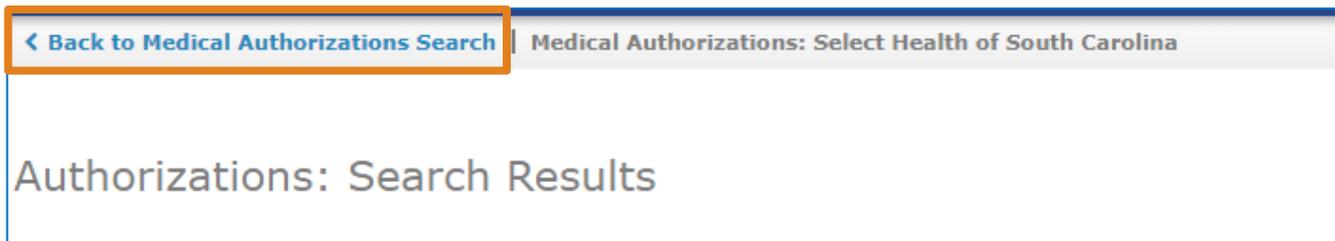
Filter Results ...

Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v
92311002317NNA-EDVXJ7LOGK	VERNELL MCNAMARA (51887125)	Cancelled			49560	11/13/2023

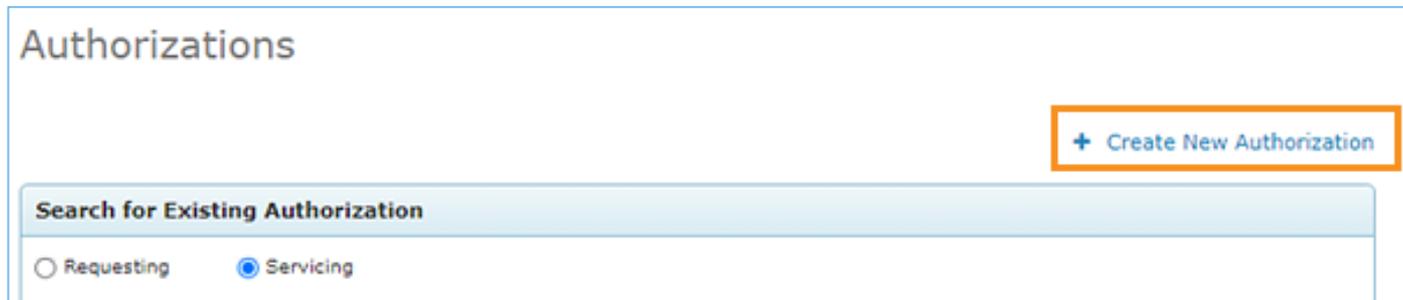
# Creating A New Authorization Request

Once you confirm there is not an existing request, you are ready to create a new authorization.

- Go back to the Medical Authorizations Search screen:



- Click on the *Create New Authorization* link in the upper right corner:





The *Create New Authorization: Patient Search* screen will populate.

- Enter patient search criteria information: Search by Member ID or by Name.
  - If searching by name, the member's first name, last name, and date of birth (DOB) are required.
- Click **Search**.

**Note:** If you enter an incorrect/invalid member ID you will receive the following message:



## Create New Authorization: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

### Search by Member ID

Member ID

OR

### Search by Name

Last Name

First Name

Date of Birth

mm/dd/yyyy

Effective Date

03/08/2022



Search

# Pre-Screening Questions

- Review the pre-screening questions to:
  - Verify prior authorization requirements, you may access the CPT Lookup tool by clicking on the “[here](#)” link.
  - Make sure you are using the correct process.
- If you are certain of the requirement and process, you may bypass these questions by clicking **Continue**.

**New Authorization Pre-Screening Questions**

Please check the following conditions to ensure that you are using the correct authorization process ...

Have you verified that the service requires prior authorization?	<p>Please verify the coverage of benefits by reviewing the “state” DHS Provider Fee Schedule. The following services always require a prior authorization:</p> <ul style="list-style-type: none"><li>• Inpatient services</li><li>• Investigational or experimental services</li><li>• Services from a non-participating provider</li></ul> <p>If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the “plan” authorization look up tool located <a href="#">here</a></p>
Are you requesting an authorization for radiology or imaging?	<p>Please <a href="#">access RadMD</a> or call 800-424-4791.</p>

[Back To Search](#) **Continue**



**Note:** If a member is not active with the health plan, you will not be advanced to the pre-screening questions. You will receive the following message:

**✘ Authorization cannot be created.**

The selected date of service (04/08/2022) is not in the patient's active coverage range: 04/08/2022.

# Active/Eligible Member

If the member is active, the **Authorization Service Type** screen will be displayed.

- Choose the Service Type and Place of Service from the dropdown.

## Create New Authorization

**FRANKIE MOCHRIE**  
Male born on 11/20/1981 (40 yrs old)

**FRANKIE MOCHRIE**

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

PRIMARY CARE PHYSICIAN  
[REDACTED]

[View Eligibility & Benefits](#)

Service Type

Select service type...

- Inpatient Chemotherapy
- Inpatient Delivery Notification
- Inpatient Emergent Admission Notification
- Inpatient Hospice
- Inpatient Intensive Care
- Inpatient Long Term Care
- Inpatient Maternity
- Inpatient Medical Care

Select place of service...

- Home
- Independent Clinic
- Off Campus-Outpatient Hospital
- Office
- Pharmacy

Cancel [Next >](#)

**Note:** *View Eligibility & Benefits* is available under the member's demographic and Primary Care Provider (PCP) information for your convenience.

*Member Information in this presentation is fictional.*

# Creating An Authorization – Request Screen



The request detail screen will populate. Fill in the details:

- **Date of service** – defaults to current date.
- **Level of Service** – choose Elective or Urgent.
- **Requesting Provider** - provider requesting the service.
- **Servicing Provider** – provider rendering the service.

**Note: Requesting and Servicing providers can be the same.**

- **Diagnoses** – enter DX code. This is a look-up field.
- **Services/Procedures** - enter dates of service, procedure code(s) and number of visits/units being requested.

Warning: Service line date ranges cannot overlap with the date range from another service line.

Service Type: Outpatient Medical Care  
Place of Service: Office

Date Of Service  
11/10/2023

Level of Service ?  
Elective

**Requesting Provider**  
Select Group/Facility ...  
[Search by Provider](#)

**Servicing Provider**  
Select Provider ...

**Diagnoses**  
Add Diagnoses ...  
No Diagnoses Codes selected ...

**Services**

**Procedures**

From: 11/10/2023 To: mm/dd/yyyy

Procedure Code: [ ] Modifiers: [ ] [ ] [ ] [ ]

Units: 1 Unit(s)

+ Add Procedure

# Creating An Authorization – Request Screen (cont.)



## Services/Procedures:

- **Dates of service:** Cannot submit requests for identical service codes for the same dates.
  - An error message ,” ***Invalid/Missing Date(s) of Service – Please correct and resubmit***” will appear when the system detects a duplication of services for the same date range. Applicable procedure codes.
- **Procedure codes:** is free text and not a lookup field. If an incorrect procedure code is entered the request may not be processed.

**Procedures**

From: 11/10/2023 To: mm/dd/yyyy

Procedure Code: [ ] Modifiers: [ ] [ ] [ ] [ ]

Units: 1 Unit(s)

+ Add Procedure

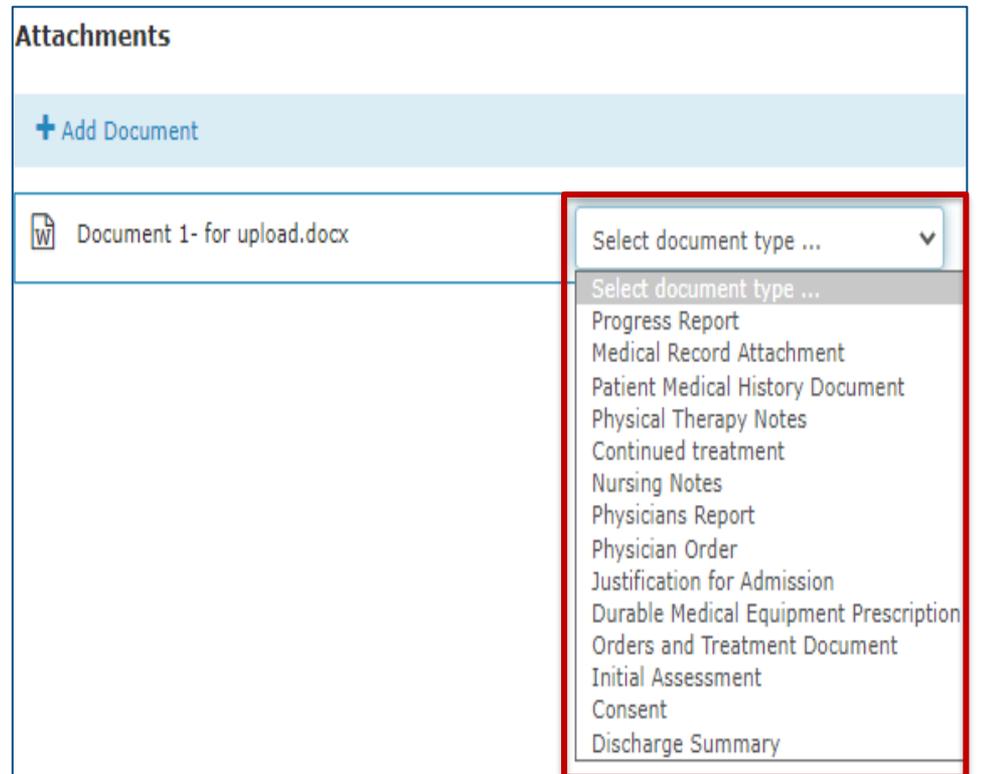
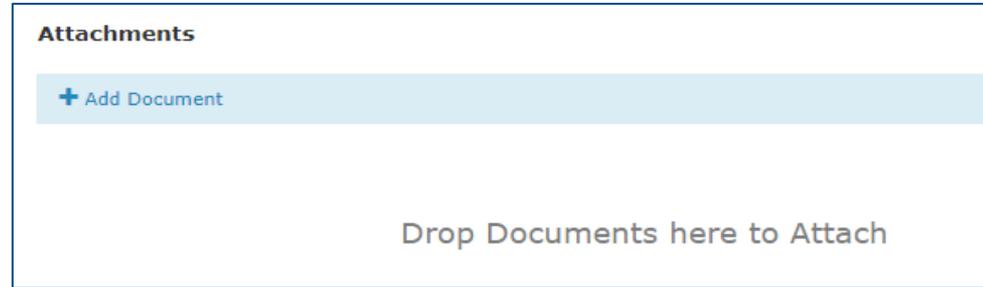
From	To	Procedure Code (Modifiers)	Units
------	----	----------------------------	-------

After entering each service line, click on “**Add Procedure**” to save the information entered.

# Creating An Authorization Request - Attachments



- Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif).
- May attach up to 10 documents.
- Identify the document type using the drop-down list.



# Submitting the Authorization Request



Add pertinent notes (anything you want the reviewer to be aware of). There is a 264-character limit.

Notes

Enter Clinical Notes ...

264 characters left

Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional. Check the *Save as default box*, to save contact information, so it won't have to be entered every time.

The **Declaration** box must be checked to submit the request. Click **Submit**.

**▼ Contact Information**

<b>First Name</b> Beth	<b>Phone Number</b> (843) 999-9999
<b>Last Name</b> Williams	<b>Fax Number</b> Optional
<b>Email Address</b> Optional	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations

**DECLARATION**

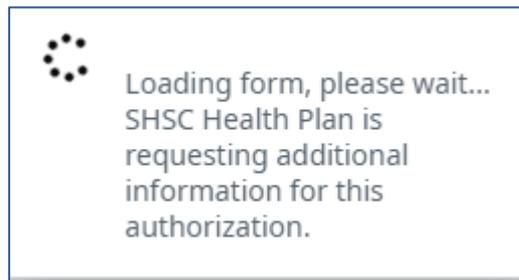
By checking this box, I agree to notify the member of any services that are approved.

Cancel   « Previous   **Submit**

# InterQual Criteria/Clinical Guidelines Check



- After **submitting** your request, InterQual criteria/clinical guidelines check may or may not launch.
- Criteria is launched based on diagnosis code and/or service code.
- The message below will populate indicating the InterQual page is loading:



If InterQual criteria is not launched, you may receive an *automatic approval*.

## Interqual Criteria/Clinical Guidelines Check (cont.)



- The system may direct you to a guideline selection page. Select the most current guideline then click on 
- Answer the questions as they relate to your patient.
- After all questions have been answered the ***No Remaining Questions*** message will display: Click ***View Recommendations*** to continue.
- At the end of the review the you will receive a ***Criteria Met*** or ***Criteria Not Met*** message.
- Regardless of message received (Criteria Met or Not Met), you must **continue** and submit the request to the Plan.

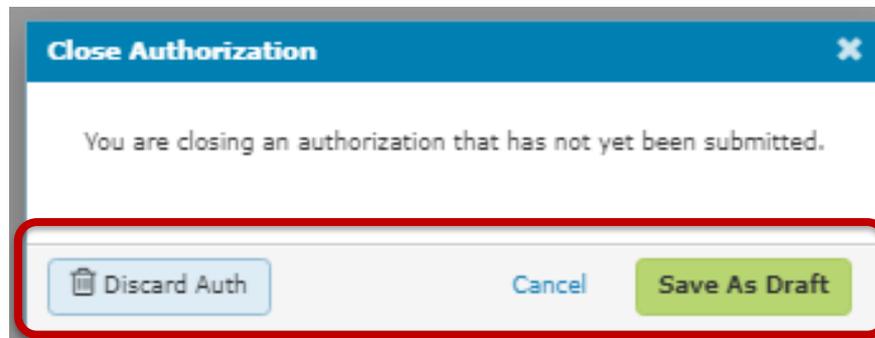
# Interqual Criteria/Clinical Guidelines Check (cont.)



**Note:** While creating an authorization, if you don't have all the information or need to step away, you can close or save the request.

Select  **Close/Save** which allows you to:

- **Discard Auth** - delete the request.
- **Save as Draft** - come back and complete the request later.
- **Cancel** - continue with request.



# Interqual Criteria/Clinical Guidelines Check (cont.)



If you are not clinical or do not have the information to complete the Interqual review, you can skip the review.

**X CANCEL REVIEW** | Female 1/28/2008 (15) | 51887125

**Do you wish to complete Medical Review now?**

Select 'Skip Review' if you do not have enough information, and the authorization will be sent to the health plan. You can complete the medical review later using the Amend feature.

**SKIP REVIEW** **CONTINUE TO REVIEW**

**Disclaimer**  
Unless otherwise required by state law, this notice is not a guarantee of payment, benefits are subject to all contract limits and the member's status on the date of service, acc



Note: If the InterQual medical review is skipped, the medical review is completed by the health plan.

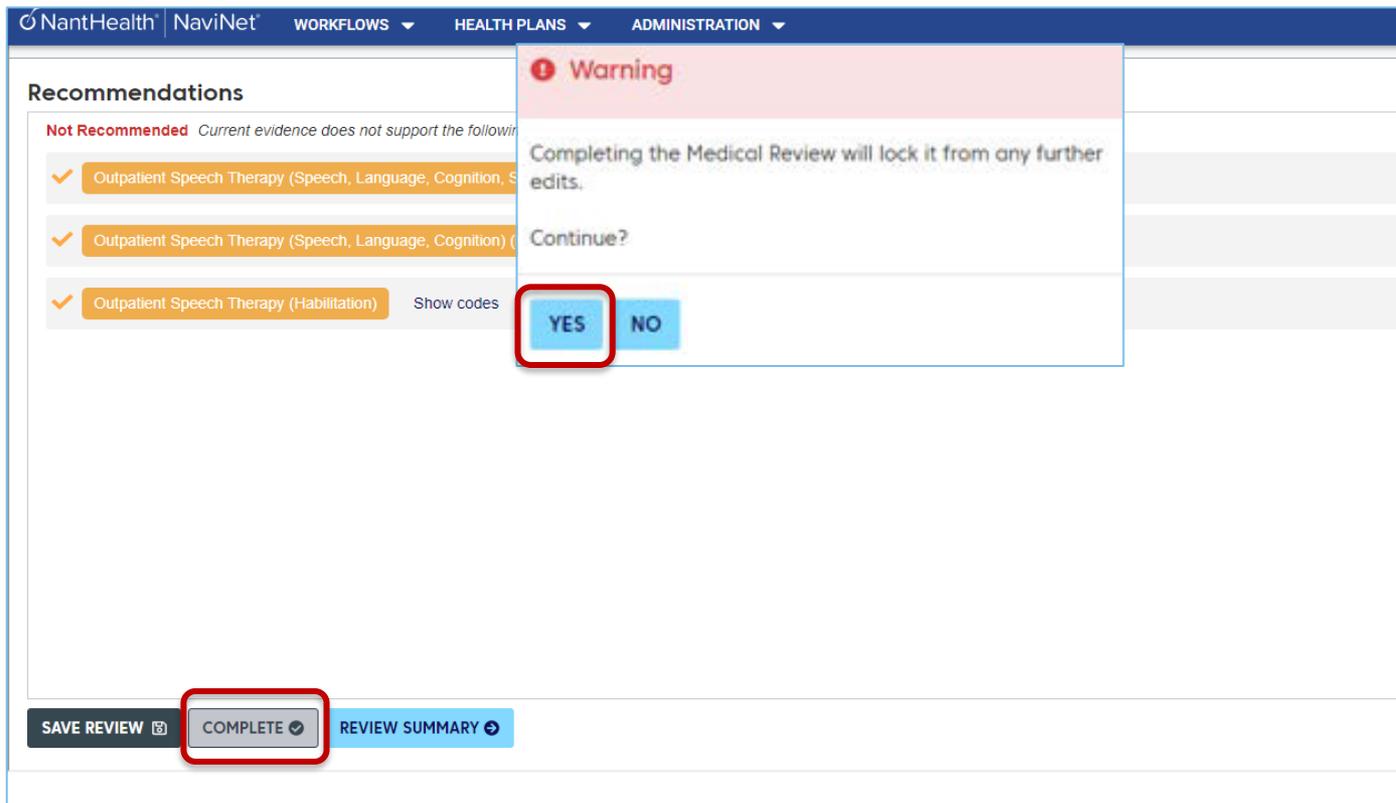
The authorization details screen will populate showing:

- A summary of the request along with the status and the pending authorization number.
- If additional information is needed to complete the medical review, a Request For More Information (RFMI) will be sent to the provider through the NaviNet Provider Portal.

# Interqual Criteria/Clinical Guidelines Check (cont.)



When the review is complete, the following message will display:



Click **Complete**, then select **YES** to continue.



The following notice will display, indicating you are being sent back to NaviNet from InterQual:



Loading form, please wait...  
SHSC Health Plan is  
requesting additional  
information for this  
authorization.

# Authorization Details Screen

Once back in NaviNet, the authorization details screen is displayed showing:

- **Approved** or **Pended** status.
- **Authorization number.**
- **Patient and provider information.**
- **Authorization details.**

Authorization Details | YOSHIKO HOWELL  
Male born on 10/28/2015 (7 yrs old)

+ Create New | History | Authorization Search | View/Print as PDF

Approved | Authorization #: 92212003641 | Effective: 12/08/2022

Meeting criteria in InterQual does not guarantee an approved authorization request.

**YOSHIKO HOWELL**  
11 AMELIA WAY  
GEORGETOWN, SC 294408750

**PATIENT'S INSURANCE**  
Member ID: ██████████

**PRIMARY CARE PHYSICIAN**  
RIVERSIDE PEDIATRICS

[View Eligibility & Benefits](#)

**Requesting Provider** | **Servicing Provider**

Service Type: Outpatient Mental Health  
Place of Service: Home  
Date of Service: 12/08/2022  
Level of Service: Elective

▼ **Diagnoses (1)**

Diagnosis
1 F60.2 - Antisocial personality disorder

▼ **Services (1)**

Service Dates	Procedure Code (Modifiers)	Units	Status
12/08/2022 - 12/31/2022	90832	6 Unit(s)	Approved

▼ **Notes from Requesting Provider**

12/07/22, JP, PROGRESS REPORT IPOC & CSN

# Inpatient Authorization Requests



The initial steps are the same as submitting an outpatient request, with the specifics for inpatient requests:

- Date of admission is a mandatory field.
- Date of discharge is optional because it may not be known at the time the request is initiated.
  - The member's discharge date can be added later by amending the inpatient authorization request.

# Inpatient Authorization - Admission Type



Select the appropriate admission type from the drop-down list: **Elective**, **Urgent**, or **Emergent**.

Admission Type ?

Select admission type ...

Select admission type ...

Elective

Urgent

Emergent

The question mark beside admission type provides a description of the types of admissions.

- **Elective:** Potential admission for illness/injury enrollee not currently admitted
- **Urgent:** Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, enrollee not currently admitted.
- **Emergent:** Concurrent review, enrollee is currently admitted.



- **Requesting provider:** the provider requesting the service.
- **Servicing provider:** the provider completing the service (also known as the *Attending*).
- **Servicing facility:** location where the service will be performed.

# Inpatient Authorization – Dates/Units/Bed Type



**From: (start date)/To: (end date):** Mandatory fields. We understand in some cases, the discharge is unknown, but you must enter at least 1 day past the From date. You can update later, if necessary.

The screenshot shows two date selection fields. The 'From' field contains the date '03/11/2022' and has a calendar icon to its left. The 'To' field contains the placeholder 'mm/dd/yyyy' and also has a calendar icon to its left. Both fields are set against a light blue background.

**Units:** are equivalent to days.

The screenshot shows a text input field labeled 'Units' with the number '1' entered. To the right of the input field is the label 'Unit(s)'. The entire field is set against a light blue background.

**Bed type:** Select the appropriate type from the drop-down list. Mandatory field.

The screenshot shows a drop-down menu titled 'Bed Type'. The menu is open, displaying a list of options: 'Select Bed Type' (highlighted in blue), 'Cardiac Care', 'Detained Baby (Well Nursery)', 'Hospice', 'ICU', 'Intensive Care Nursery', 'Intermediate ICU', 'Medical', 'Obstetric Cesarean', and 'Obstetric Vaginal'. A downward-pointing arrow is visible on the right side of the menu.

# Inpatient Authorization - Submitting Request



- **Add Document:** Add any clinical documentation.
  - Select document type from dropdown.
- **Notes:** Add pertinent notes. 264-character limit.
- **Contact Information:** Enter your contact information:
  - First name, last name and phone number are required fields.
  - Fax number and email address are optional fields.
  - Check *Save as default Contact Information for Medical Authorizations* to save your information.
- **Declaration check box:** Mandatory, must be checked to submit the request.
- Select **Submit** when the request is complete.
  - Selecting **Submit** may or may not launch InterQual criteria, based on the diagnosis code and or service code.

# Maternity Prior Authorization Requests



Select Health OB/GYN providers will now submit requests via the ***Notification of Pregnancy Submission*** link.

- The workflow process has not changed.

## Workflows for this Plan

Eligibility and Benefits Inquiry

Claim Status Inquiry

Medical Authorizations

Medical Authorizations Log

Claim Submission

Report Inquiry

Provider Directory

Notification of Pregnancy  
Submission

Forms & Dashboards

*Amending* a request is the process of **extending existing services or requesting another service on an existing authorization.**

- Only for requests that have been **approved or partially approved.**
- Maximum number of services that can be added to an authorization is 15.

## **Amending or Extending An Authorization**



# Amending/Extending An Authorization



You can add to or edit the following:

➤ Outpatient requests:

- Date of service.
- Diagnosis.
- Service lines.
- Additional documents.
- Notes (if the maximum character limit has not been exceeded).
- Contact information.

➤ Inpatient requests:

- Date of discharge.
- Diagnosis.
- Service lines.
- Additional documents.
- Notes (if the maximum character limit has not been exceeded).
- Contact information.



Locate the existing request by selecting the appropriate link under Workflows for this Plan:

- ***Medical Authorizations Log:*** for requests created in NaviNet.
- ***Medical Authorizations:*** for requests not created in NaviNet (e.g., faxed or phoned in requests).

## **Workflows for this Plan**

Medical Authorizations

Medical Authorizations Log



***Medical Authorizations***, also known as authorization inquiry, allows you to search for authorizations that were not initiated in NaviNet, (e.g., phoned, faxed).

- You will only see authorizations/requests for members that are under your care.
- To search for an existing authorization, select **Medical Authorizations** under Workflows for this Plan.

## **Workflows for this Plan**

Medical Authorizations

# Searching For An Existing Authorization (cont.)



This screen will display:

## Authorizations

[+ Create New Authorization](#)

### Search for Existing Authorization

Requesting     Servicing

Servicing Provider  
  
[Search by Provider](#)

Date Range

### Optional Details

Member ID

Last Name                      First Name  
                     

Authorization #

# Searching For An Existing Authorization (cont.)



Select Servicing or Requesting Provider and adjust the date range then click **Search**.

- This will pull up requests submitted for your practice within the specified date range.
- You do not have to enter member information.

## Authorizations

[+ Create New Authorization](#)

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### Search for Existing Authorization

Requesting     Servicing

Servicing Provider

Date Range

# Searching For An Existing Authorization (cont.)



Click on the authorization that you wish to view.

## Authorizations: Search Results

Q Filter Results ...

Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v
92204001070	SOMER ABERDEEN	❌ Cancelled	CUTTING	CUTTING	31365	06/07/2022
92204001069	SOMER ABERDEEN ( )	⊙ Pending	CUTTING	CUTTING	31365	05/07/2022



# Searching For An Existing Authorization (cont.)

You will be directed to the authorization details of the authorization that was selected. Here you can see the status of the request (e.g., *Disposition pending review*).

Authorization Details | SOMER ABERDEEN

AmeriHealth Caritas Louisiana

Amend Create New Attach Authorization Search View/Print as PDF

Partially Approved

Authorization #: 92204001070 Effective: 04/08/2022

Disposition pending review

Additional actions may be accessed from the authorization details screen:

- Amend (only available for approved or partially approved requests).
- Create New.
- Attach.
- Authorization Search.
- View/Print as PDF.

# Extending An Authorization – Search For Request (cont.)



Select **Auth Details** on the request that needs to be amended.

<b>GRETA EMERSON</b> .....	Date of Service: 03/18/2022	Date of Submission: 03/18/2022	✔ Approved as of 03/18/2022
AmeriHealth Caritas	Auth #: 92203003350		
<a href="#">✔ Auth Details</a> <a href="#">+ Create New</a> <a href="#">🕒 History</a> <a href="#">📎 Attach</a> <a href="#">🔄 Refresh Status</a>			

Select **Amend**.

<a href="#">✎ Amend</a> <a href="#">+ Create New</a> <a href="#">🕒 History</a> <a href="#">📎 Attach</a> <a href="#">🔍 Authorization Search</a> <a href="#">📄 View/Print as PDF</a>			
✔ Approved	Authorization #: 92203003026	Effective: 03/31/2022	

Add additional information:

The following items can be addressed: date of service, diagnosis, add new service line, add document, notes and contact information.

## Medical Authorizations Log

Requests that have been submitted via NaviNet will appear in the *Medical Authorizations Log*.



# Medical Authorizations Log (cont.)

You can *Create New*, *Sort by* and *Filter By* to narrow down your search. To view only authorizations you entered, check the box in front of **Authorizations Created By Me**. To view all authorizations for your group, do not check this box.

## Authorizations Showing 148

+ Create New ... | Sort by Date of Service

**Filter By** View all  
Billing Entities  
All Billing Entities  
Patient Details  
  
Authorization #  
  
Servicing Provider  
  
Date of service  
  
 Authorizations Created By Me  
Status

<b>ALBERTINA DONALD</b> AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Auth #: 1234567824 Servicing: Shock Trauma Associates Pa	Date of Submission: <span>🕒</span> Pending as of 02/25/2022
<b>ALBERTINA DONALD</b> AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ4 Servicing: Shock Trauma Associates Pa	Date of Submission: <span>⚠️</span> Required as of 02/25/2022
<b>ALBERTINA DONALD</b> AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ7 Servicing: Shock Trauma Associates Pa	Date of Submission: <span>⚠️</span> Required as of 02/25/2022
<b>ALBERTINA DONALD</b> AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission: <span>⚠️</span> Required as of 02/25/2022
<b>ALBERTINA DONALD</b> AmeriHealth Caritas Delaware	Date of Service: 02/25/2022 Reference Id: NNA-9AESRZ8 Servicing: Shock Trauma Associates Pa	Date of Submission: <span>⚠️</span> Required as of 02/25/2022

# Medical Authorizations Log (cont.)

Once you select the desired authorization you can view the following if the request is in pending status: **Auth Details, +Create New, History, Attach, and Refresh Status.**

The screenshot displays a web interface for 'Authorizations' with 148 items shown. The header includes a '+ Create New ...' button and a 'Sort by' dropdown set to 'Date of Service'. A 'Filter By' section on the left shows 'Billing Entities' set to 'All Billing Entities'. The main table lists an authorization for 'ALBERTINA DONALD' with a 'Date of Service' of 02/25/2022, a 'Date of Submission' of 02/25/2022, and a status of 'Pending' (as of 02/25/2022). The billing entity is 'AmeriHealth Caritas Delaware' and the authorization number is '1234567824'. A toolbar below the table provides actions: 'Auth Details', '+ Create New', 'History', 'Attach', and 'Refresh Status'. Red boxes highlight the 'Pending' status and the action toolbar.

**Auth Details:** Details related to the authorization.

**Create New:** Create New Authorization for the member you are viewing OR start a new request for a different member.

**History:** Provides detailed history of the request.

**Attach:** Ability to attach documents.

**Refresh Status:** Allows the user to refresh the status for any updates.

# Medical Authorizations Log (cont.)

If the request is in *draft* status different fields are available:

**Continue, Delete, Create New, and History.**

<b>GRETA EMERSON</b>	Date of Service: 03/16/2022	Date of Submission: --	 Draft
AmeriHealth Caritas Delaware	Reference Id: --	as of 11:29am today	
 Continue  Delete  Create New  History			

**Continue:** Allows the user to continue working on a saved request.

**Delete:** Allows the user to delete the request.

**Create New:** Allows the user to create a new authorization for the member.

**History:** Provides detailed history of the request.

- ***Request for More Information (RFMI)*** is a feature that allows the health plan to request specific additional information from the provider if needed.
- RFMI functionality is only for authorization requests that are pended or approved and were created in the NaviNet.
- You can add notes and/or upload documents via the ‘more information required’ screen.

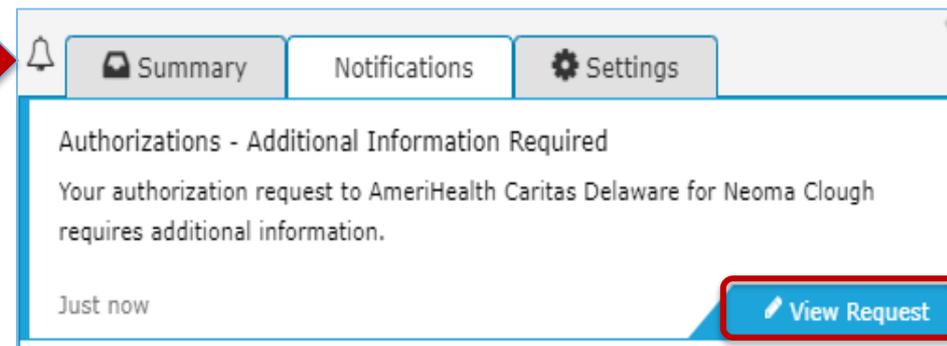
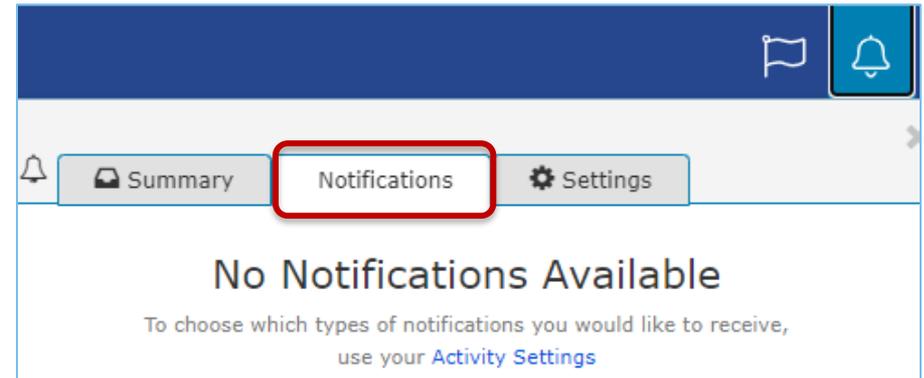
## Request For More Information



# Request For More Information (cont.)

To view notification of a RFMI:

- Click on the bell icon  on the Plan Central page.
- Click on **Notifications**
  - *If no notifications exists, you will see* 
  - *If notifications are available, you will see* 
  - Click on **View Request** to activate the **More Information Required** section.



# Request For More Information (cont.)

- The information being requested by the Plan displays under ***More information is required for your authorization.***
- You may add notes (up to 8000 characters) and upload documents.
- If a document is uploaded, the document type will need to be specified from the drop-down list. (supported document types: pdf, docx, xml, csv, png, gif).
- To send your response back to the health plan click ***Send Response.***

The screenshot shows a 'More Information Required' dialog box for a health plan authorization request. The dialog has a title bar with a close button (X) and a sidebar with an 'Information Request' icon. The main content area displays the following information:

- NEOMA CLOUGH**
- Date of Service:** 06/30/2022
- Authorization Id:** [blank]
- Service Type:** Outpatient Durable Medical Equipment Purchase
- Status:** Pending

A red-bordered warning box contains the message: **More information is required for your authorization**. Please upload MD order with correct DOS.

A text input field contains the note: Added MD order with correct DOS. Below the field, it indicates 7968 characters left.

An 'Add Document' section shows a document titled 'Document 1- for upload.docx' with a dropdown menu set to 'Physician Order' and a trash icon.

At the bottom right, there are two buttons: 'Cancel' and 'Send Response' (highlighted with a red border).

# Request For More Information (cont.)



To ensure the requested information has been sent back to the health plan, view **History**:

Authorization Details | **NEOMA CLOUGH**  
Born on

AmeriHealth  
Delaware

+ Create New **History** Attach Authorization Search View

**Pending**

Meeting criteria in InterQual does not guarantee an approved authorization request.

**NEOMA CLOUGH**  
[Redacted]

**PATIENT'S INSURANCE**  
Member ID: [Redacted]

**PRIMARY CARE PHYSICIAN**  
[Redacted]

**Requesting Provider**  
52 ERIE AVE  
SUITE 7  
Dagsboro, DE 19939-4354  
(302) 555-0038

**History (6)**

- Attached **Physician Order**  
by Jessica Williams 07/27/2022 7:35pm
- Response Sent  
by Jessica Williams 07/27/2022 7:35pm
- More Information Required  
from Health Plan 07/27/2022 3:16pm
- Pending  
from Health Plan 06/30/2022 9:10am

# Request For More Information (cont.)

There are 2 additional options for viewing RFMI from the health plan.

- From the Medical Auth Log:
  - If **More Info Required** is listed the user will select Auth Details, then select More Information Required to activate the response section.

A screenshot of a Medical Auth Log entry. The entry is for NEOMA CLOUGH, with a Date of Service of 06/30/2022 and a Date of Submission of 06/30/2022. The status is Pending, with a note 'More Info Required as of 3:29pm Today'. The interface includes a blue action bar with buttons for 'Auth Details', 'Create New', 'History', 'Attach', and 'Refresh Status'. The 'Auth Details' button is highlighted with a red box.

- From Auth Inquiry:
  - If **More Information Required** is listed, click on it to activate the response section.

A screenshot of an Auth Inquiry page. The page title is 'Authorization Details' for NEOMA CLOUGH. The status is Pending, with a 'More Information Required' button highlighted in a red box. The page also displays the AmeriHealth Caritas Delaware logo and a navigation bar with buttons for 'Create New', 'History', 'Attach', 'Authorization Search', and 'View/Print as PDF'. At the bottom, the Authorization # is 92206016951, Effective date is 06/30/2022, and Expires date is 09/02/2022.

Questions



**THANK YOU** for the valuable services you provide our members!

