NaviNet

Where healthcare comes together.

NantHealth | NaviNet

NaviNet for Select Health Provider Training

Topics Covered

- NaviNet Overview
- Access to NaviNet
- Login Screen
- Plan Central
- Eligibility and Benefits
- Claim Status Inquiry
- Report Inquiry
- Claims Submission Tool
- On-line Prior Authorization Management
- NaviNet Security Officers
- Select Health Contact Information
- Customer Care

NaviNet Overview

- What is NaviNet?
  - A free web-based solution for providers
  - America's largest real-time healthcare communications network, which securely links over 850,000 providers through a single web site.
  - Based in Cambridge, Massachusetts.

- Informational Web Site: www.navinet.net

Browser Requirements

Use any supported browser to access NaviNet for 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)

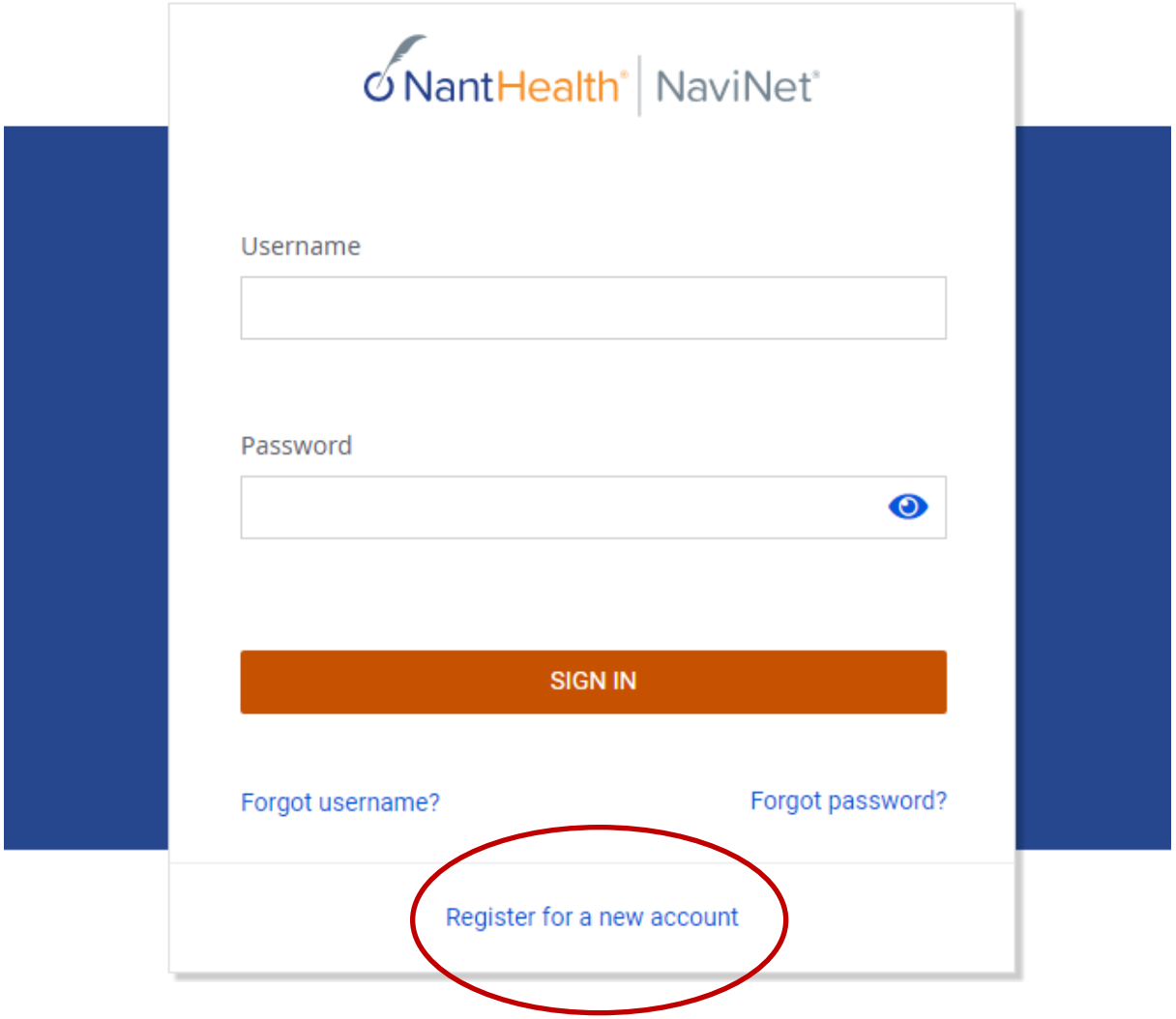
Access to NaviNet

- An office can request access to Select Health of South Carolina using the enrollment form at **https://register.navinet.net/.**
- Offices new to NaviNet
  - Offices live with NaviNet, but not live with Select Health of South Carolina.
  - Turnaround time should be 5-7 days.
  - Enrollment issues can be emailed to: **navinet@navinet.net** or call Customer Care at **1-888-482-8057.**
  - Provider portal address: **https://navinet.navimedix.com/.**

NaviNet Login Screen Information

- Login screen contains important information:
  - NaviNet Downtime
  - Enhancements
  - Announcements
- Each person in an office will get his/her own username and password.
- Initial password must be used within 30 days or password will be deactivated.
- Passwords expire every 90 days.
- All users can click the “I forgot my password” link on the login page to reset their password.

NaviNet Login Screen



Plan Central

- Each plan within NaviNet has its own Plan Central page.
- Contains plan specific and general information
- Information contained on the Select Health Plan Central is hosted by Select Health of South Carolina.
  - Any additions or changes are made by Select Health NaviNet cannot modify this screen, without our permission.

Select Health Plan Central Page

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Select Health of South Carolina

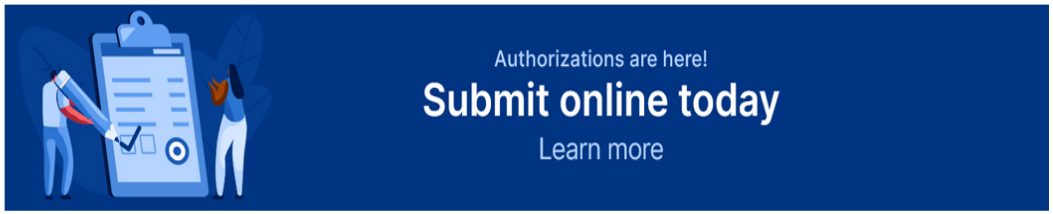
Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Medical Authorizations
- Medical Authorizations Log
- eviCore Authorizations
- 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

Important: Member redetermination date will now display on the **Eligibility and Benefits** screen. You can also access a full member redetermination report under the **Administrative Report Inquiry** section.



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

Important information for providers regarding Medicaid Annual Eligibility/Redetermination Reviews.

FirstChoice by Select Health of South Carolina — Your Hometown Health Plan | Healthy Connections | Healthy Connections PRIME

New eviCore healthcare Prior Authorization Program – Plan Central Announcement

Effective May 1st, 2023, prior authorization from eviCore is required for the covered services listed below.

- DME
- Joint & Spine Surgery
- Pain Management
- Diagnostic Sleep Testing
- Medical Oncology
- Physical Therapy
- Genetic Testing
- Occupational Therapy
- Radiation Oncology

Request prior authorization from eviCore.

Hours of Availability

Mon-Fri: 8:30am-4:30pm ET

Resources

- Select Health of South Carolina COMPASS Referral Guides
- NaviNet Medical Authorizations Participant Guide
- NaviNet Medical Authorizations Frequently Asked Questions
- HEDIS Documentation and Coding Guidelines
- Provider Directory
- Claims filing manual
- Provider Manual
- Preferred Drug List

More

Forms

- Provider Forms
- Credentialing
- Provider Newsletter
- Provider Training

Contact Us

Select Health of South Carolina

Provider Network Operations
1-800-741-6605
Charleston area
1-843-569-1759
Claims
1-800-575-0418

1-843-569-0702

NaviNet

NaviNet Features

- **NEW! Member Redetermination/Eligibility Report -** provides a full list of all members on the PCP's roster who have upcoming eligibility redetermination dates.
- **NEW! Member ID card -** allows providers to view and print a copy of the member's ID card.
- **NEW! Member Disenrollment report –** allows providers to view up to 60-days of member disenrollment.
- **Member Clinical Alerts or Care Gaps -** alerts for missing recommended services prior to the member coming in for a visit.
- **Member Clinical Summary Reports -** an overview of a member's demographic and clinical information.
- **Admit & Discharge reports -** Snapshot of your patients who have been admitted to or discharged from the hospital.
- **Claims Status Summary Report -** returns the status (pended, accepted and/or finalized) of claims submitted for your group within the past 60 or 180 days.

NaviNet Features (cont.)

- **Claims Investigation** – submission of claims adjustment inquiries.
- **Care Gap Response** – completion/submission of care gap worksheets.
- **Authorization Summary Report -** authorization status for all requests for your group.
- **Care Manager Report -** for members who are in case management.
- **Claims Submission Portal –** allows providers to key in claims. Links directly to our clearinghouse, Change Healthcare.
- **Medical Authorizations –** for the submission of prior authorization requests and uploading of documents via the portal instead of faxing.
- **Medical Authorizations Log** - to view prior authorization requests submitted.
- **Notification of Pregnancy Submission** – for submission of pregnancy prior authorization requests.

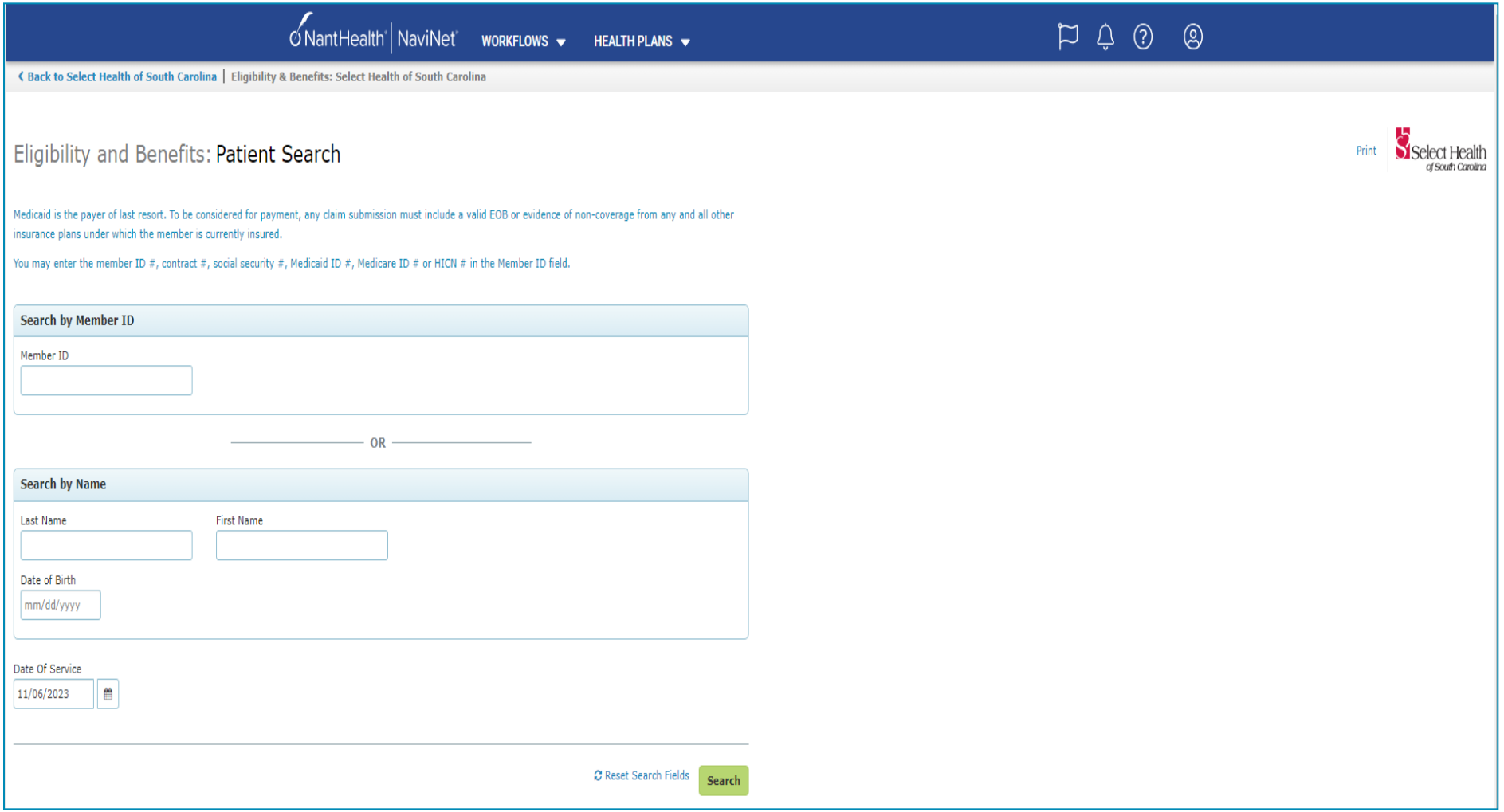
NaviNet Features (cont.)

- **Links to Provider Resources on the Select Health website:**
  - Provider Directory
  - HEDIS Coding Guidelines
  - Electronic Pharmacy Prior authorization
  - Provider dashboard: 3M Health Information Solutions (HIS) – provides HEDIS information for your practice.
  - Claims Filing manual
  - Provider manual
  - Preferred Drug List

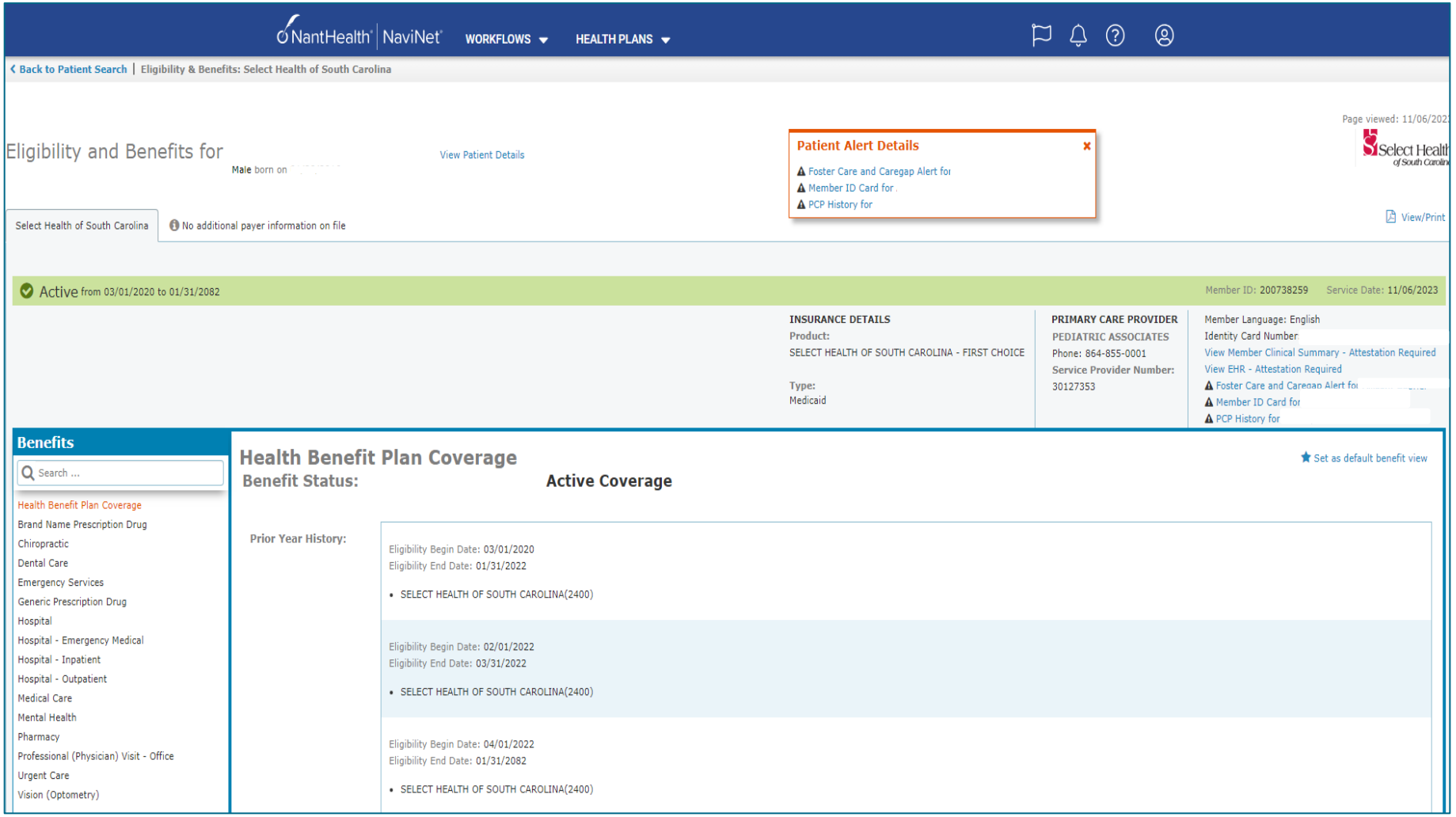
Eligibility and Benefits Inquiry

- Real time connection between NaviNet and Select Health, anything in NaviNet comes from Select Health.
- Multiple search options:
  - Member ID (First Choice member ID)
  - SSN
  - Medicaid ID (Healthy Connections 10-digit member ID)
  - Member Name & DOB
- Patient Care Gaps (missing recommended services) can also be accessed via this screen.

Eligibility and Benefits Search Screen



Eligibility Response Screen

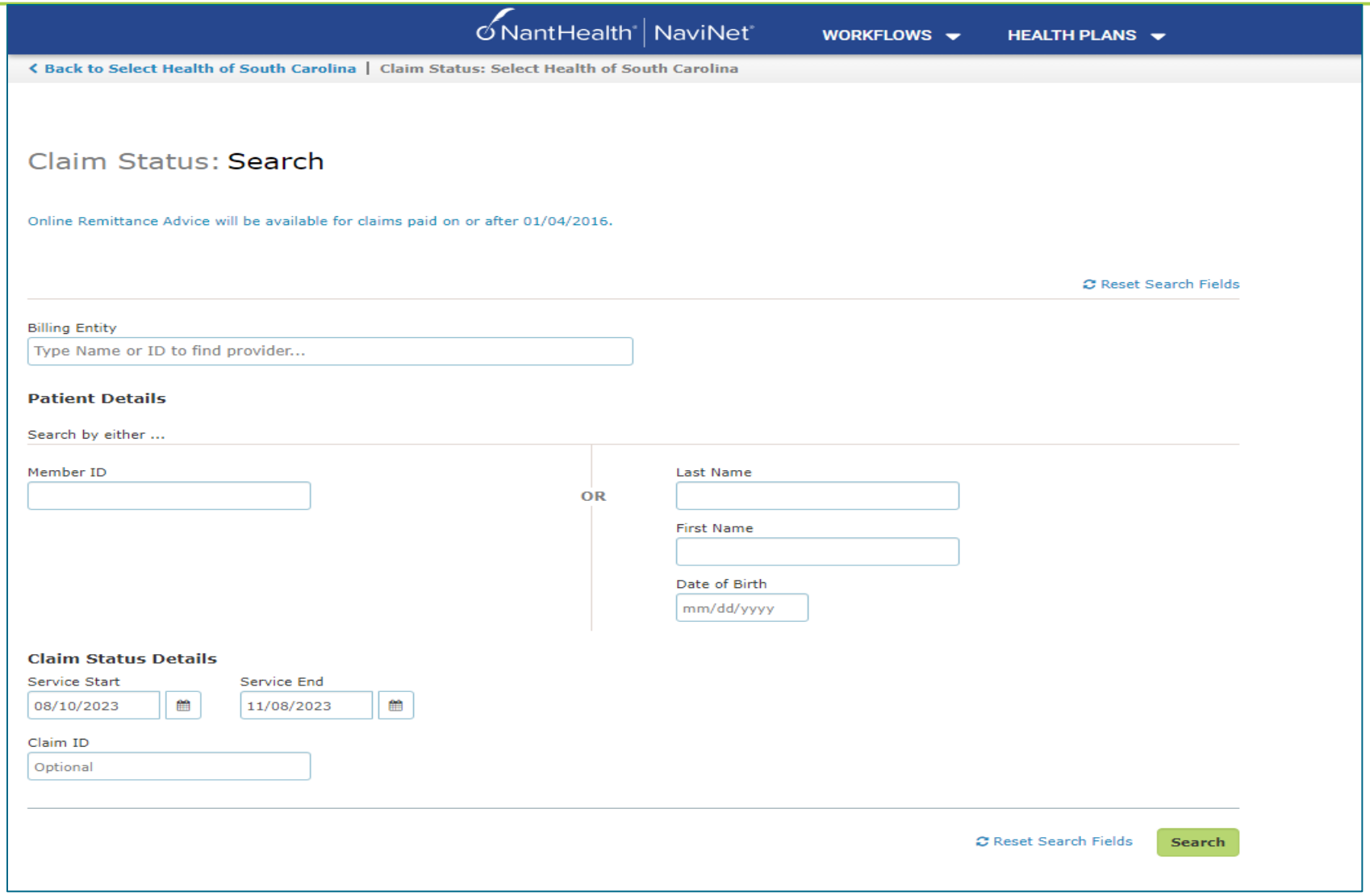


Claim Status Inquiry

- Multiple Search Options:
  - Medicaid ID
  - Member Name/DOB
  - Member ID
- Provider information is loaded by NaviNet.
  - If your provider information is invalid or missing, contact NaviNet Customer care by phone **1-888-482-8057.**

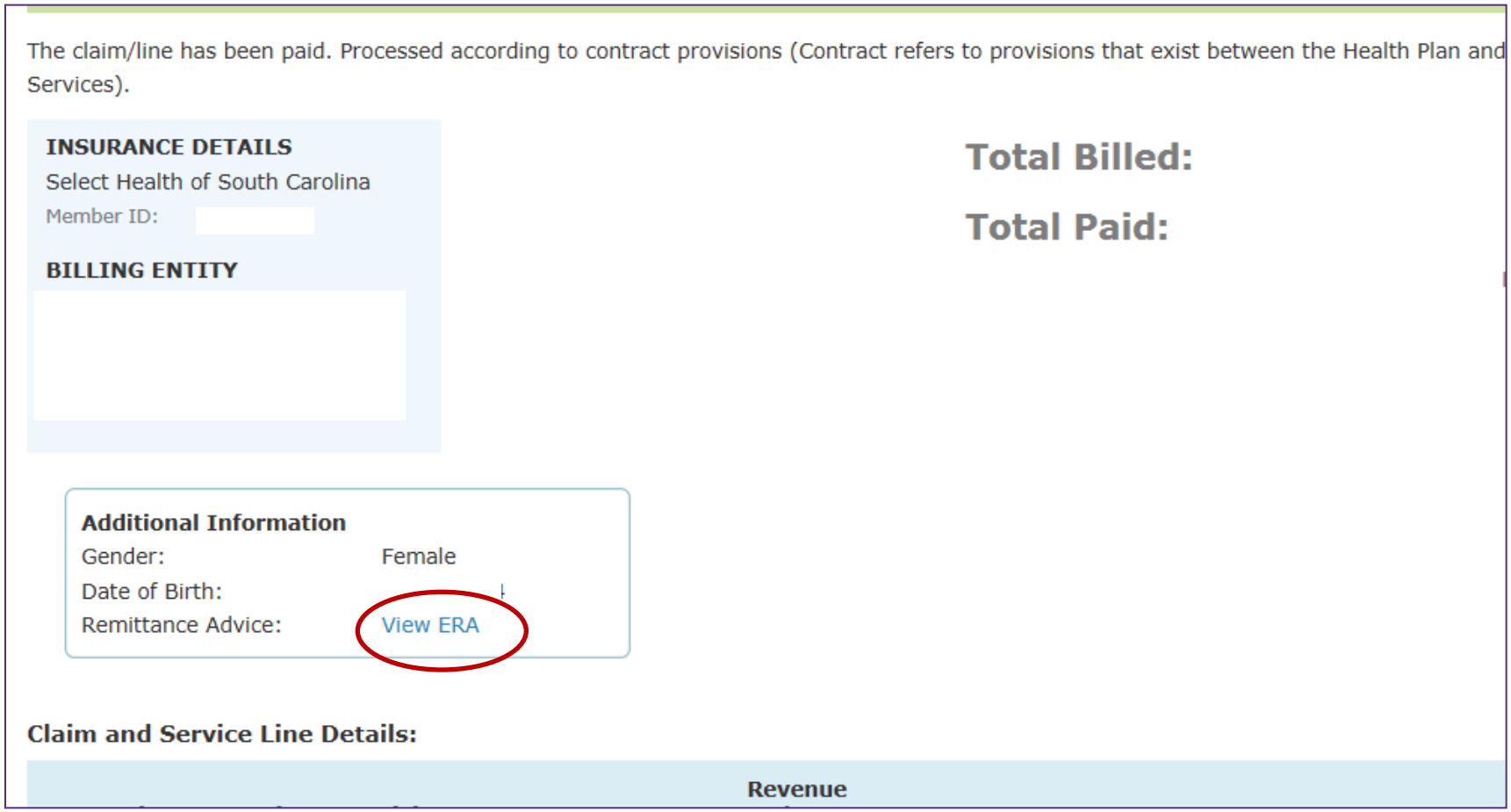
  OR
  - Open a support case through ***My Account.***
- Can search for a date range or a single DOS.
- Electronic Remittance Advice (ERA) can be accessed via the claims inquiry response:
  - ERAs are viewable in PDF format.

Claim Status Inquiry Screen



Claims Inquiry response - ERA

Once you enter your information and receive the claim status details, you may access the Electronic Remittance Advice (ERA) by clicking on ***view ERA*** under Additional information.



ERA in PDF Format

Select Health of South Carolina, Inc.
An AmeriHealth Mercy Company

Select Health of South Carolina
PO Box 40849
Charleston, SC 29423-0849

SAMPLE ONLY

For further inquiries on this remittance advice contact:
Select Health of SC, Inc.
Airport Business Center
200 Stevens Drive
Philadelphia, PA 19113
or call 800.575.0418

Forwarding Service Requested
JOHN DOE, MD
123 MAIN STREET
ANYWHERE, SC 55555

Payee ID: 1234567
Tax ID: 123-45-6789
NPI #: 10111011011
Check #: 50000676
Check Ref: 20011002101019
Payment: 0.00
Date: 07/01/08

Remittance Advice

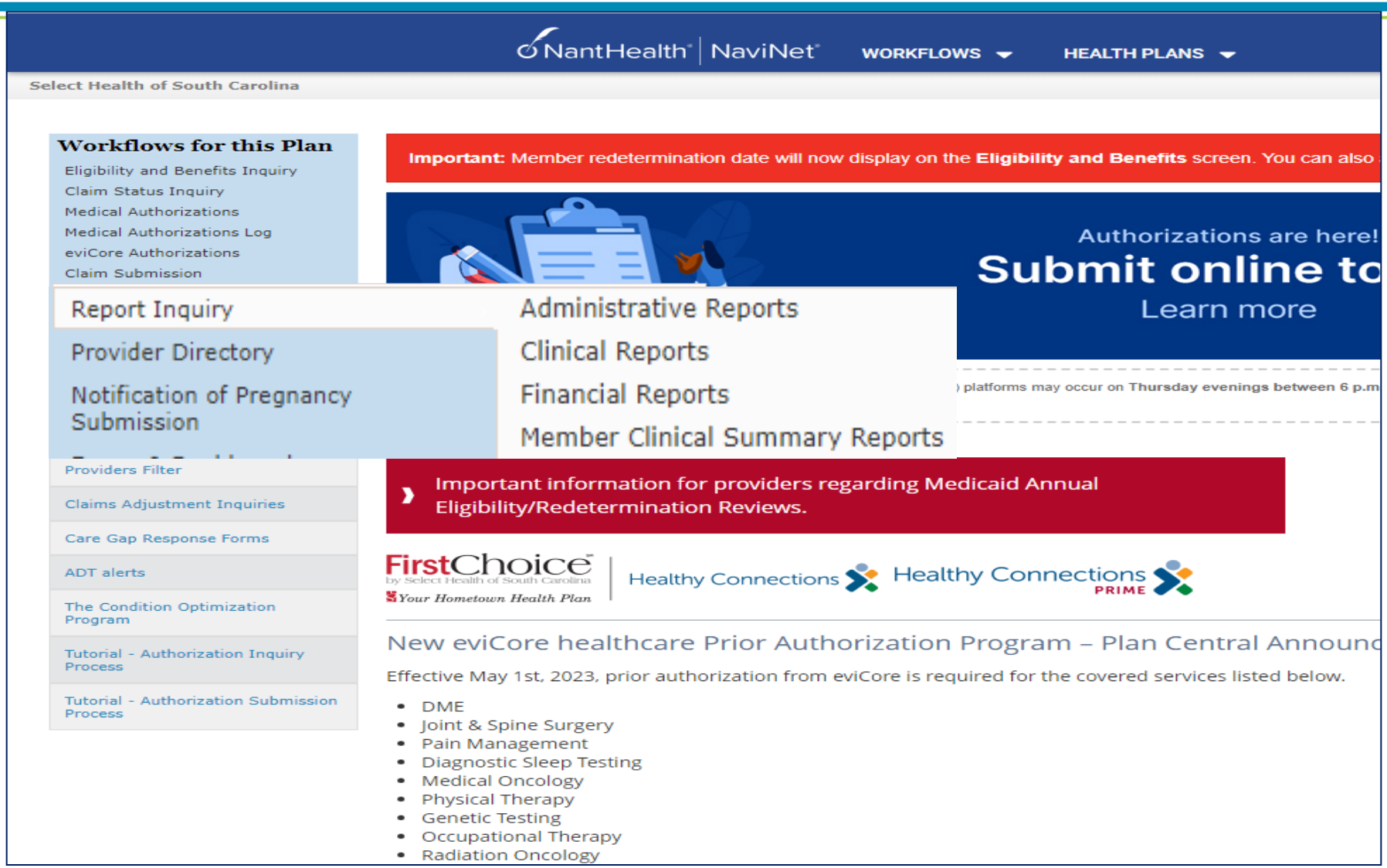
Provider ID	123456		Member ID		987654321		Patient ID		27930108089		*COB*
Provider Name	Doe, John		Member Name		Smith, Jane		Claim ID		01227B042500		
Date of Service	Proc/Rev/ DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Amount Paid	Adj/Den
12/1/03 - 12/1/03	99213		Office or other out-patient visit	001	65.00	32.00	0.00	0.00	0.00	0.00	R36

Report Inquiry

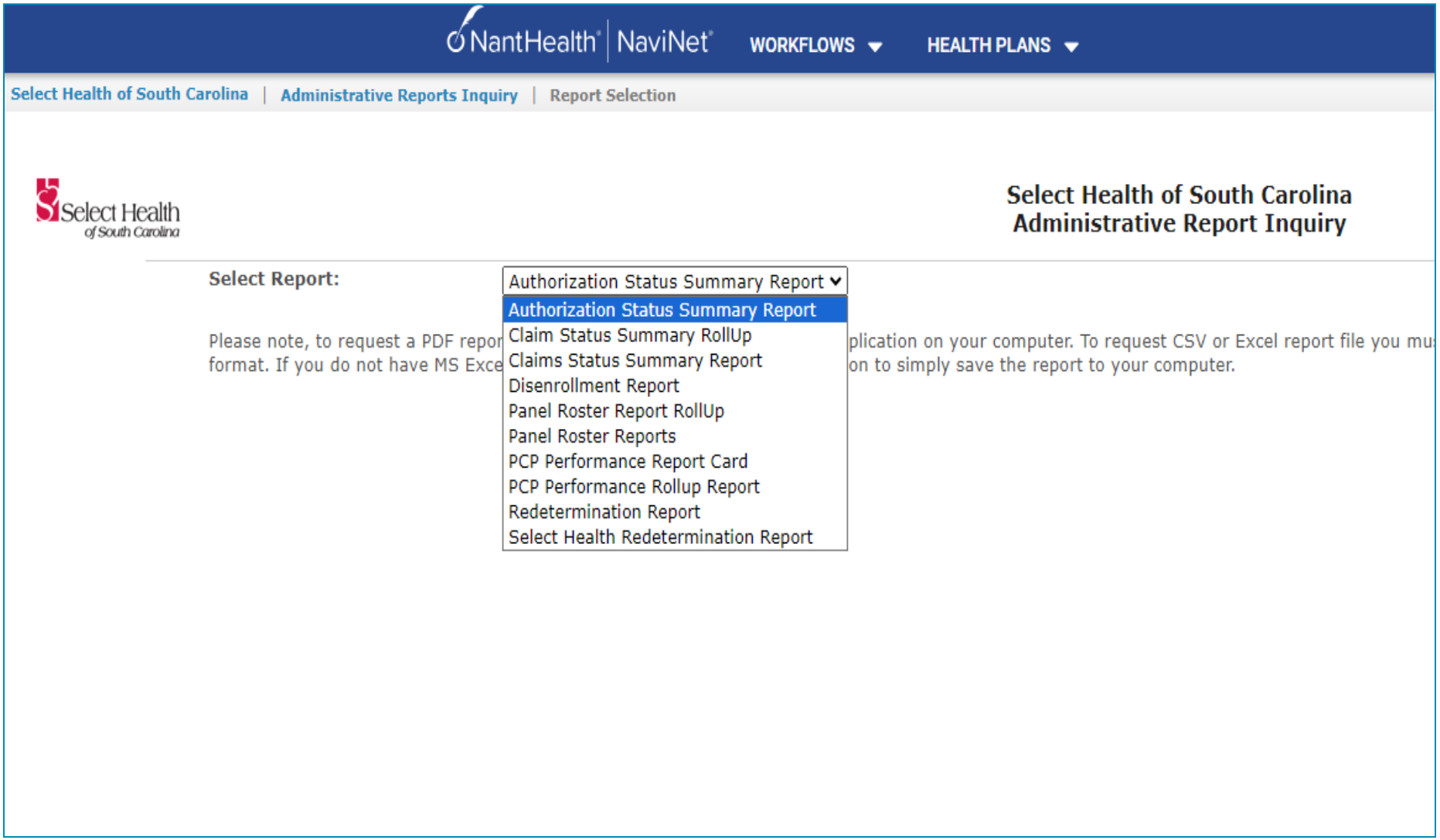
- Report types:
  - *Administrative Reports*
  - *Clinical Reports - Care Gaps*
  - *Financial Reports**
  - *Member Clinical Summary Reports*
- Reports are sent to NaviNet by Select Health to be added to the correct office and report type.
- Access to clinical reports can only be given by the NaviNet Security Officer.
- Some reports are returned via a PDF.

**Reports available under Financial Report are for providers who participate in the Condition Optimization Program.*

Report Inquiry Options



Administrative Report Inquiry



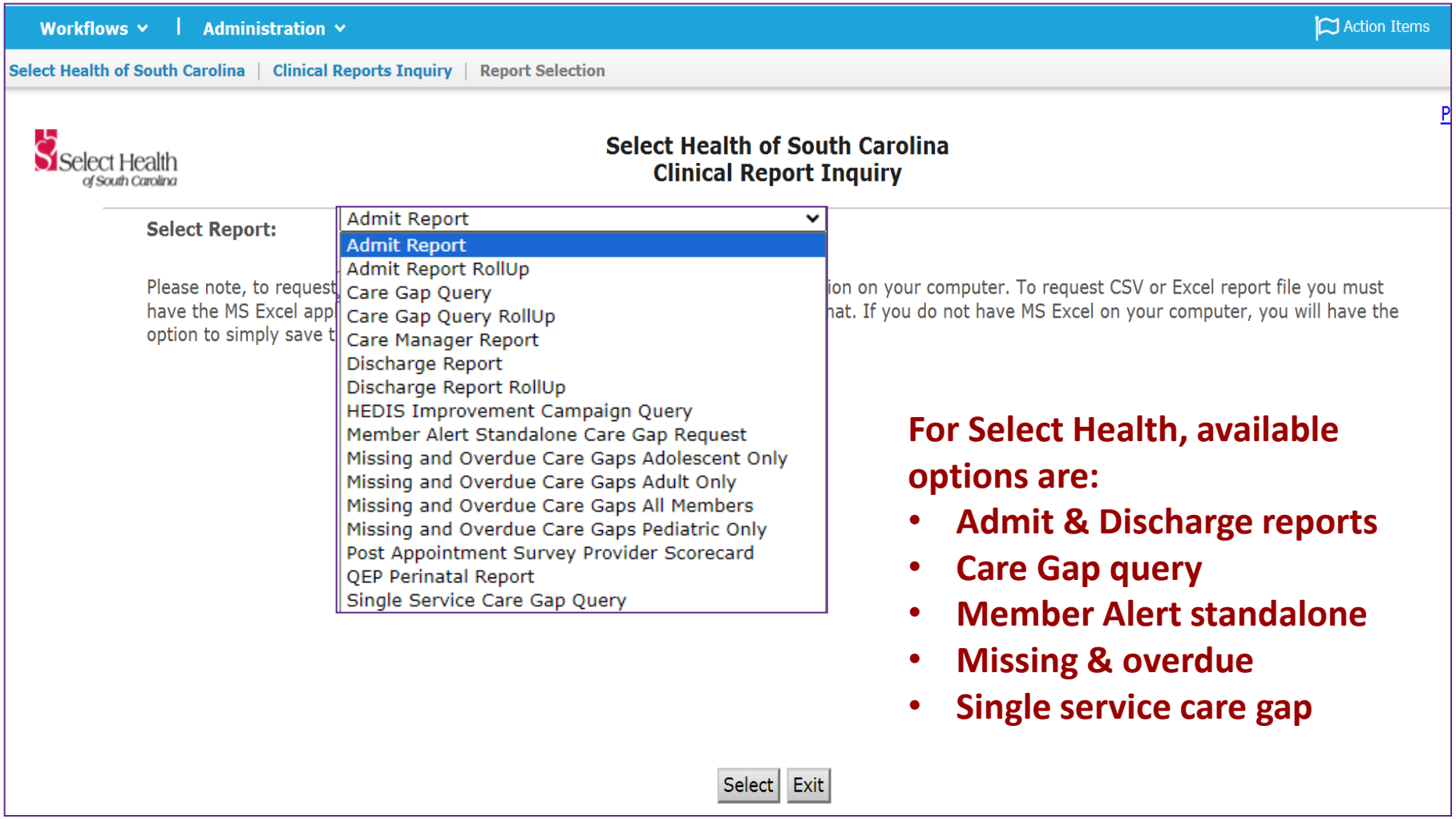
Administrative Reports

- ***Authorization Status Summary Report –*** listing of all authorization requests submitted for your practice.
- ***Claims status summary -*** listing of all claims filed under provider group ID.
- ***Disenrollment Report*** – listing of members with upcoming disenrollment dates (next 30 days).
- ***Panel Roster report*** – listing of all members assigned to a Primary Care physician (PCP).
- ***PCP Performance Report Card*** – HEDIS performance measures summary.
- ***Redetermination Report*** – listing of redetermination dates for all members assigned to a PCP (next 90 days).

Note: Rollup reports provide information for all providers/groups under a particular Tax ID.

Clinical Report Inquiry Options

NOTE: Options are plan specific

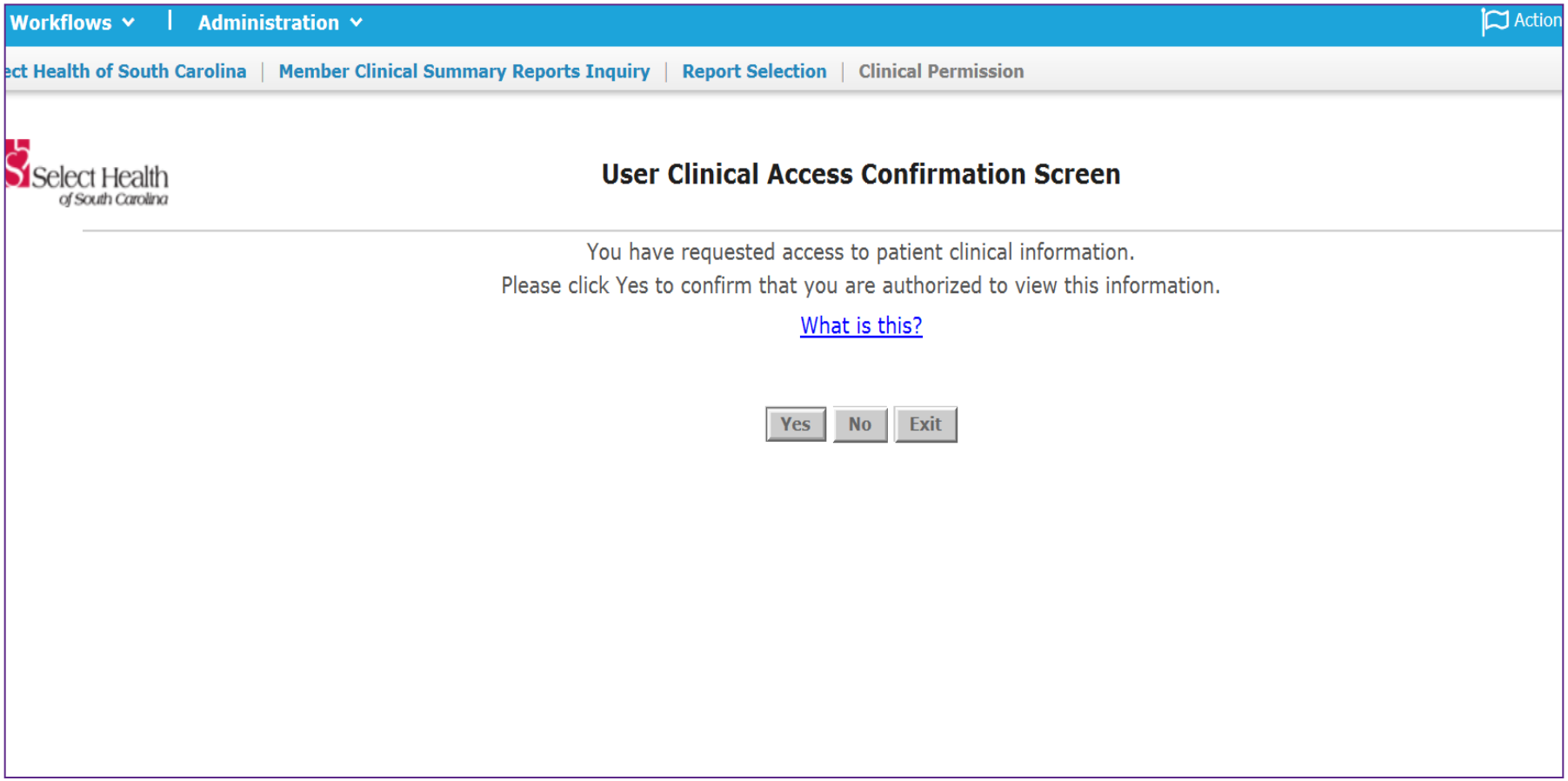


For Select Health, available options are:

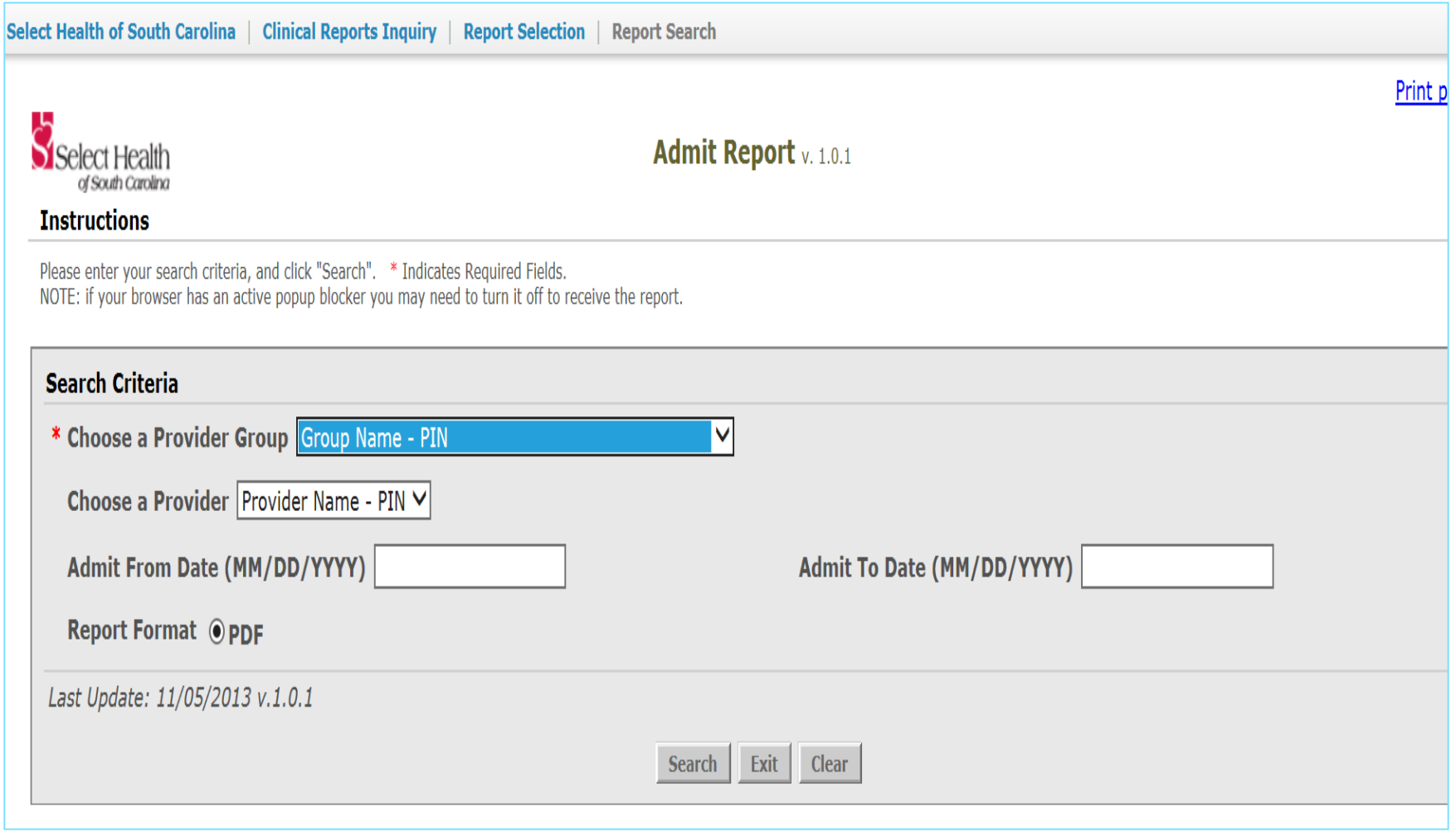
- **Admit & Discharge reports**
- **Care Gap query**
- **Member Alert standalone**
- **Missing & overdue**
- **Single service care gap**

Attestation Screen

If you need to access clinical information, you must choose YES, if this screen pops up.

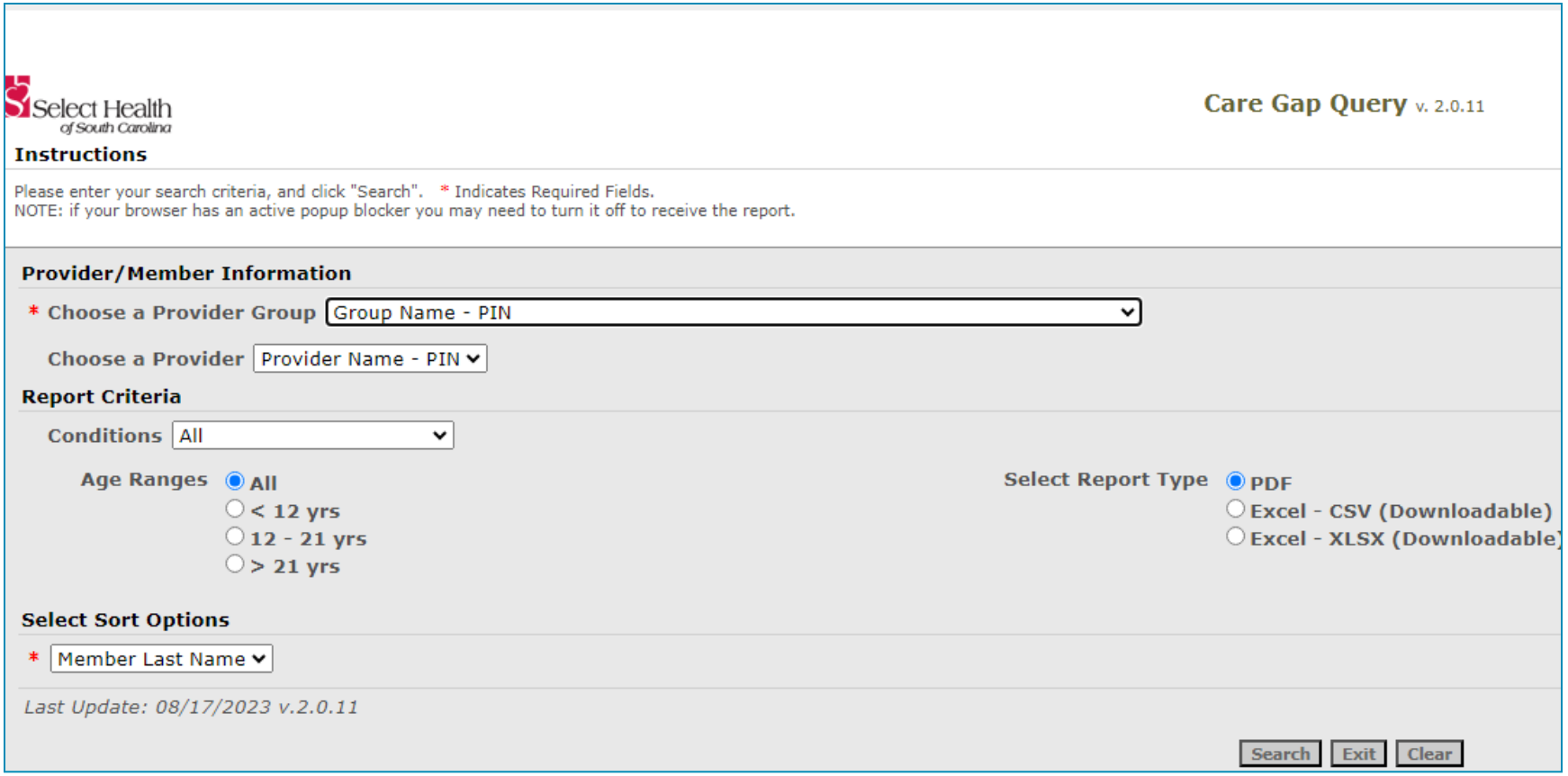


Admit Report Screen



Care Gap Query Screen

The Care Cap query report is for PCP offices to obtain a listing of members assigned to their practice who have missing/recommended services.



Care Gap Report Response

Select Health of South Carolina

11/8/2023

TAX ID

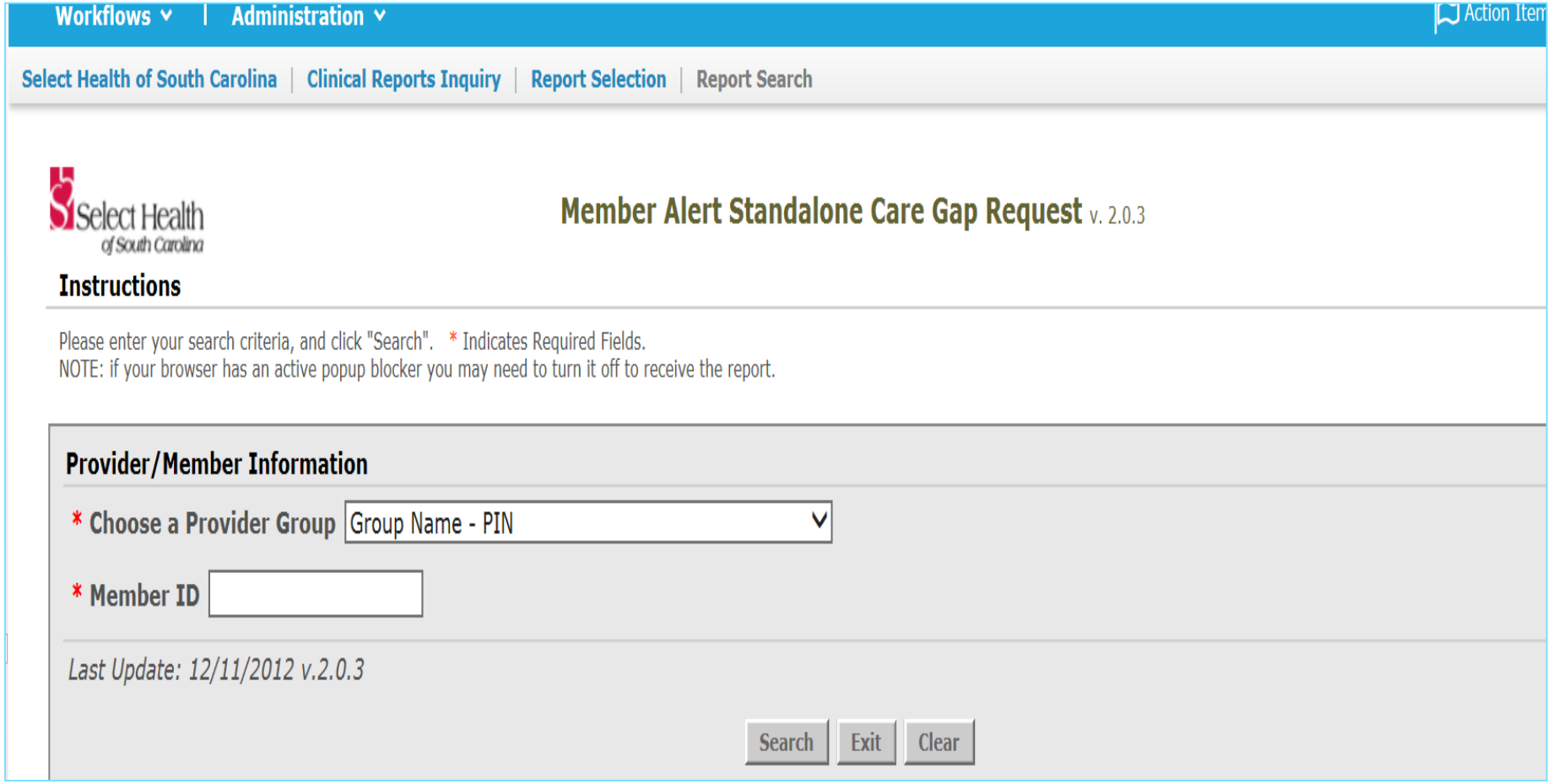
Missing and Overdue Care Gaps Adult Only Report

Provider ID	Member ID	Date of Birth	Member Information	Service	Status*	Rule of Frequency	Last Service Date	Last Value	Next Due Event Date	Care Gap Update Status
				Blood Glucose Monitoring	At Risk	At Risk indicates underutilization/absence of blood glucose testing supplies				
				Kidney Health Evaluation for Patient with Diabetes-QuACR	Non-Compliant	Annually			10/30/2023	
				Kidney Health Evaluation for Patient with Diabetes-uACR	Non-Compliant	Annually			10/30/2023	
				Blood Glucose Monitoring	At Risk	At Risk indicates underutilization/absence of blood glucose testing supplies				
				Eye Exam for Patients with Diabetes	Non-Compliant	Annually	11/11/2021		11/11/2022	Response Required
				Hemoglobin A1c Control for Patients with Diabetes - 9	Non-Compliant	Annually	09/30/2022		09/30/2023	Response Required
				Kidney Health Evaluation for Patient with Diabetes-QuACR	Non-Compliant	Annually			10/30/2023	
				Kidney Health Evaluation for Patient with Diabetes-uACR	Non-Compliant	Annually			10/30/2023	

Data Source: The data in the Care Gap Query is derived from claim 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.

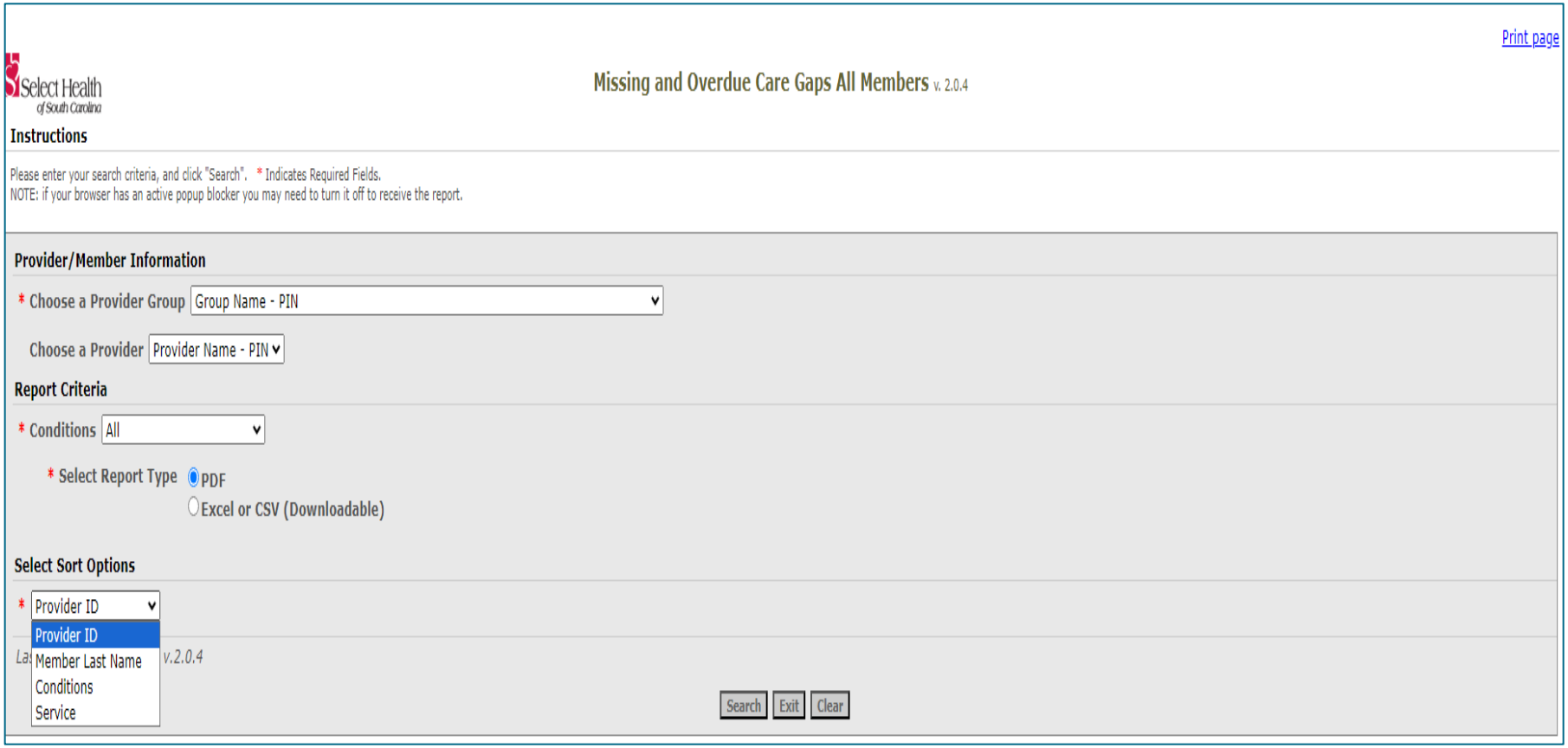
Member Standalone Care Gap Screen

Shows individual member care gaps.



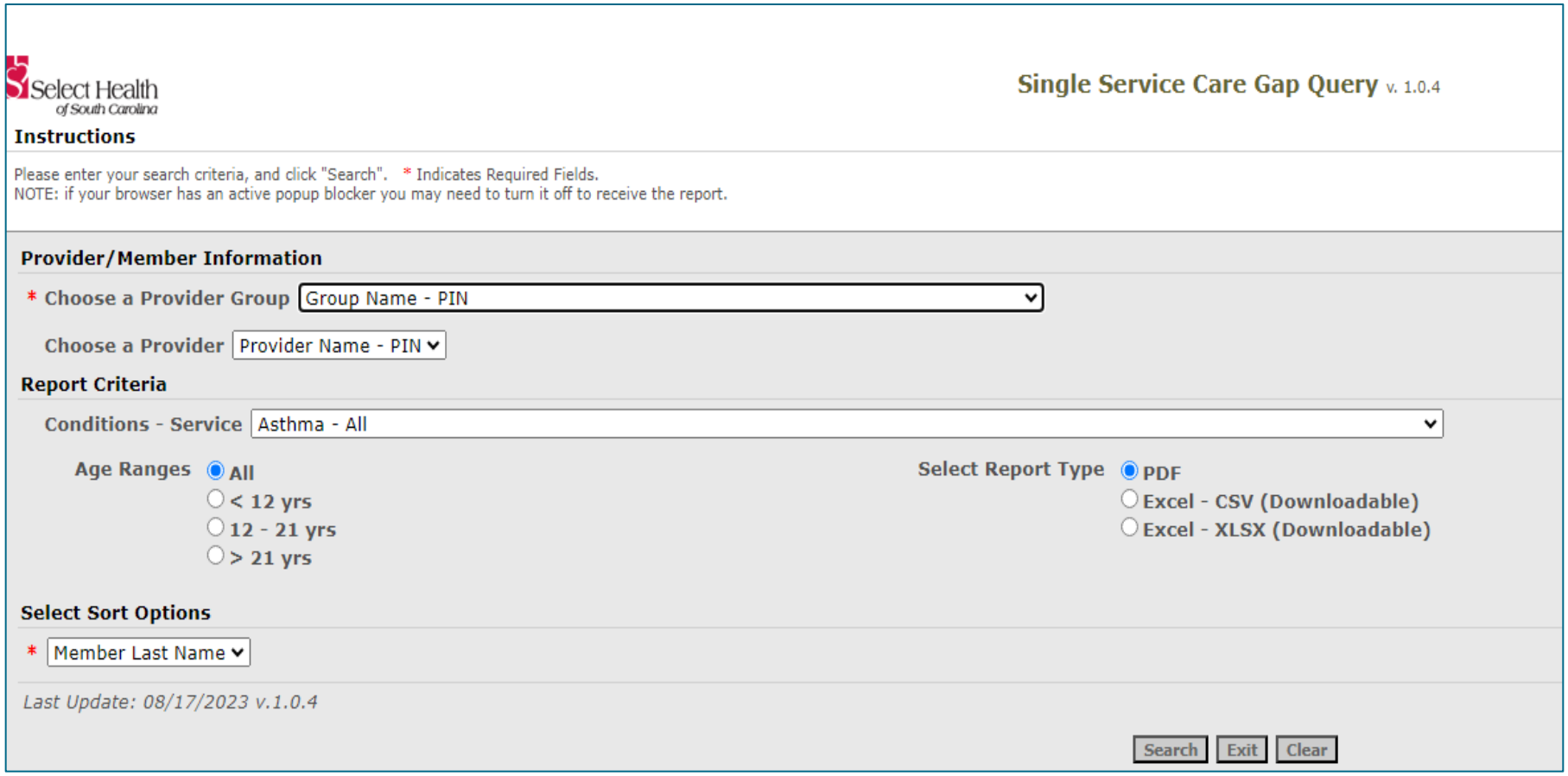
Missing and Overdue Care Gaps – All Members

Shows missing & overdue care gaps only – for all members in the practice.
Can be sorted by: Provider ID, Member last name, condition or date of service.



Single Service Care Gap Screen

Shows care gaps for a single condition – for all members in the practice.



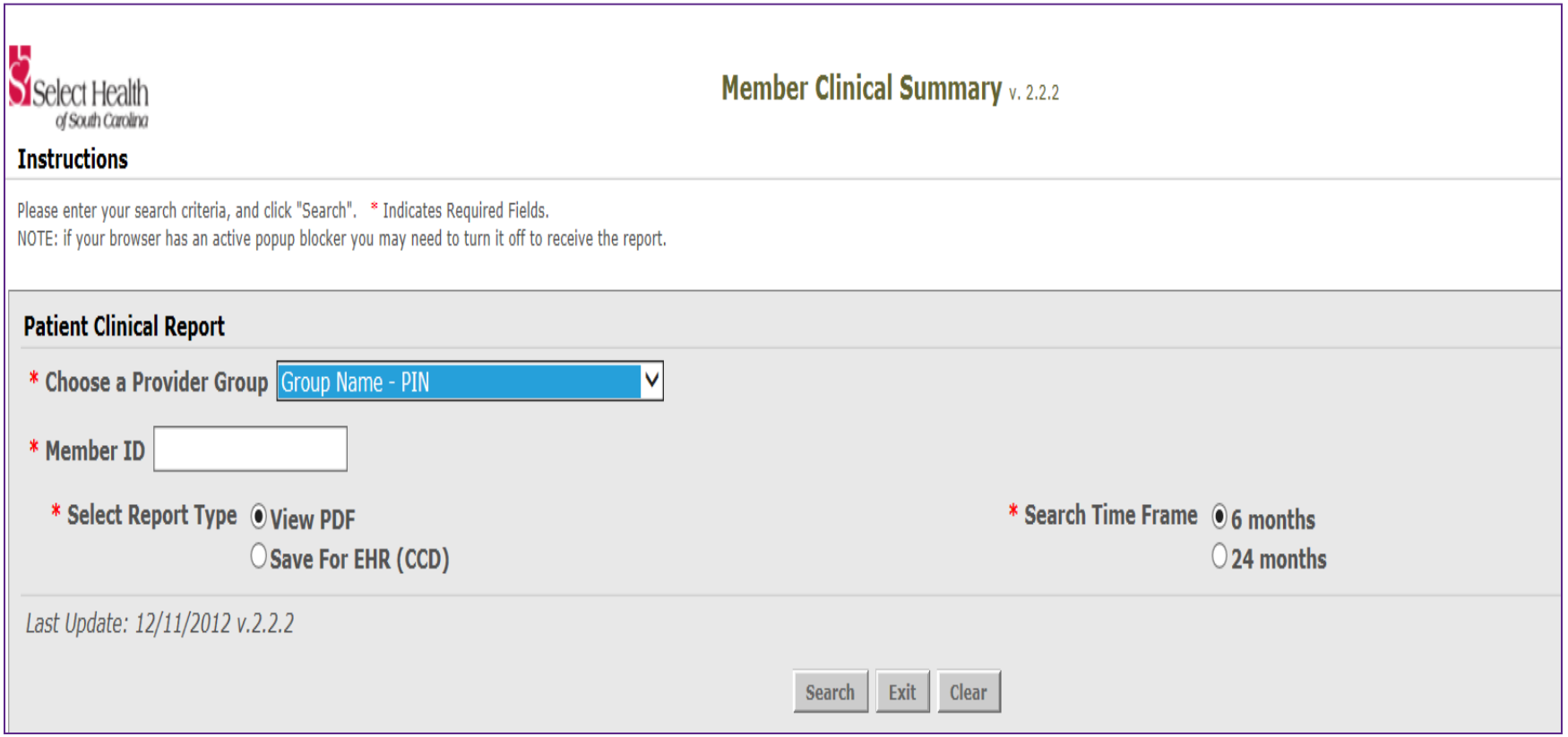
Single Service Care Gap Conditions

Examples of condition categories:

Asthma - Controller: Controller and Rescue Ratio
Diabetes - All
Diabetes - Blood Glucose Monitoring
Diabetes - Blood Pressure Control for Patients with Diabetes
Diabetes - Eye Exam for Patients with Diabetes
Diabetes - Hemoglobin A1c Control for Patients with Diabetes - <=9
Diabetes - Kidney Health Evaluation for Patient with Diabetes-QuACR
Diabetes - Kidney Health Evaluation for Patient with Diabetes-eGFR
Diabetes - Kidney Health Evaluation for Patient with Diabetes-uACR
EPSDT - All
EPSDT - EPSDT-ANNUAL HEARING TEST
EPSDT - EPSDT-Annual Vision Screen
Hypertension - All
Hypertension - Controlling High Blood Pressure
Maternal Health - All
Maternal Health - Prenatal and Postpartum Care-Postpartum
Maternal Health - Prenatal and Postpartum Care-Prenatal
Medication Adherence - All
Medication Adherence - Past-due Refill: Inhaled Corticosteroid
Hypertension - Controlling High Blood Pressure
Maternal Health - All
Maternal Health - Prenatal and Postpartum Care-Postpartum
Maternal Health - Prenatal and Postpartum Care-Prenatal
Medication Adherence - All
Medication Adherence - Past-due Refill: Inhaled Corticosteroid
Medication Adherence - Past-due Refill: Oral Antidiabetic - Biguanide
Medication Adherence - Past-due Refill: Oral Antidiabetic - DPP-4 Inhibitor
Medication Adherence - Past-due Refill: Oral Antidiabetic - Sulfonylurea
Medication Adherence - Past-due Refill: Oral Antidiabetic - Sulfonylurea/Biguanide
Medication Adherence - Past-due Refill: Oral Antidiabetic - Thiazolidinedione
Medication Adherence - Past-due Refill: Oral Antidiabetic-DPP-4 Inhibitor/Biguanide
Medication Adherence - Past-due Refill:Oral Antidiabetic-AlphaGlucosidase Inhibitor
Medication Management - All
Medication Management - Antidepressant Medication Management-Acute Phase
Medication Management - Antidepressant Medication Management-Continuation Phase
Medication Management - Asthma Medication Ratio-Total 5 to 64 Ratio > 0.50

Member Clinical Summary Report Screen

A snapshot of a patient's clinical data and demographic information.



NOTE: State and federal health privacy laws preclude the inclusion of information related to any behavioral health, HIV-related and/or drug and alcohol addiction medications and treatments in this clinical summary.

What Patient Information is in the Report?

- Demographic information (Member and PCP).
- Medications that have been filled within the past 6 months.
- Office visits within the past 12 months.
- Chronic conditions.
- ER visits within the past 6 months.
- Observation stays within the past 6 months.
- Inpatient admissions within the past 12 months.
- Imaging services received within the past 6 months.
- Available lab data for tests within the past two years.
- EPSDT and immunization services (for pediatric patients).
- Patient-specific critical screening services (based on diagnosis compared to clinical recommendations).
- Care Manager's name and contact numbers (when applicable).
- Member restriction information if a member is "locked-in" to a PCP or pharmacy.

Member Clinical Summary Report Example

Health Plan

Member Clinical Summary

Date of Report: MM/DD/YEAR

Member Information

Name : JANE DOE
Address1 : 123 E FIRST STREET
Address2 :
City/St/Zip : ANYTOWN, US 55555
Phone :
Gender : F
DOB : MM/DD/YEAR
Member ID : 000000000

Member Restriction Information

Restriction Effective Date : MM/DD/YR
Restriction Description : PCP, Pharmacy

PCP Information

Provider Name : JOHN JONES
Address1 : 456 W SECOND ST
Address2 :
City/St/Zip : ANYTOWN, US 55555
Phone :

Care Manager Information

Please contact (Phone Number) for assistance

Medications (within past 06 months)

Fill Date	Name & Strength	Days Supply	Prescriber Name	Pharmacy Name
MM/DD/YEAR	PREDNISONE 20 MG TABLET	30	Prescriber Name	LOCAL PHARMACY
MM/DD/YEAR	XARELTO 20 MG TABLET	30	Prescriber Name	LOCAL PHARMACY
MM/DD/YEAR	IBUPROFEN 600 MG TABLET	7	Prescriber Name	LOCAL PHARMACY

Chronic Conditions (within past 06 months)

There are no data records available for this section

Gaps in Care (within past 06 months)

Condition	Service	Status	Last Service	Next Service	Rule
Preventive Health Screens	Adults Access to Care	Up-to-date	MM/DD/YEAR	MM/DD/YEAR	At least once per year
Preventive Health Screens	Cervical Cancer Screen	Up-to-date	MM/DD/YEAR	MM/DD/YEAR	Once every 3 to 5 years test dependent

Claims Submission Tool

Claims Submission Tool

- Designed to meet the needs of small to medium size health care provider offices.
- Allows manual data entry of claims that can be electronically sent to the health plan without the investment of a practice management system.
- Quick and easy claim data entry.
- Free service for Select Health providers.

Claims Submission Tool

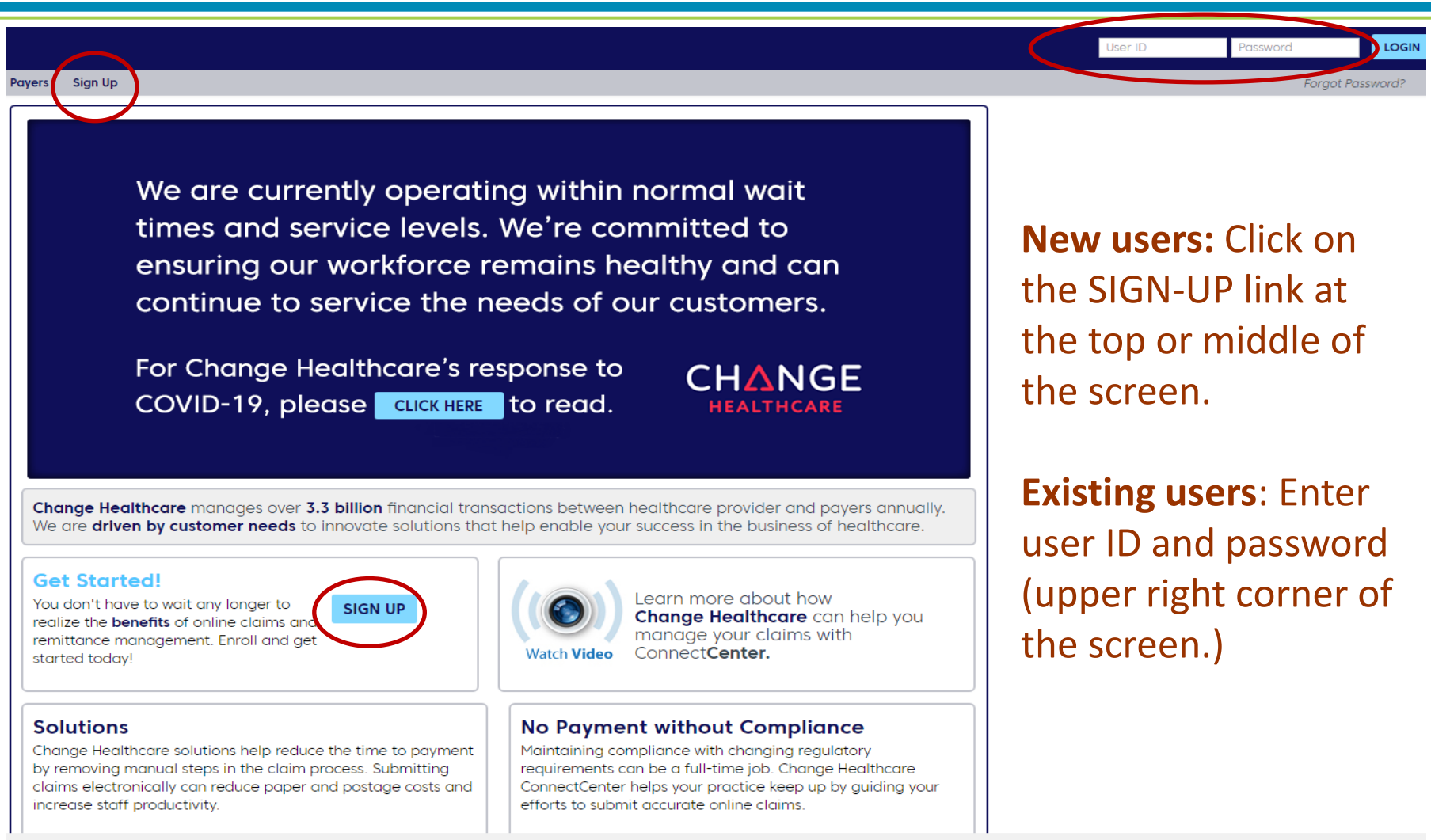
Pre-registration (one time set up!)

- Self-enrollment.
- General contact and organizational identification data.

Submitting Claims – A "4 Step" Process

- Set up provider demographics (one time setup!).
- Set up payer information (one time setup!).
- Set up patient demographics (one time set up for each patient!).
- Enter claim information.

Initial Login/Sign up Screen



New users: Click on the SIGN-UP link at the top or middle of the screen.

Existing users: Enter user ID and password (upper right corner of the screen.)

Claims Submission Tool - Product Training

- Online product user guides.
- Online brief educational videos:
  - Real Time Transactions.
  - Claim Management.
  - Payment Manager (Electronic Remittance Advice).
  - Online Support.
- Call center support **1-877-469-3263.**

ONLINE PRIOR AUTHORIZATION

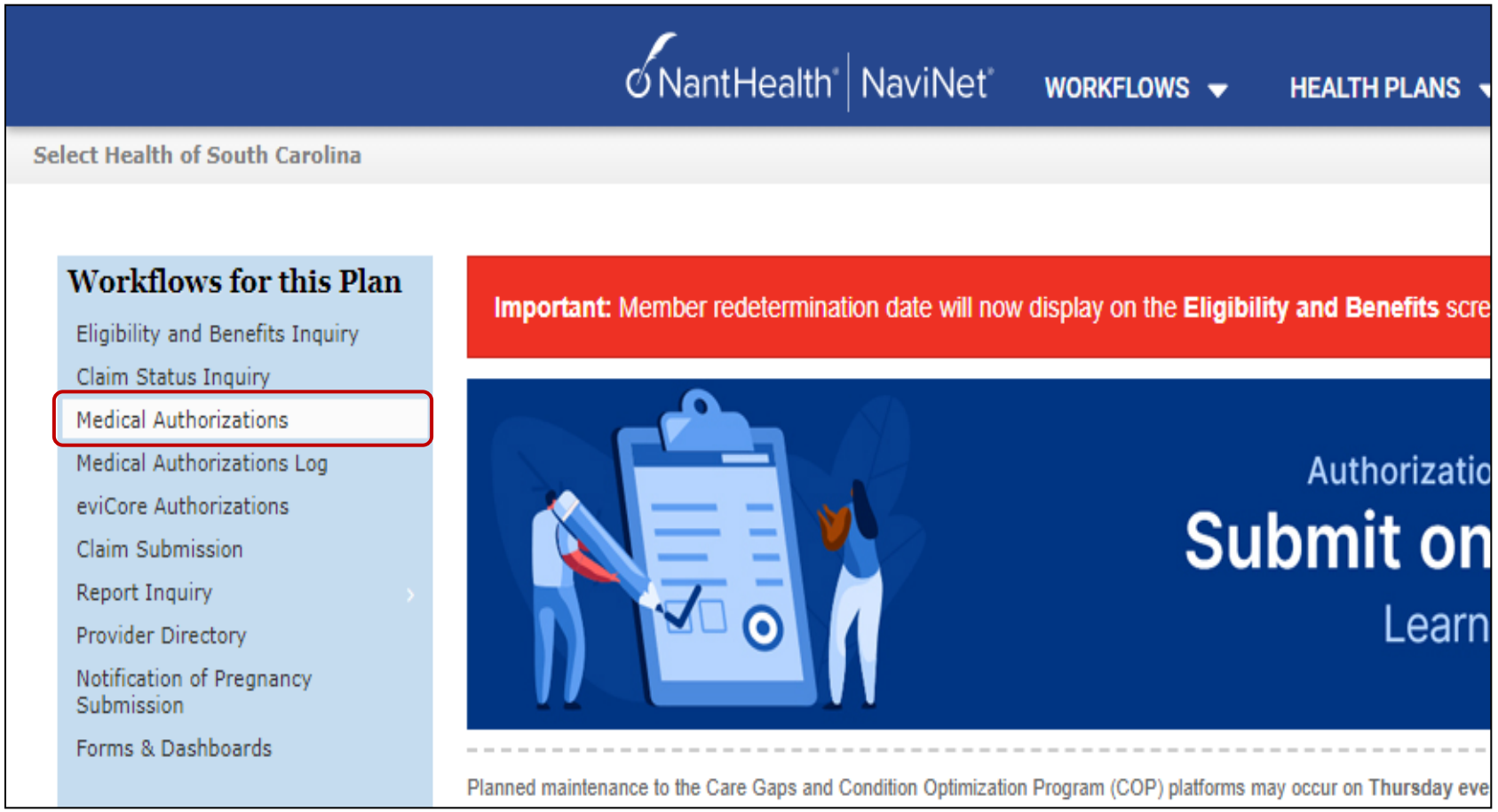
NaviNet

Benefits of Using Online Authorization Process

- Improves turn around time for authorizations.
- Streamlines data entry to improve data accuracy.
- Improves risk stratification accuracy which leads to better assessment of needs and program resources.
- Reduces the need to fax information.

On-line Medical Authorization

Under Workflows for this Plan choose the Medical Authorizations link.



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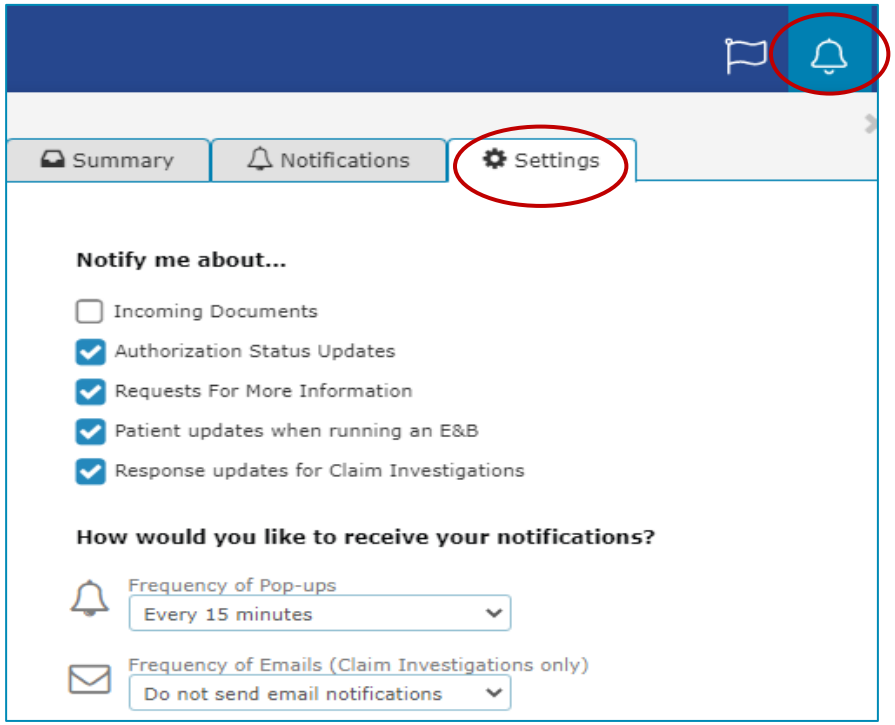
On-line Medical Authorization (cont.)

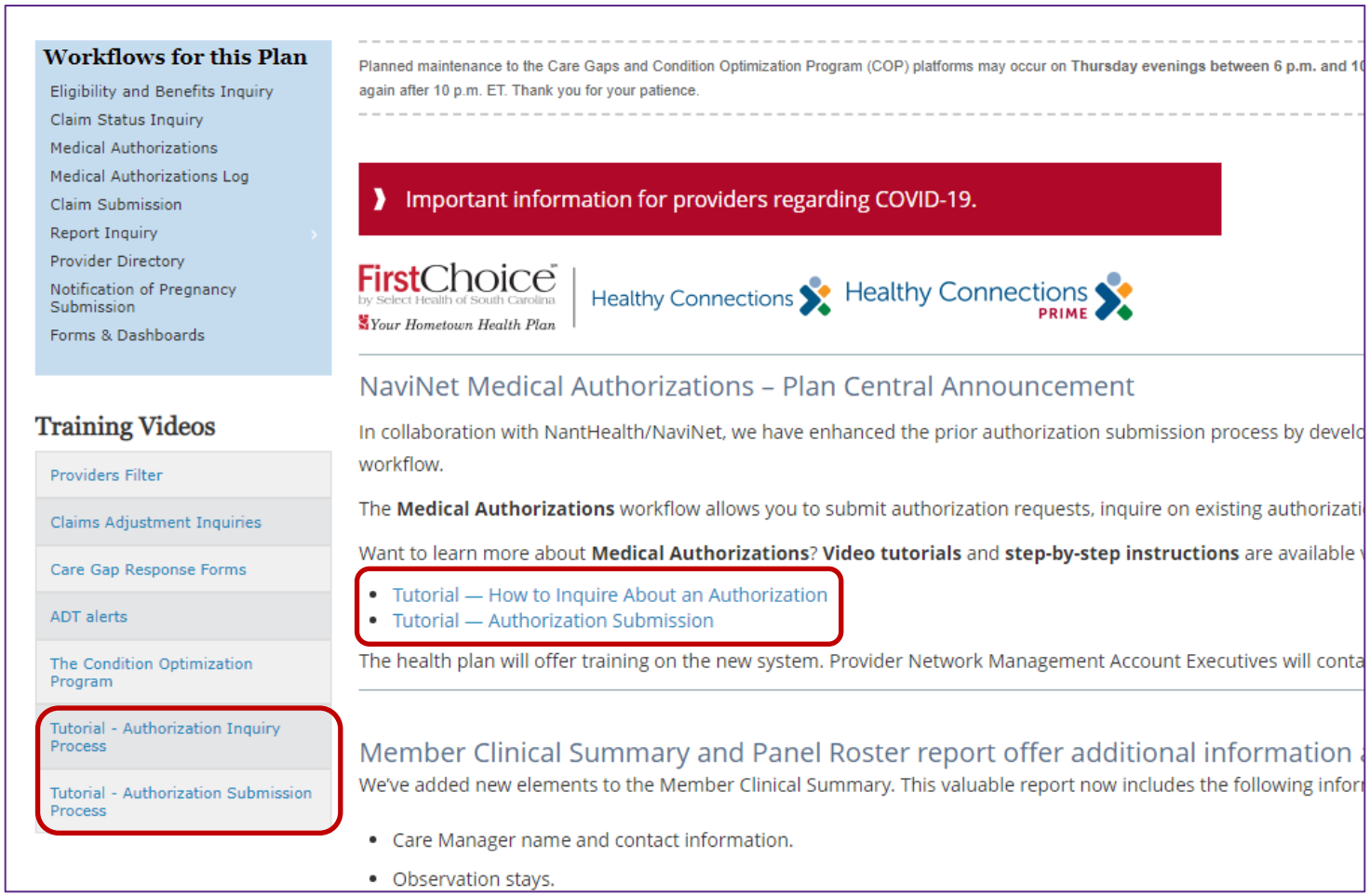
- Notifications are an important part of the communication process between the health plan and the provider.
- Users can opt to receive notifications whenever a request is sent from the health plan to the provider.
- Notifications can be managed from the bell icon in the top right banner on the home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



NaviNet

On-line Medical Authorization (cont.)

Authorization workflows videos are available on the Plan Central page.

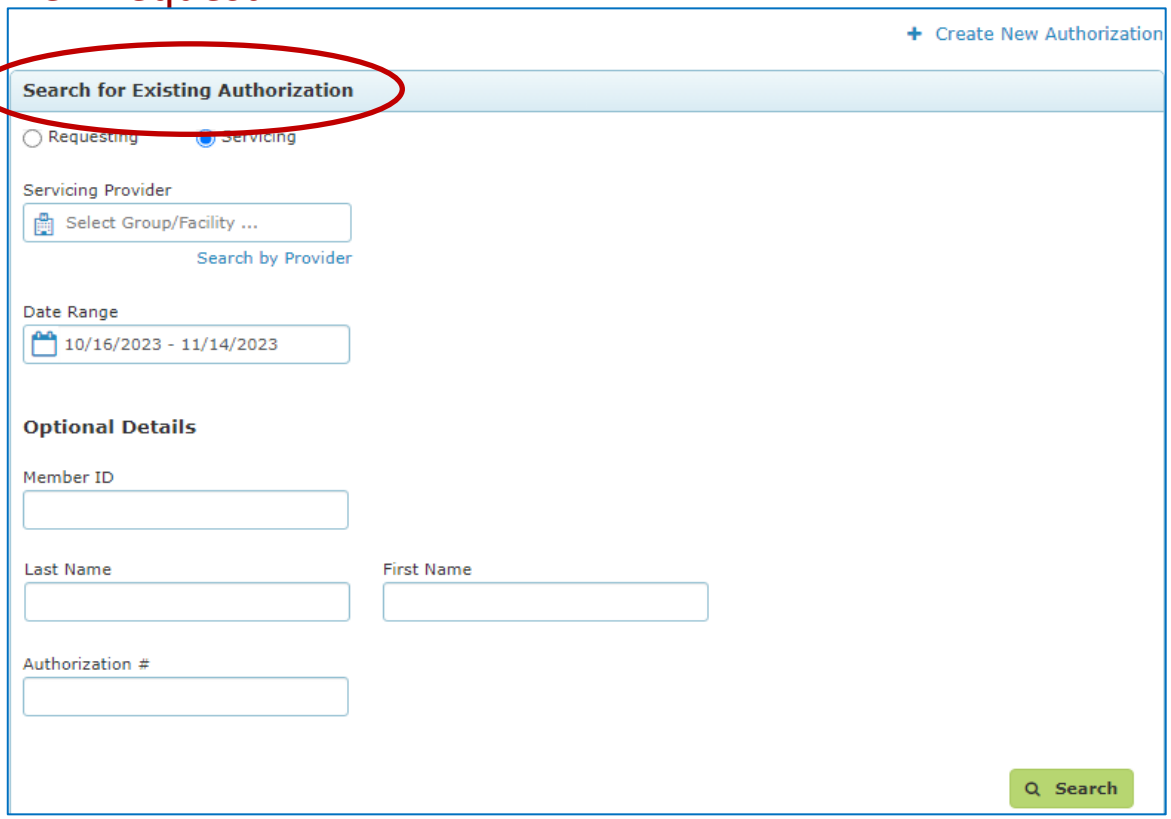


NaviNet

Creating a New Authorization Request

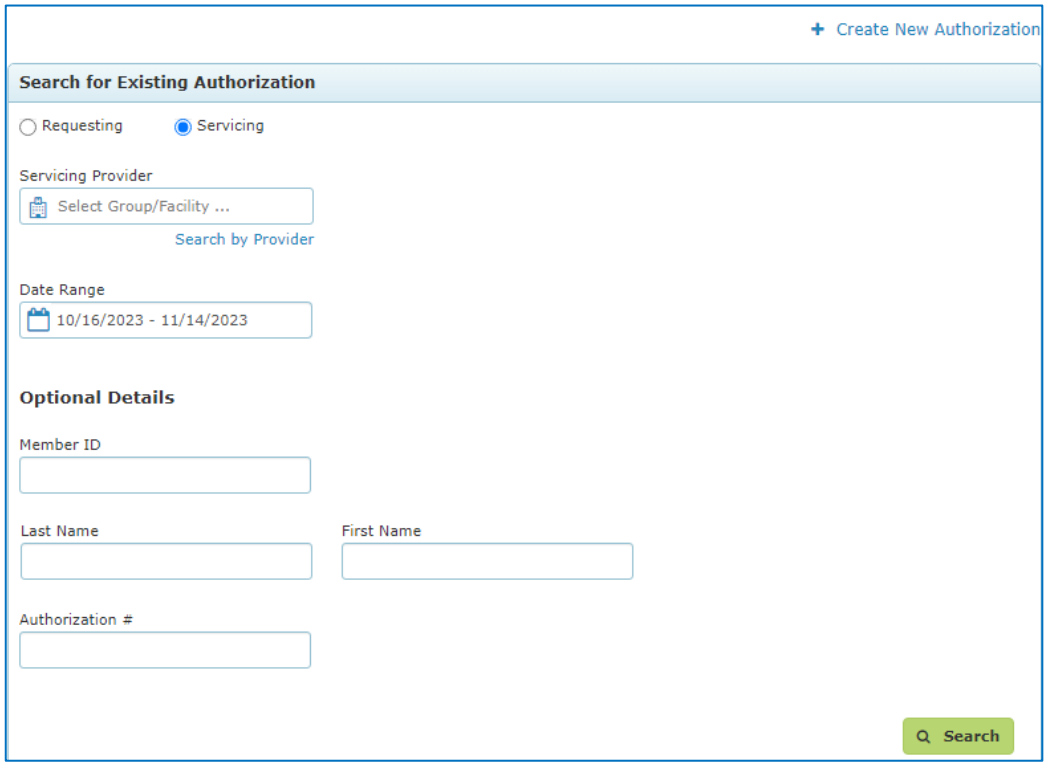
NOTE: The Medical Authorizations link is used to submit <u>both physical and behavioral health</u> prior authorization requests.

- 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.

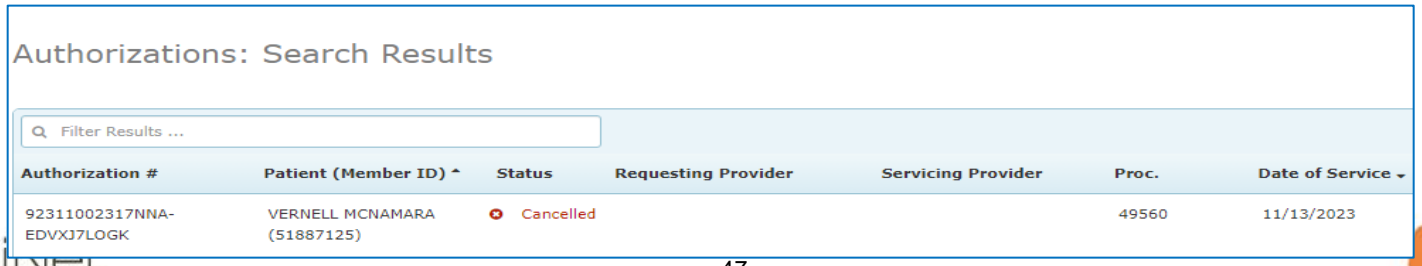


Search for an Existing Authorization

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



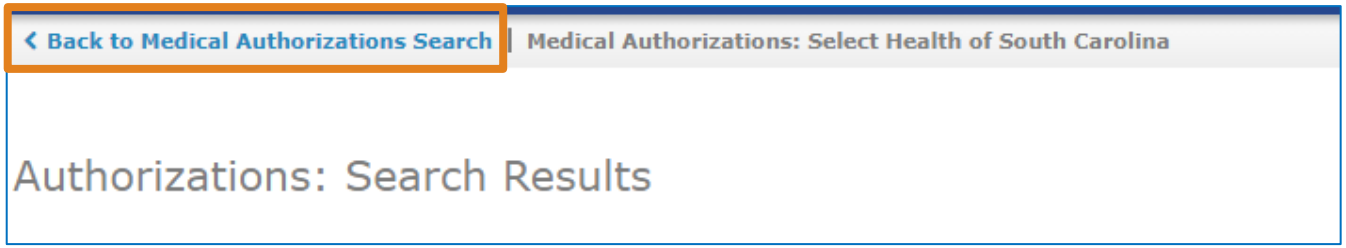
The system will let you know if there is an existing authorization request.



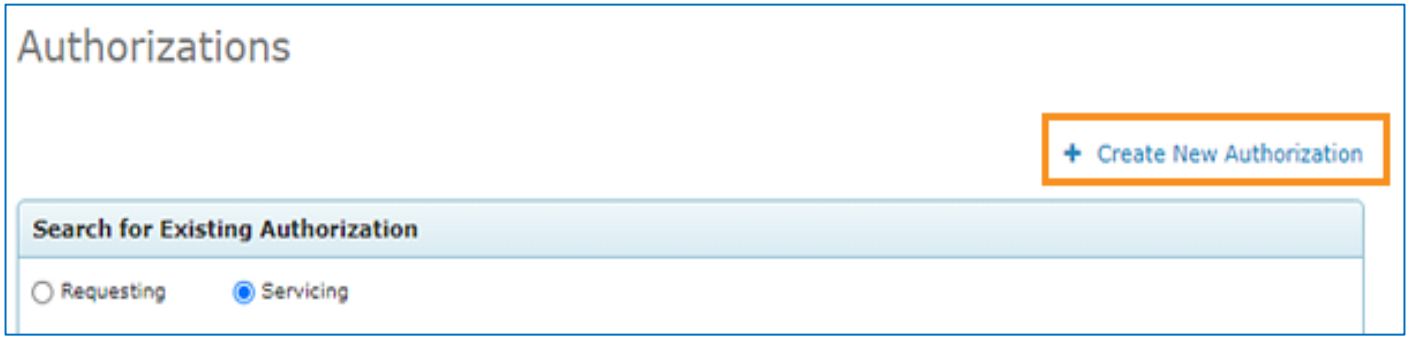
Creating a New Authorization Request

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:



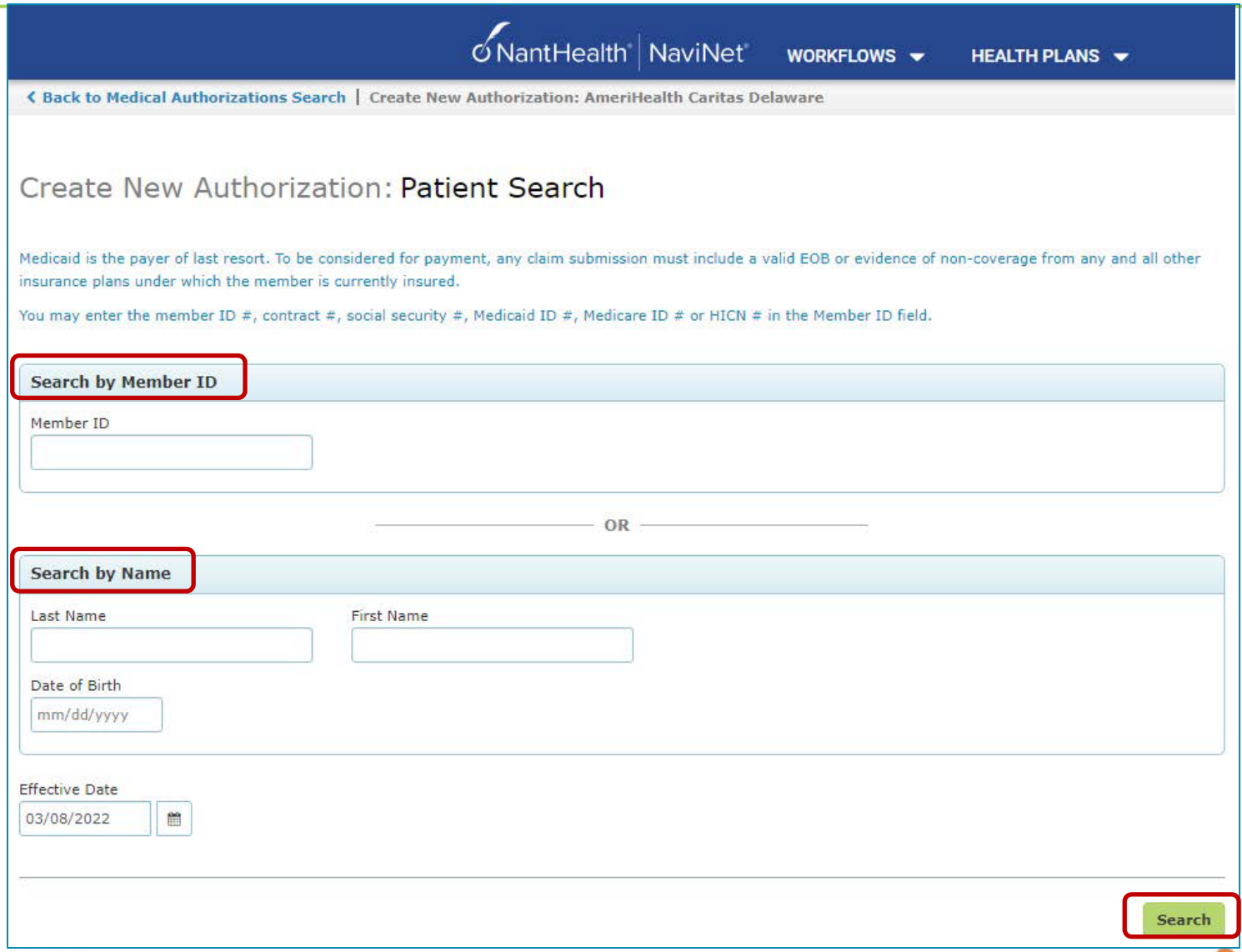
Patient Search

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:

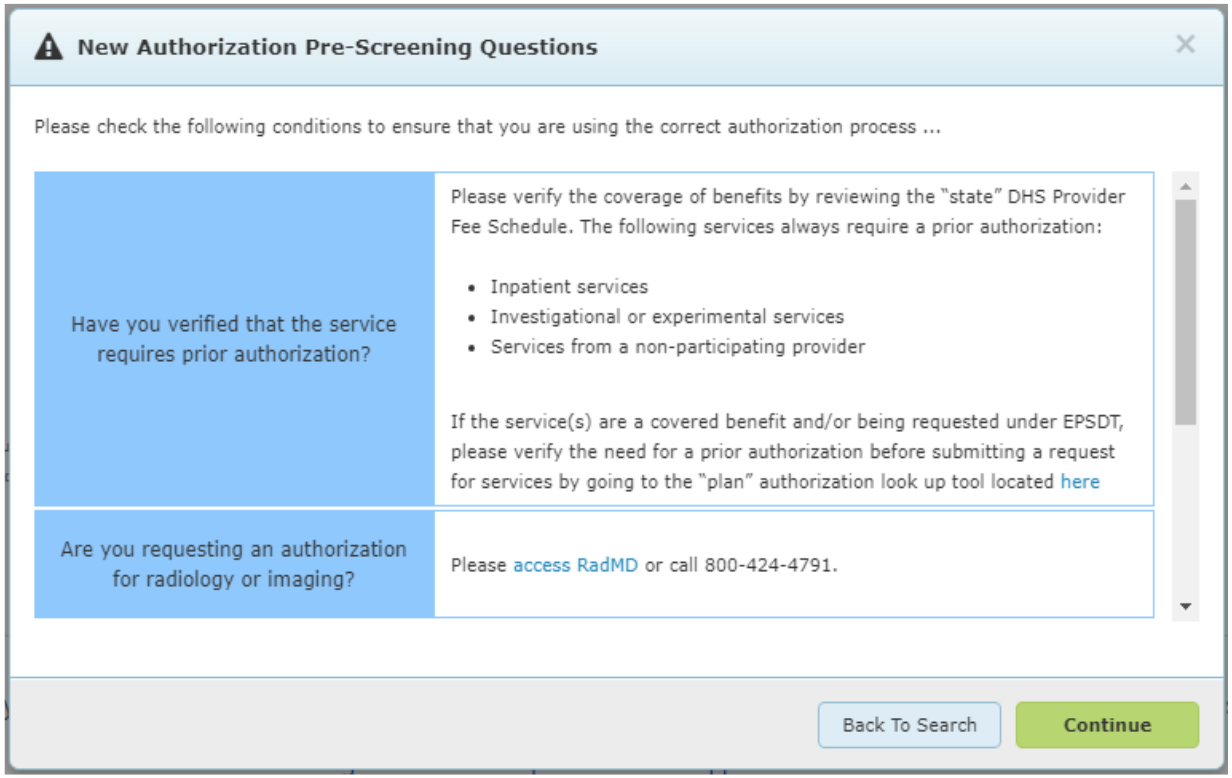
Patient Search (cont.)



NaviNet

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 authorization is required and you are following the correct process, you may bypass these questions by clicking **Continue**.

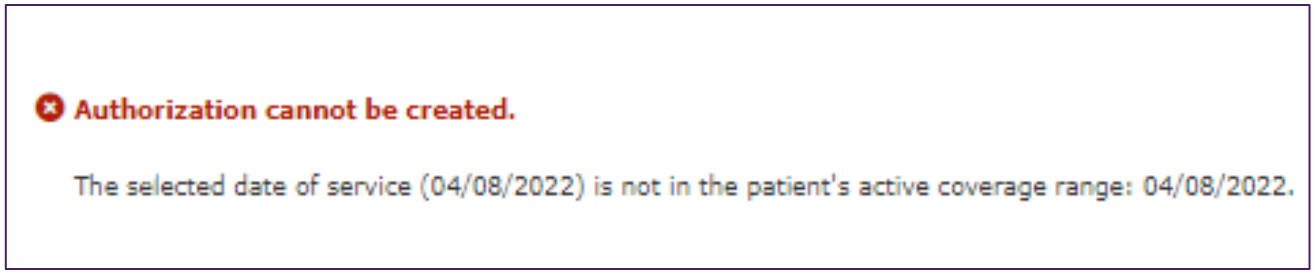


NaviNet

Inactive/Ineligible Member

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:

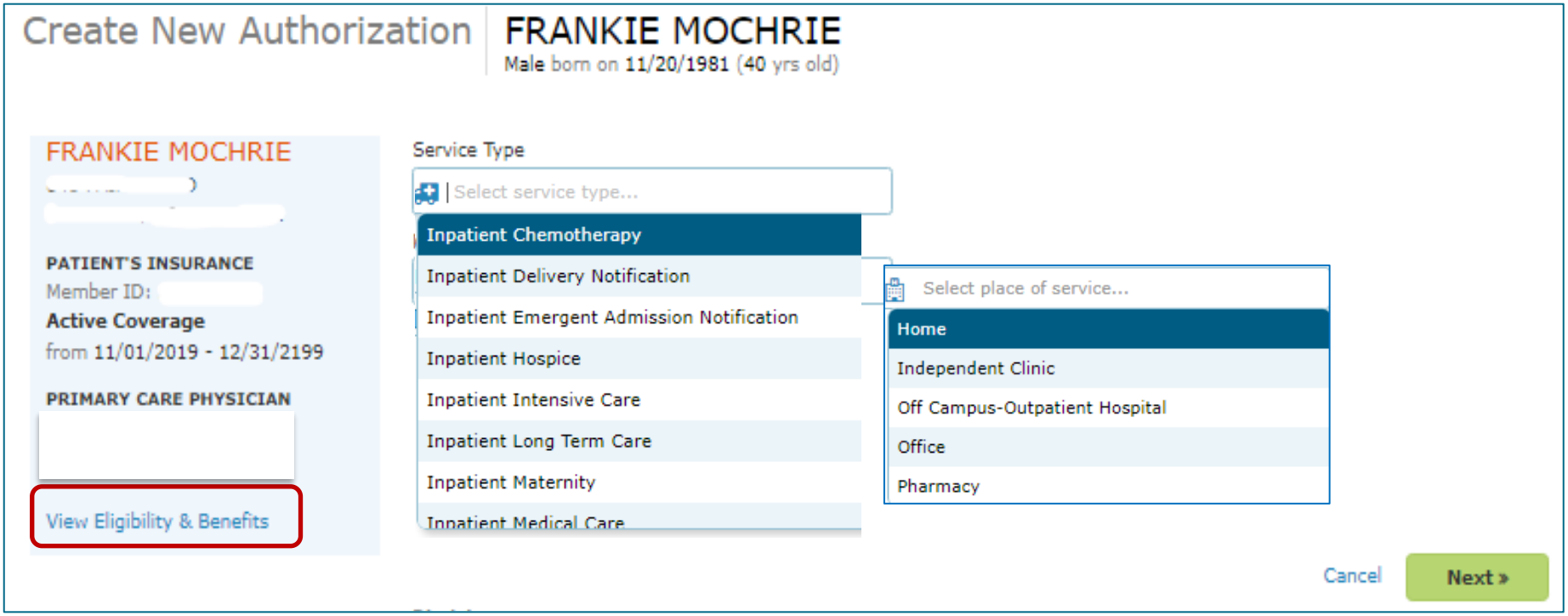


NaviNet

Creating A New Request

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

- Choose the Service Type and Place of Service from the dropdowns. Click ***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.

NaviNet

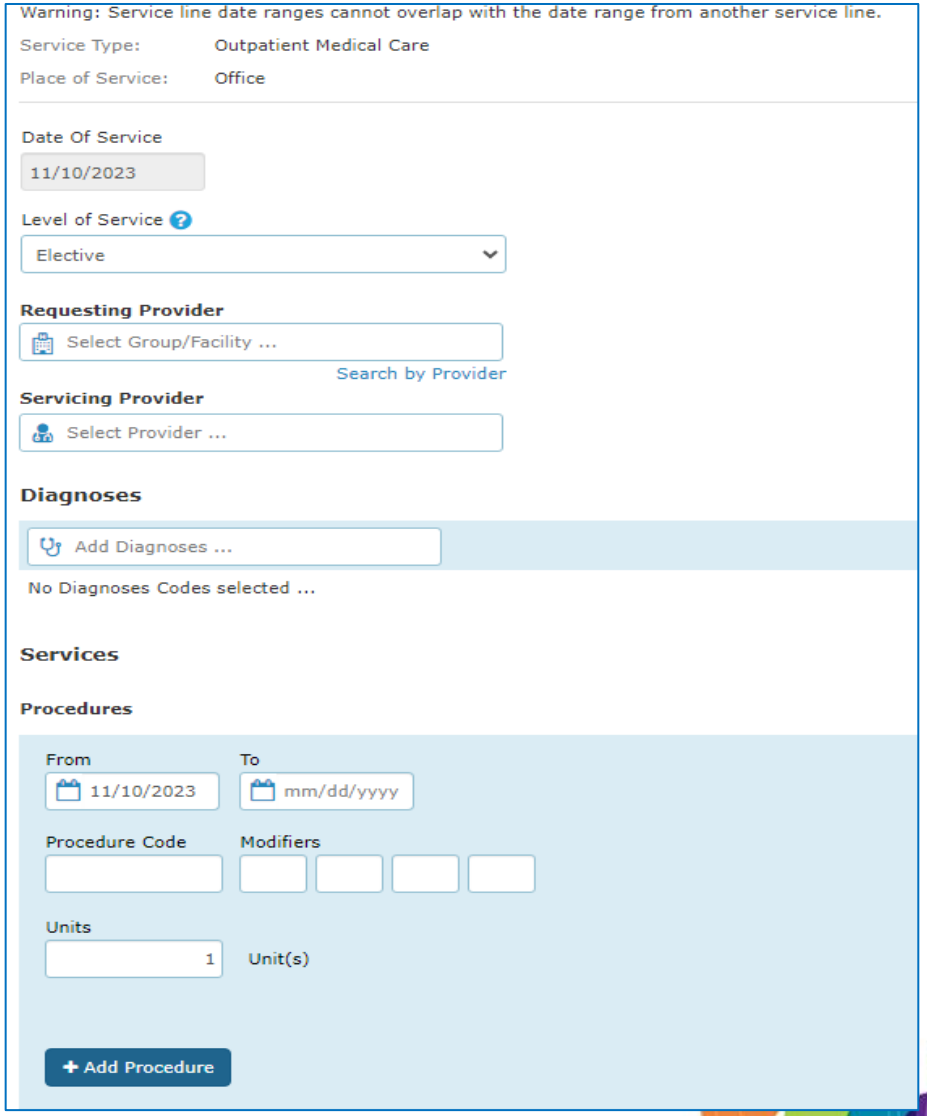
Creating A New Request (cont.)

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.

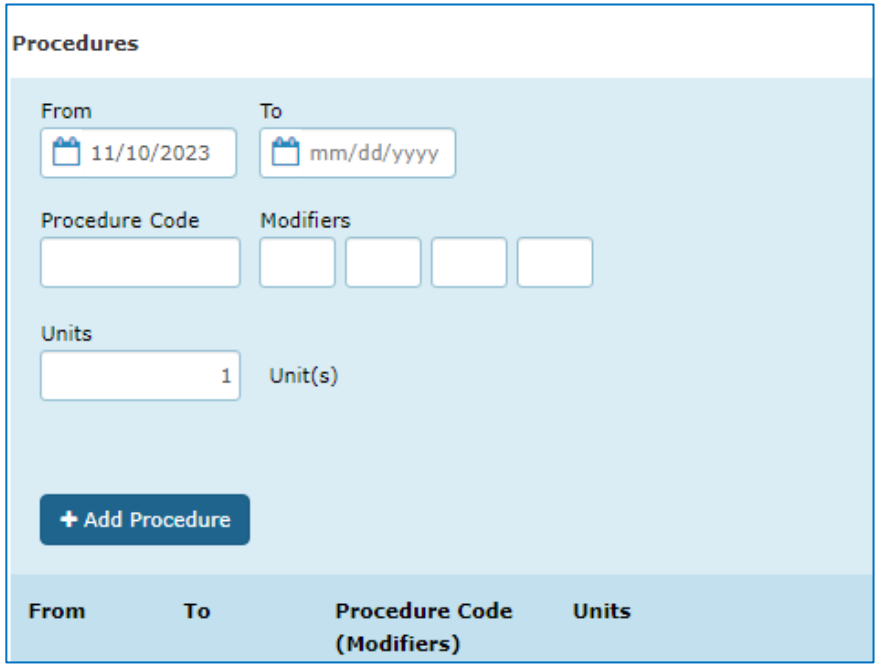


NaviNet

Creating A New Request (cont.)

Services/Procedure:

- **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.
- **Procedure codes:** is free text and <u>not</u> a lookup field. If an incorrect procedure code is entered the request may not be processed.

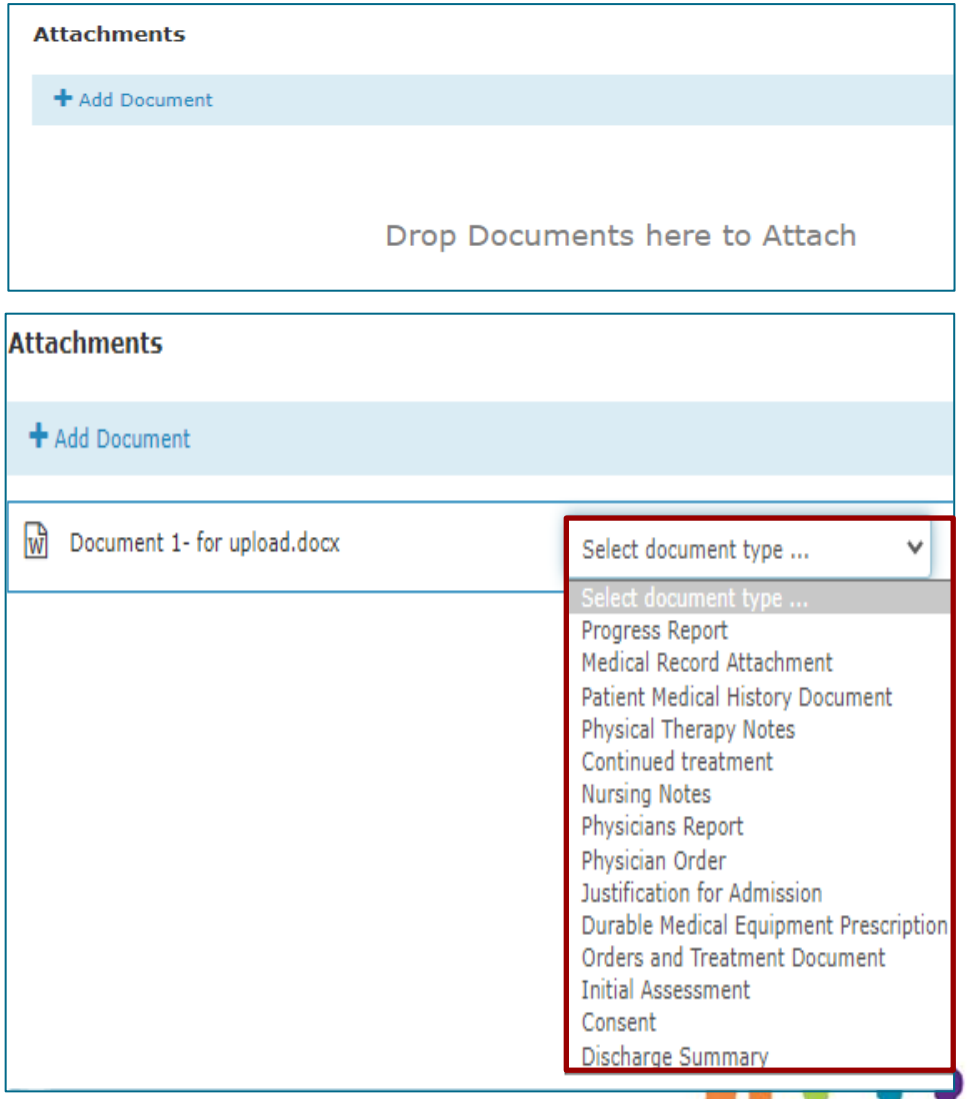


After entering <u>each</u> service line, click on “***Add Procedure***” to save the information entered.

NaviNet

Creating A New Request - *Attachments*

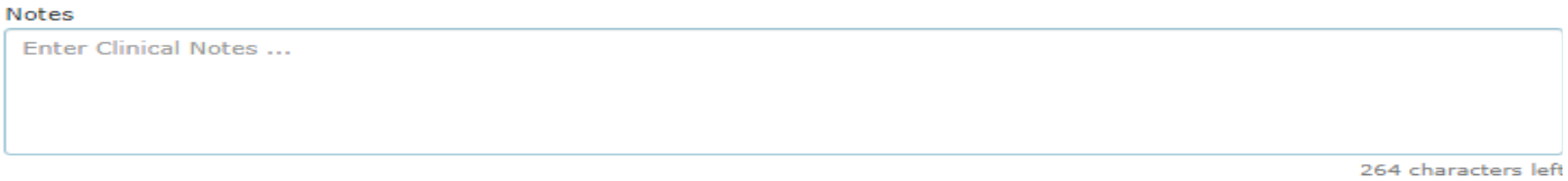
- Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif).
- May attach up to 10 documents.
- Identify the document type using the drop-down list.



NaviNet

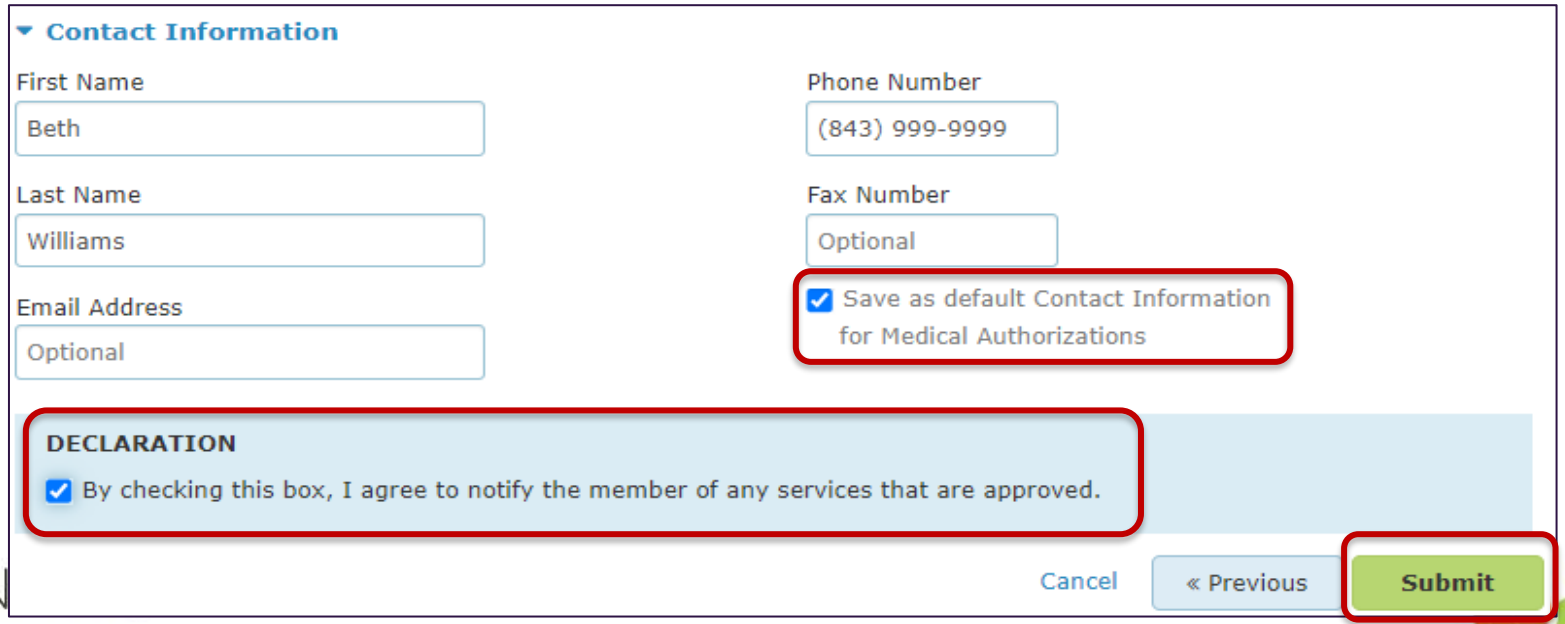
Submission of Request

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



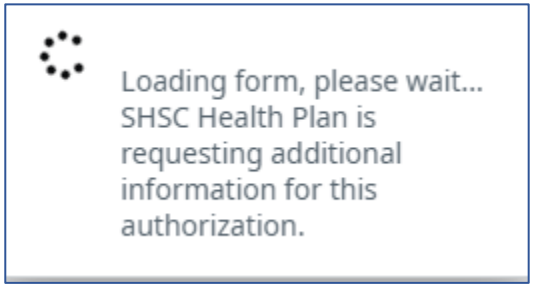
Enter your contact information. First name, last name and phone number are required fields. Fax number and email address are optional. Check the *Save as default box*, to save contact information, so it won't have to be entered every time.

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



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*.

NaviNet

Interqual Criteria/Clinical Guidelines Check (cont.)

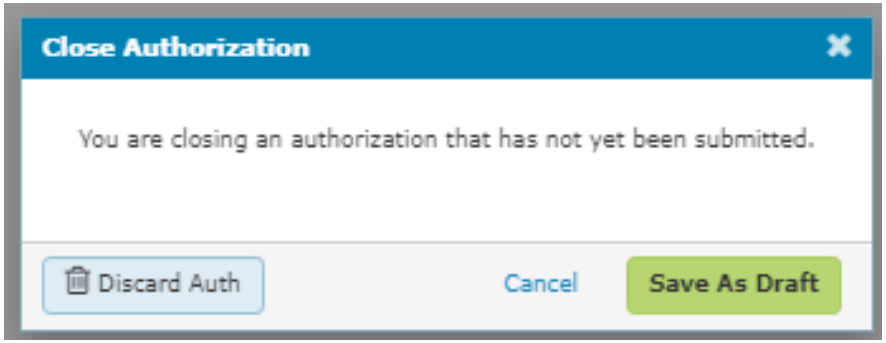
- The system may direct you to a guideline selection page. Select the most current guideline then click on MEDICAL REVIEW
- Answer the questions as they relate to your patient.
- After all questions have been answered the ***No Remaining Questions*** message will display: Click ***View Recommendations*** 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.

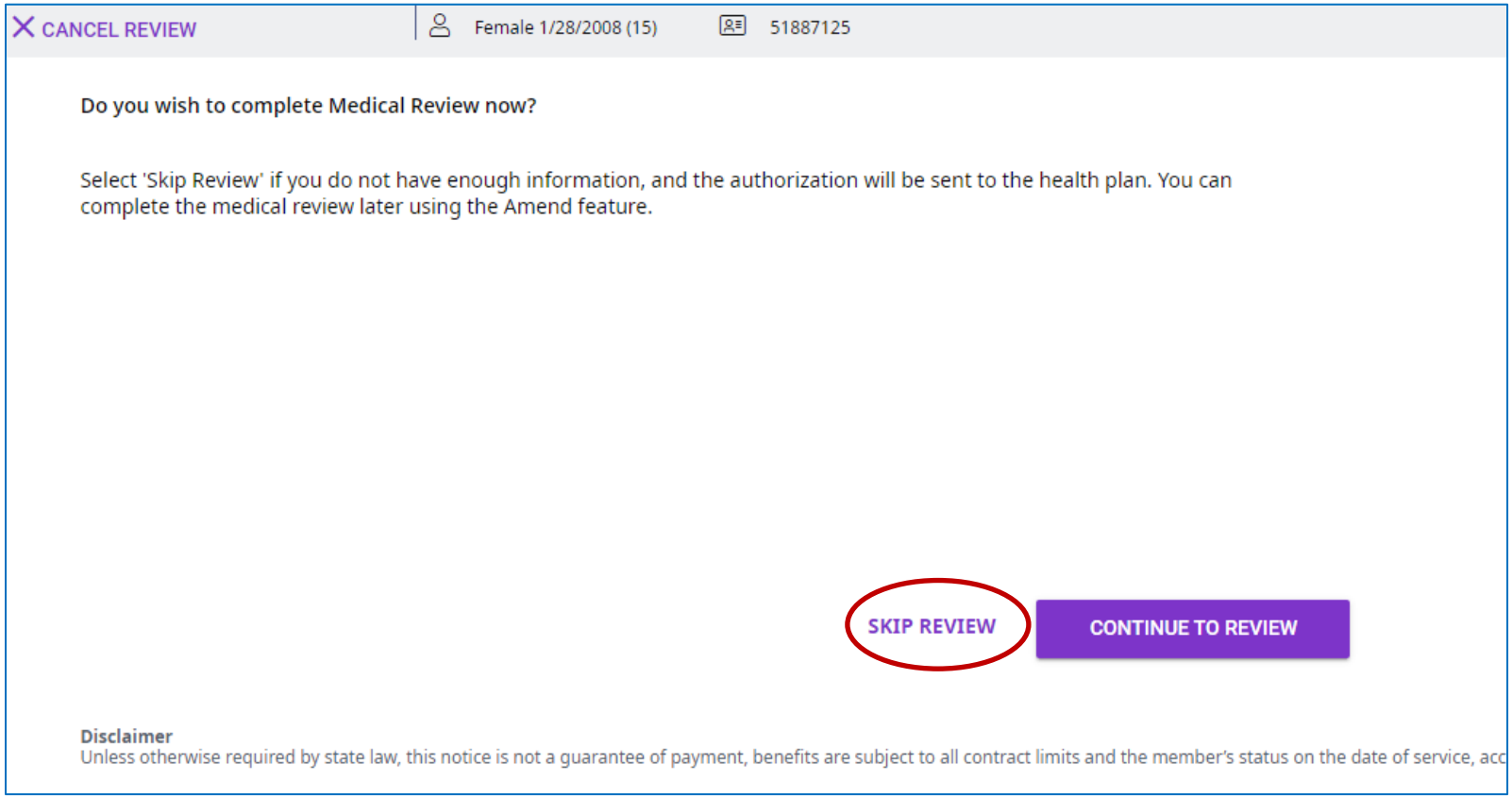
Select X Close/Save which allows you to:

- **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.



NaviNet

Interqual Criteria/Clinical Guidelines Check (cont.)

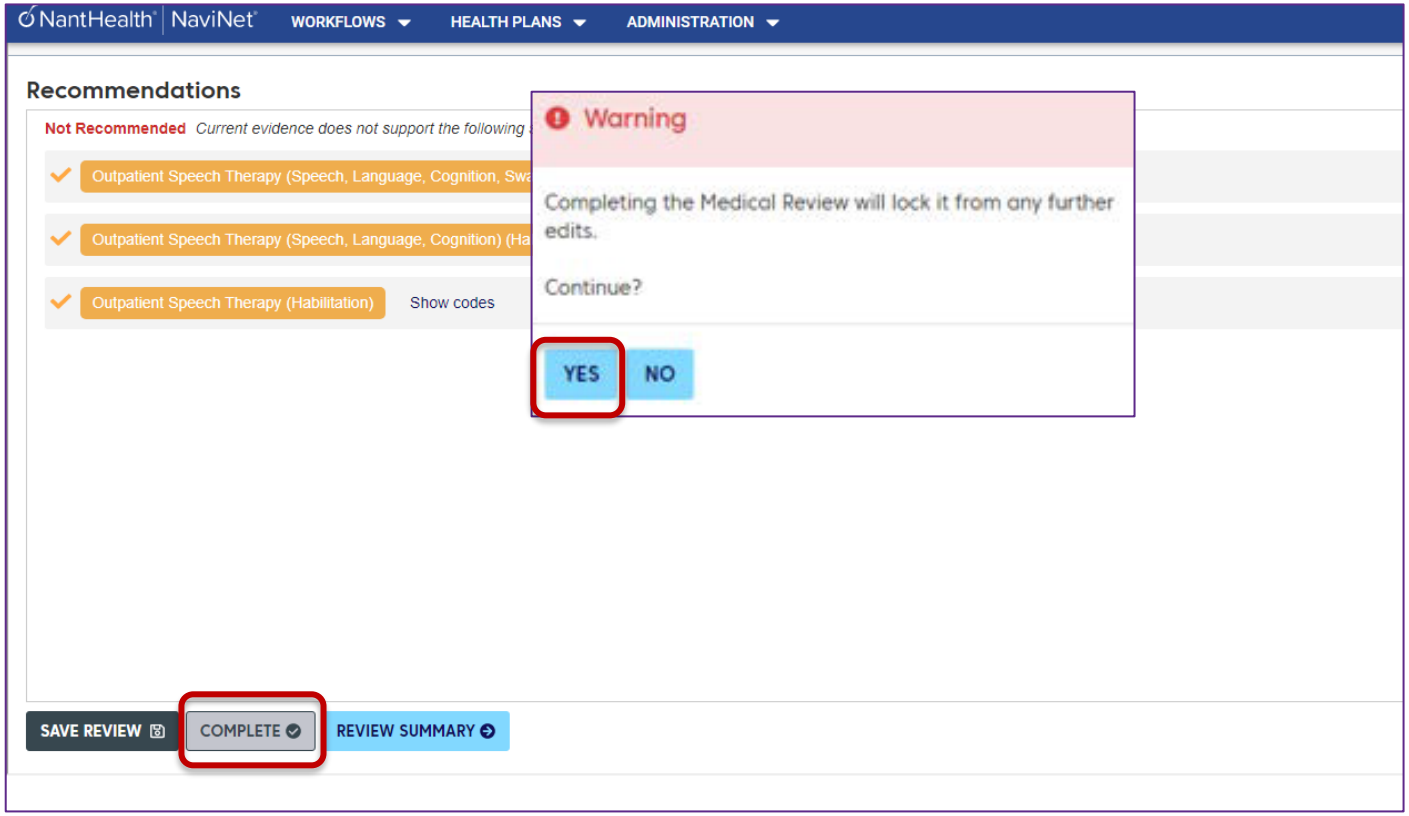
Note: If the InterQual medical review is skipped, the medical review is completed by the health plan.

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:

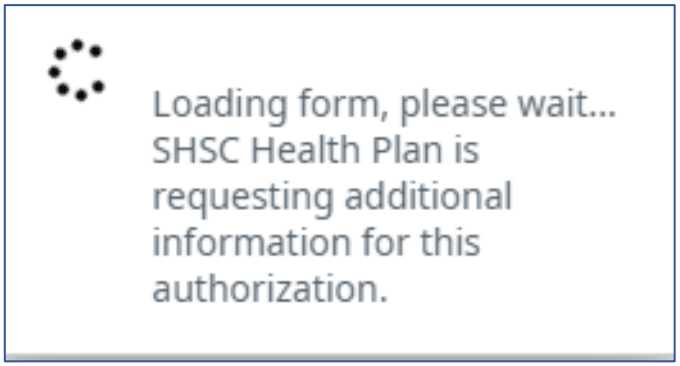


Click **Complete**, then select **YES** to continue.

NaviNet

After InterQual Criteria Check

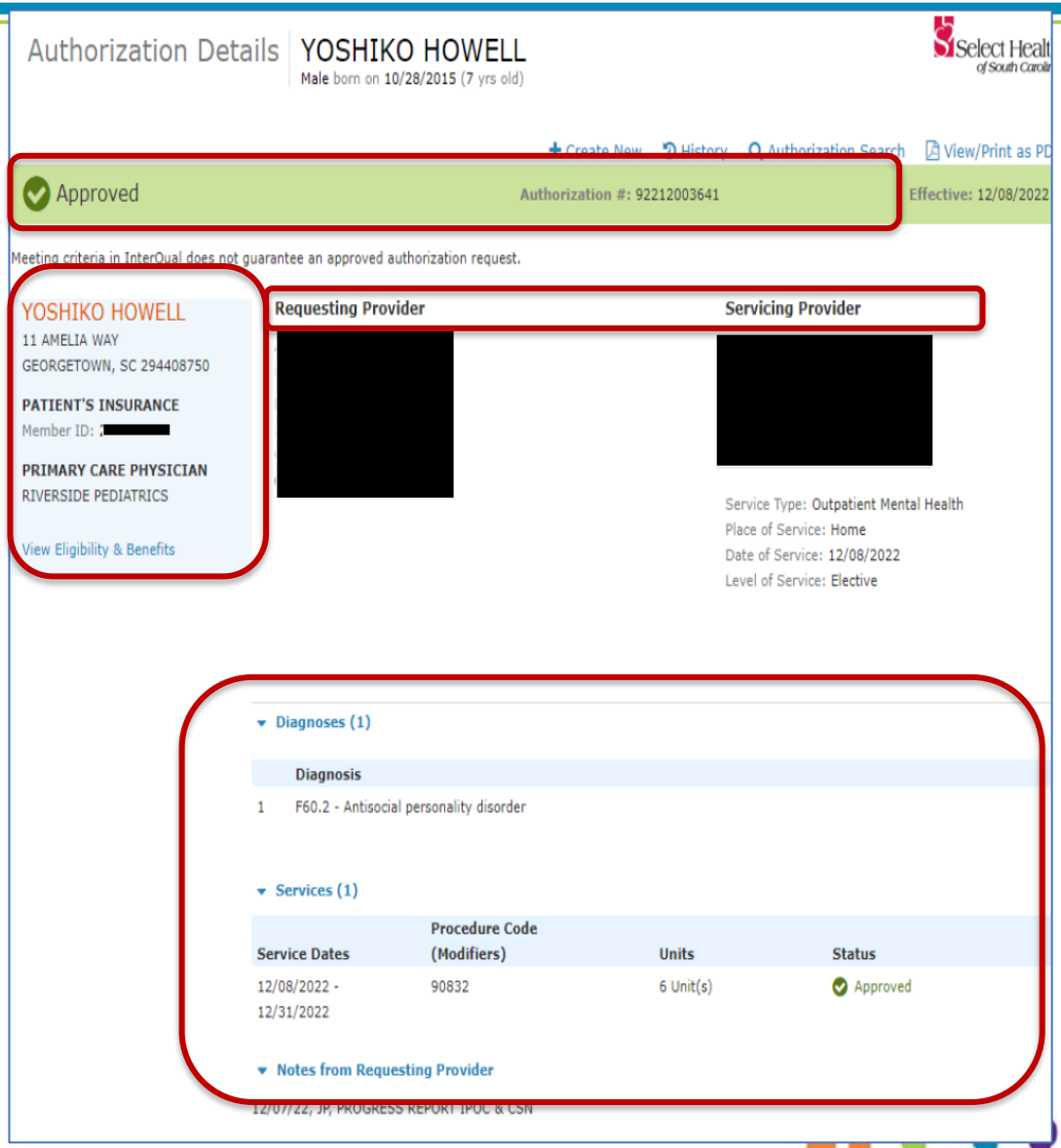
The following notice will display, indicating you are being sent back to NaviNet from InterQual:



Authorization Details Screen

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

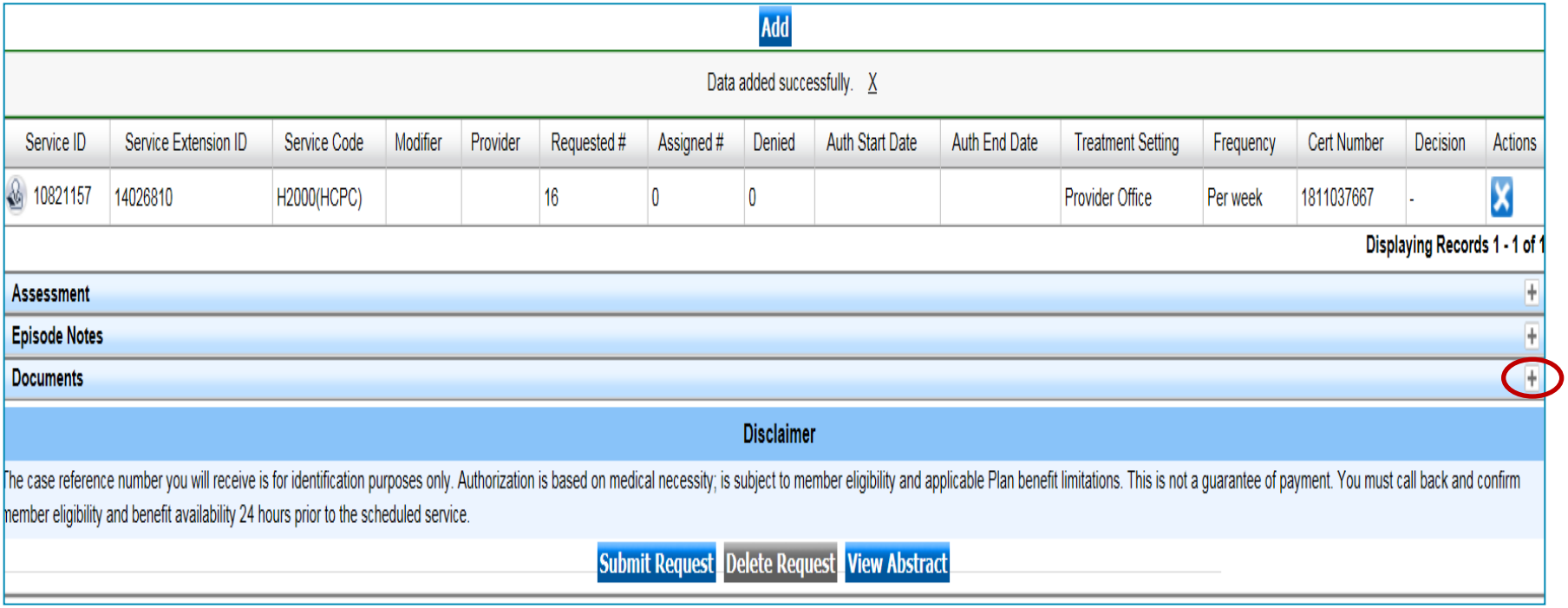
- ***Approved*** or ***Pended*** status.
- **Authorization number**.
- **Patient and provider information**.
- **Authorization details**.



Uploading Documents

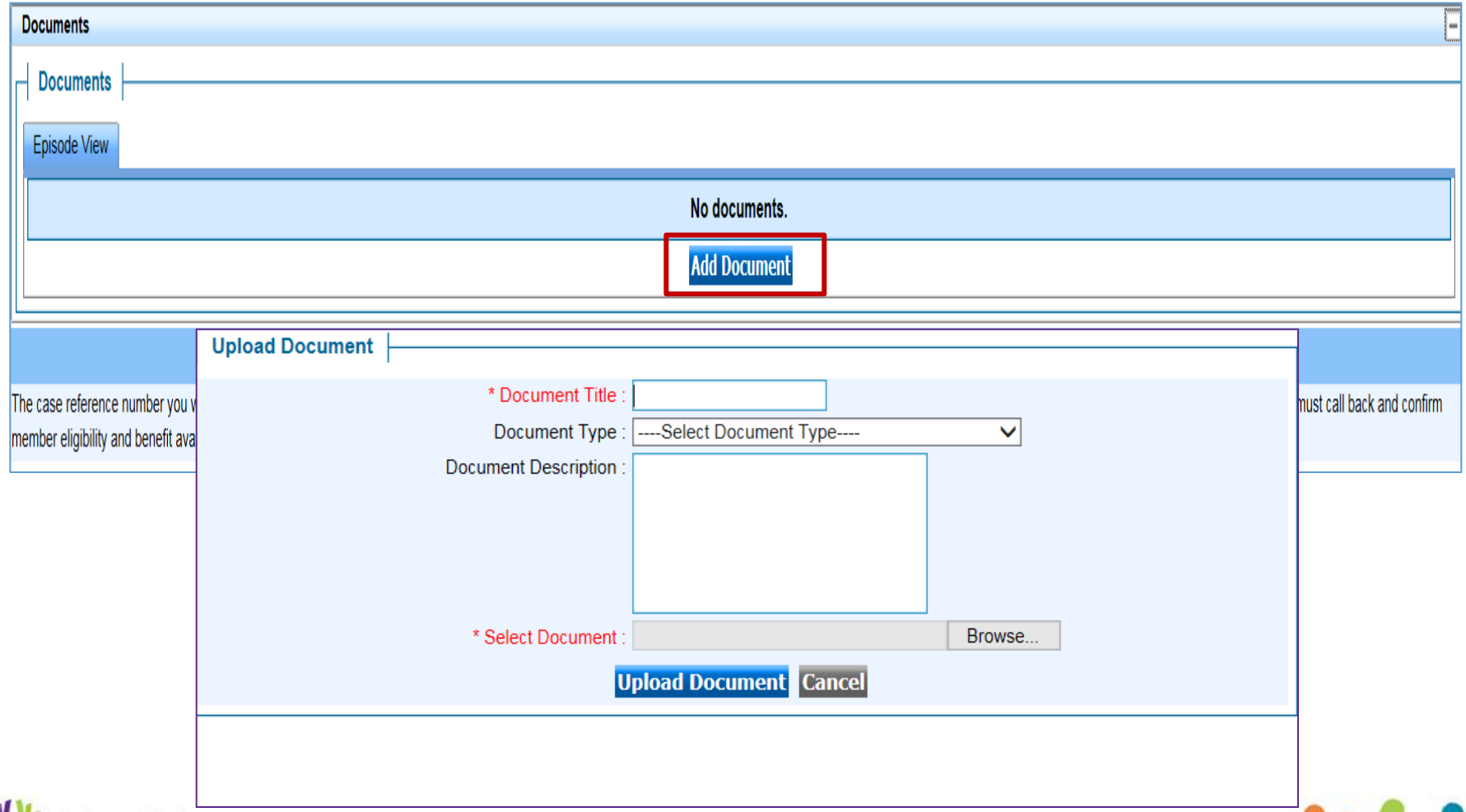
To upload any supporting documentation after adding the service request information:

- Click on the + icon on the Documents tab. A new window will open.



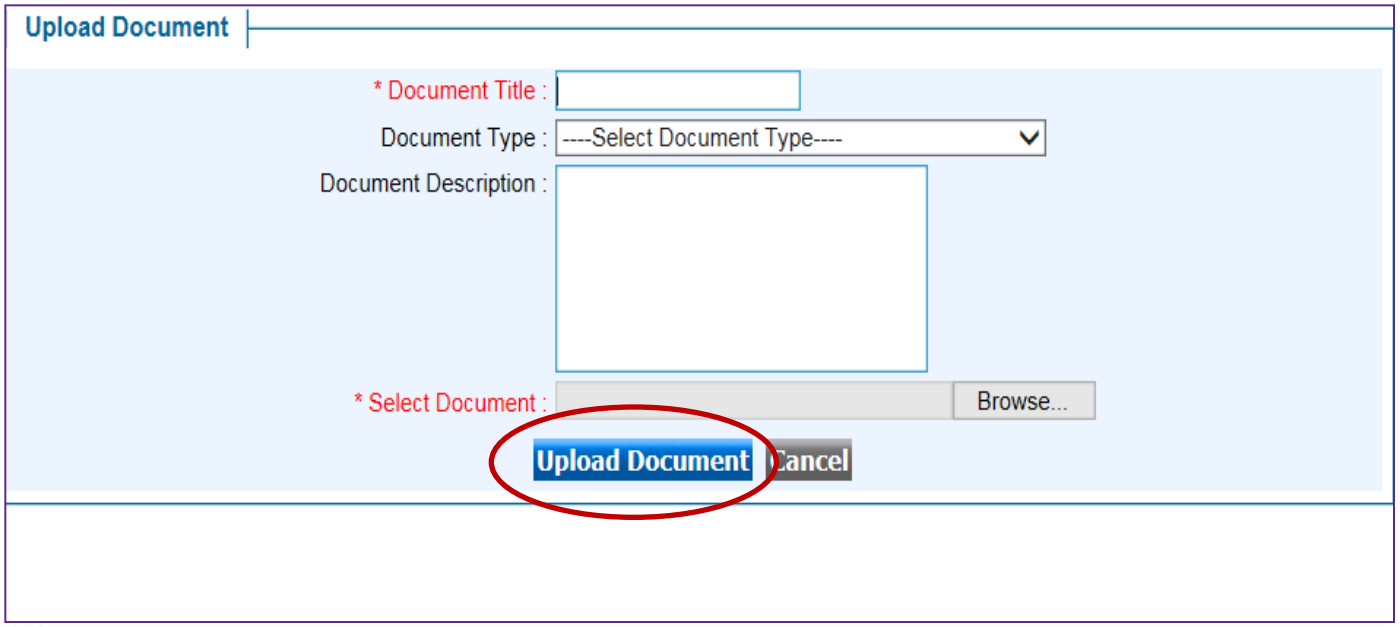
Uploading Documents (cont.)

Click **Add Document** and the ***Upload Document*** box will open:



Uploading Documents (cont.)

- Enter the *Title* of your document
- Select a document type from the dropdown (optional).
- Select your document by clicking on Browse to bring up your files. Choose your document(s).
- Click on Upload Document.



Inpatient Authorization Requests

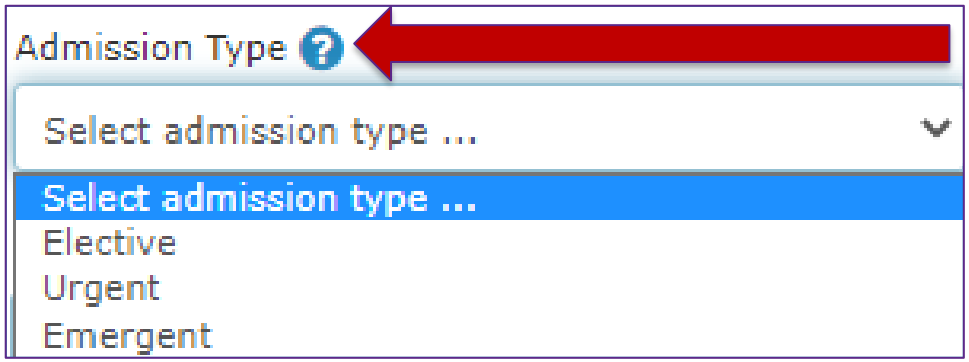
The initial steps are the same as submitting an outpatient request, with the specifics for inpatient requests:

- Date of admission is a mandatory field.
- Date of discharge is optional (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.**



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

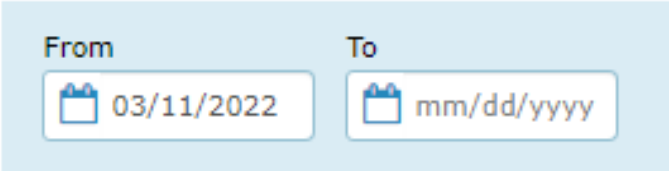
- **Elective:** Potential admission for illness/injury member not currently admitted.
- **Urgent:** Potential admission for illness/injury that can be treated in a 24-hour period and if left untreated could rapidly become a crisis or emergency, member not currently admitted.
- **Emergent:** Concurrent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

Inpatient Authorization - Provider/Facility Selection

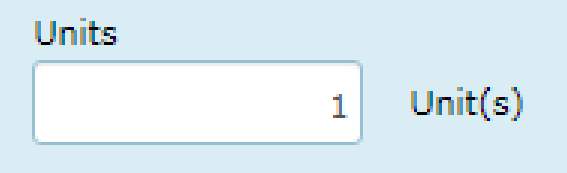
- **Requesting provider**: the provider requesting the service.
- **Servicing provider**: the provider completing the service (also known as the ***Attending***).
- **Servicing facility**: location where the service will be performed.

Inpatient Authorization – Dates/Units/Bed Type

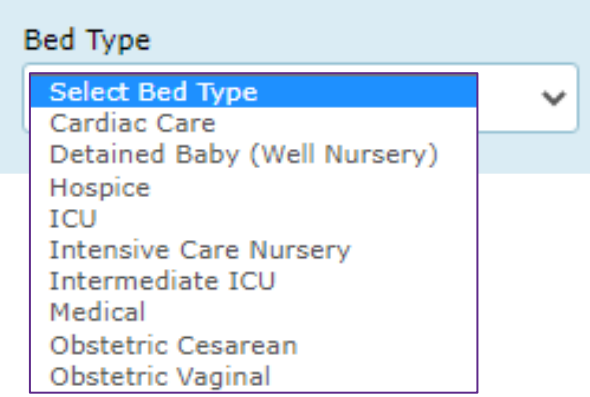
From: (start date)/To: (end date): Mandatory fields. We understand in some cases, the discharge is unknown, but you must enter at least 1 day past the From date. You can update later, if necessary.



Units: are equivalent to days.



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



NaviNet

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.

NaviNet

Amending or Extending An Authorization

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/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.

Extending An Authorization – Search For Request

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).

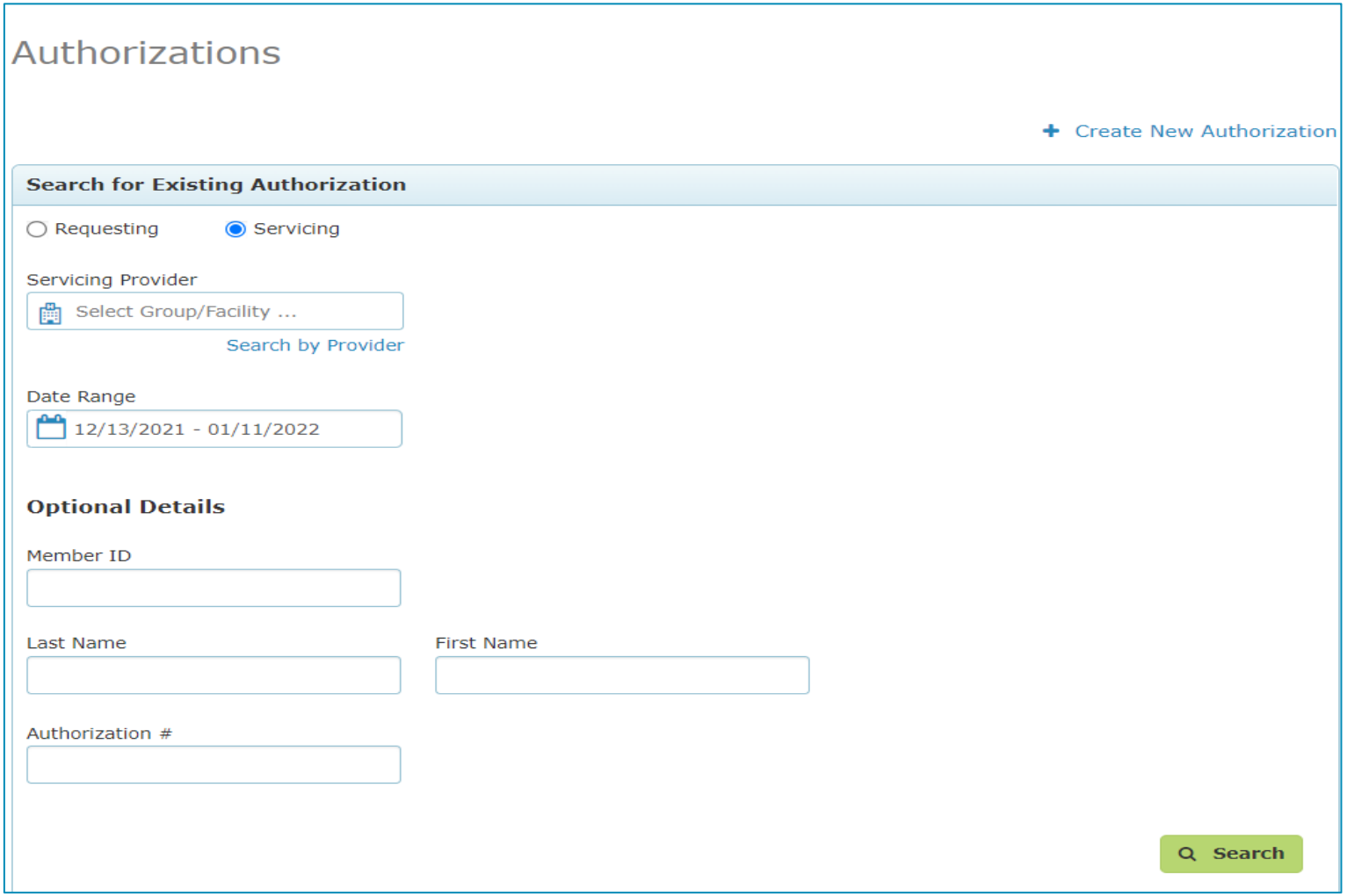
Extending An Authorization – Search For Request

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.

Searching For An Existing Authorization (cont.)

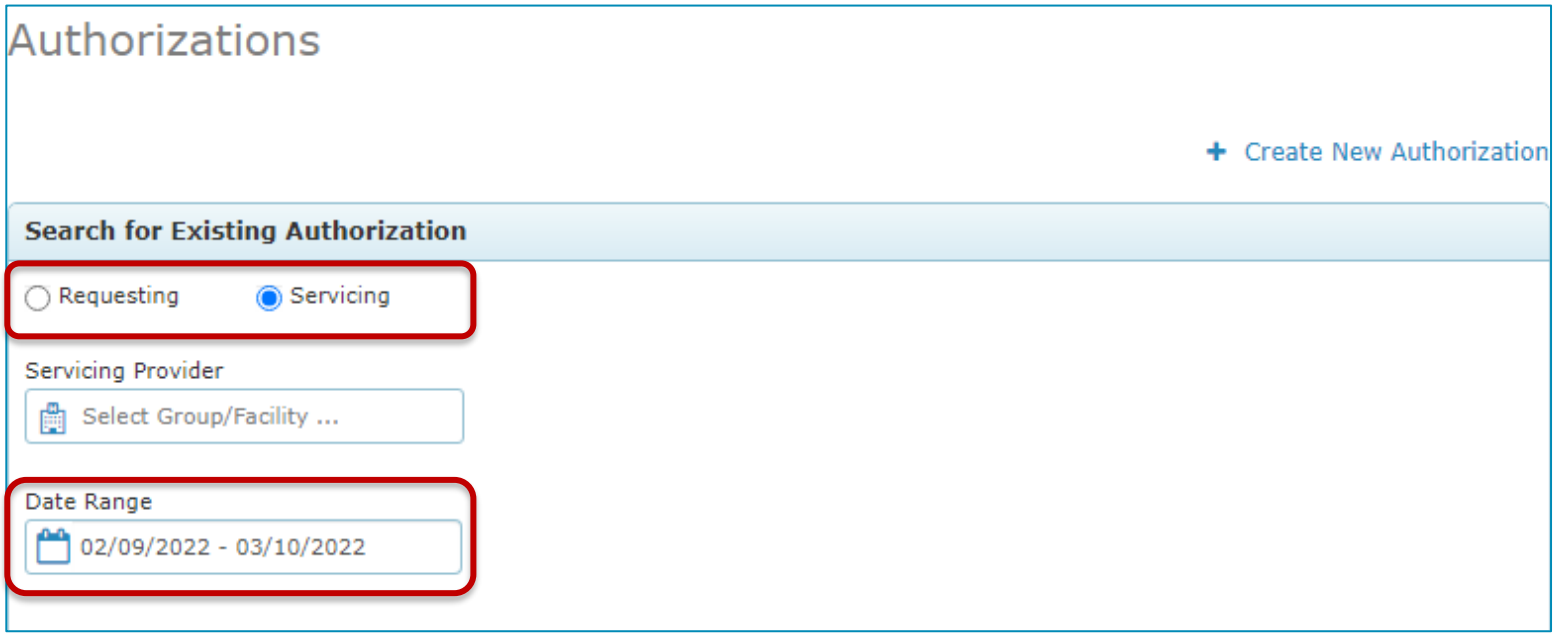
This screen will display:



Searching For An Existing Authorization (cont.)

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

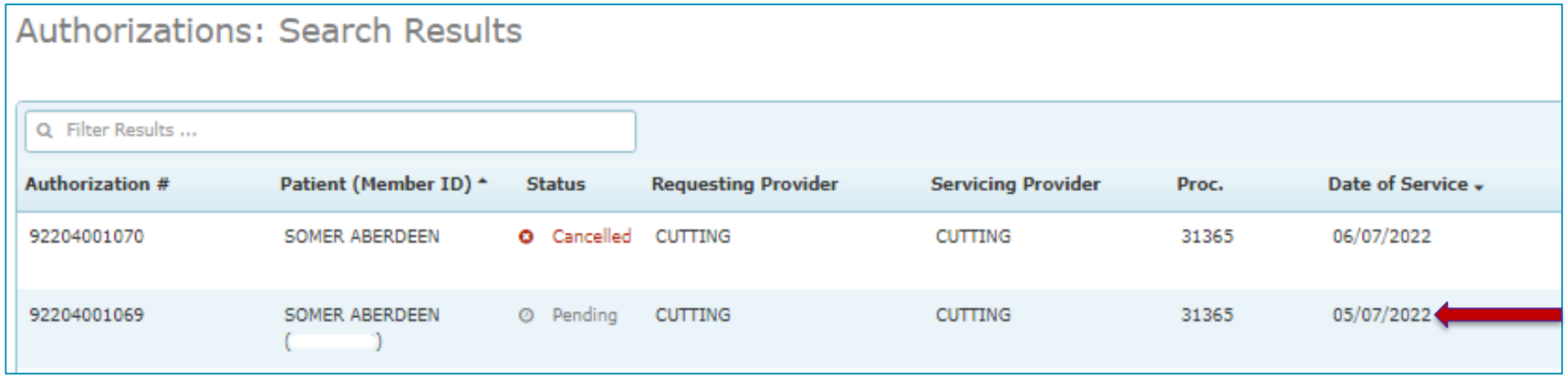
- This will pull up requests submitted for your practice within the specified date range.
- You do not have to enter member information.



NaviNet

Searching For An Existing Authorization (cont.)

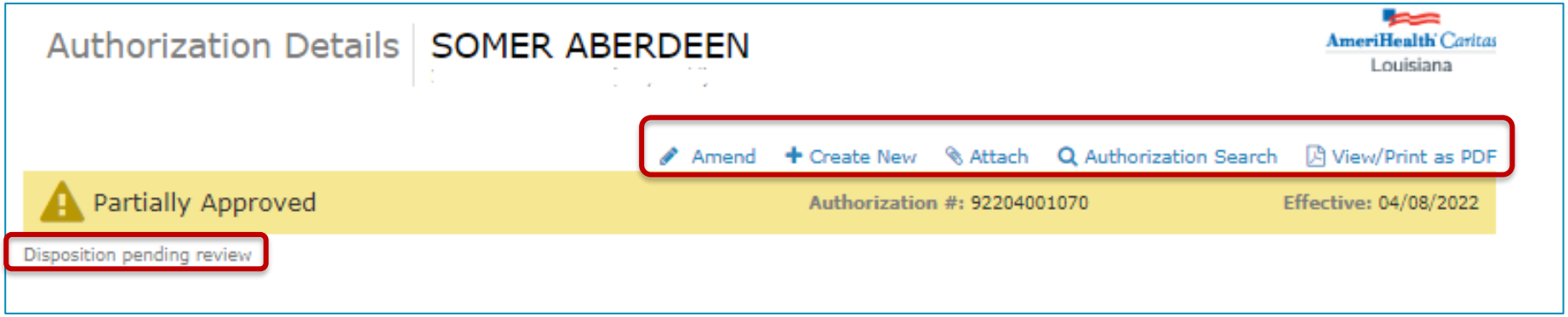
Click on the authorization that you wish to view.



NaviNet

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*).

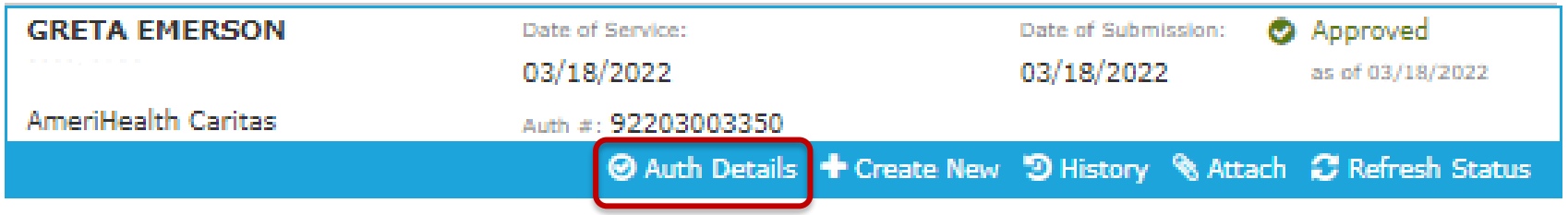


Additional actions may be accessed from the authorization details screen:

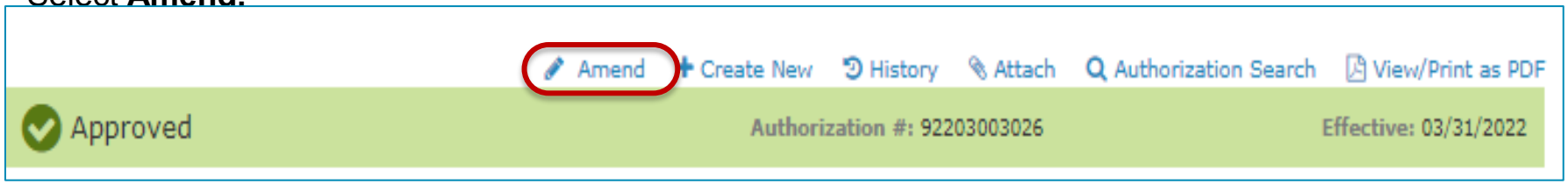
- Amend (only available for approved or partially approved requests).
- Create New.
- Attach.
- Authorization Search.
- View/Print as PDF.

Extending An Authorization – Search For Request (cont.)

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



Select **Amend.**



Add additional information, the following items can be addressed:

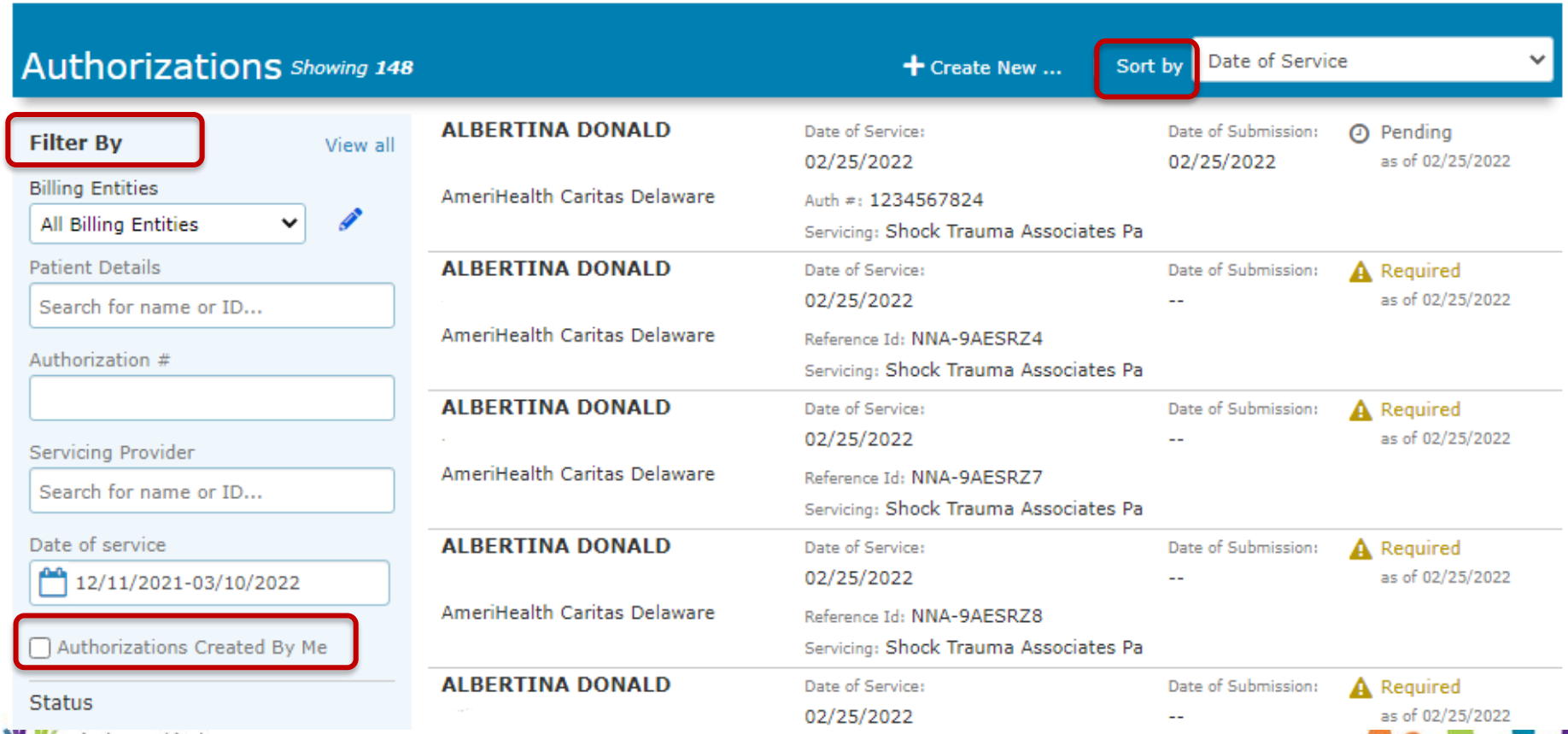
- Date of service
- Diagnosis
- Add new service line
- Add document
- Notes
- Contact information

NaviNet

Medical Authorizations Log

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

- You can *Sort* and *Filter* 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.

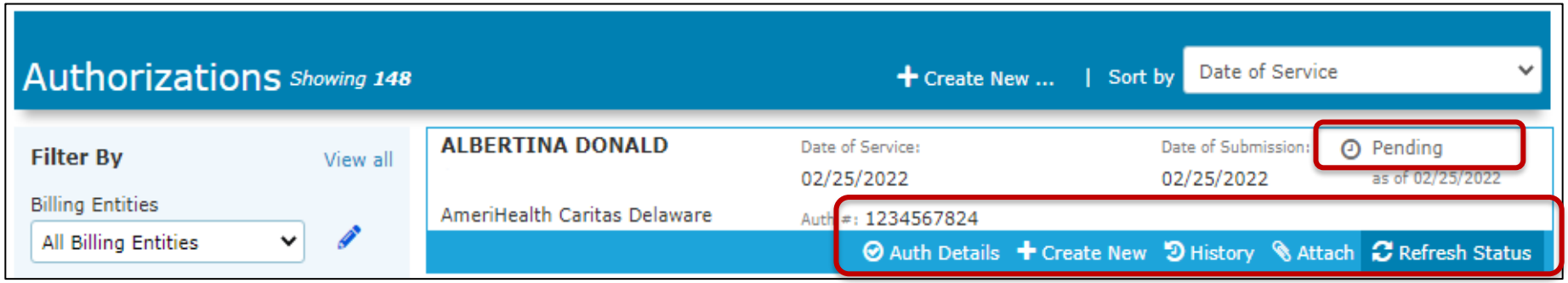


NaviNet

Medical Authorizations Log (cont.)

Once you select the desired authorization the following options are available if the request is in ***pending*** status:

- **Auth Details, Create New, History, Attach, and Refresh Status**.



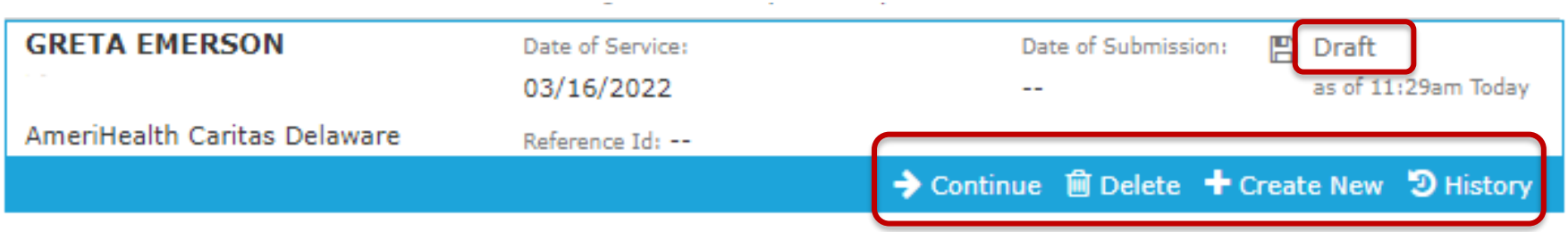
- **Auth Details**: Details related to the authorization.
- **Create New**: Create New Authorization for the member you are viewing OR start a new request for a different member.
- **History**: Provides detailed history of the request.
- **Attach:** Ability to attach documents.
- **Refresh Status**: Allows the user to refresh the status for any updates.

NaviNet

Medical Authorizations Log (cont.)

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

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

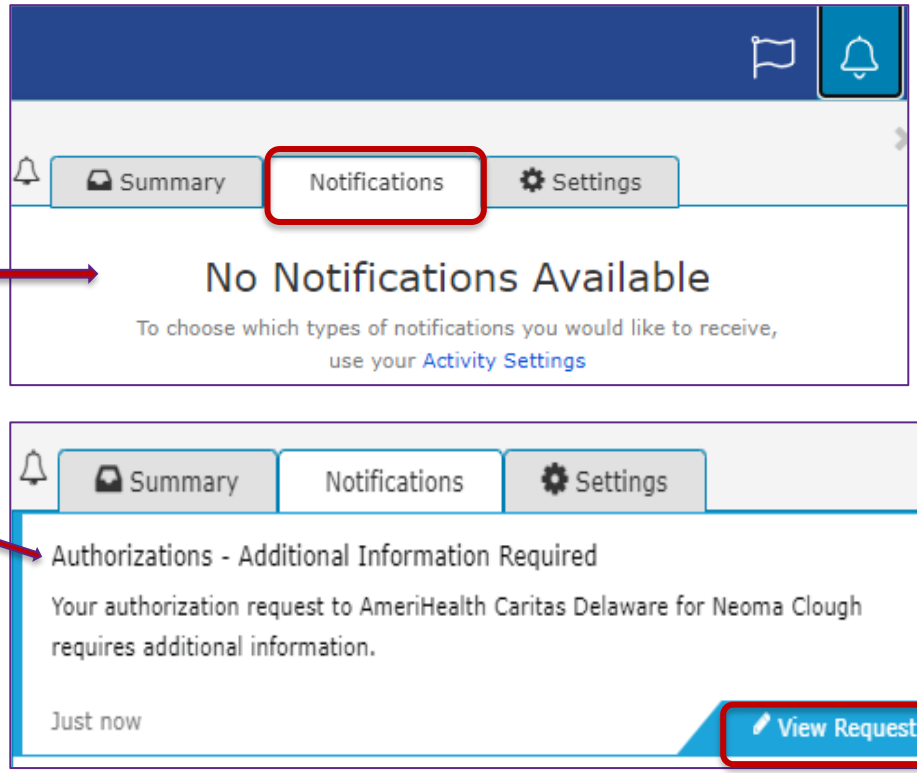
Request For More Information

- ***Request for More Information (RFMI)*** is a feature that allows the health plan to request 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 (cont.)

To view notification of a RFMI:

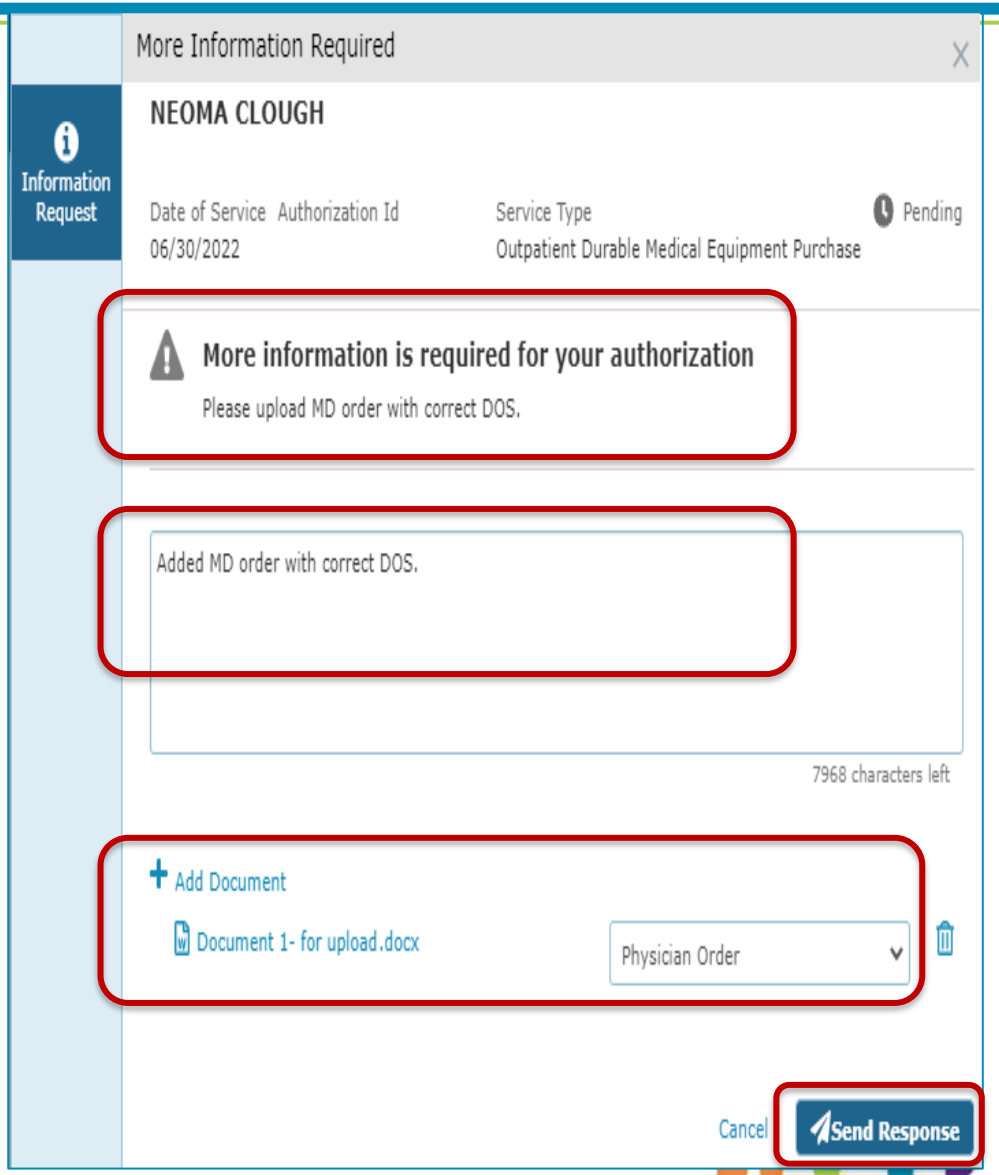
- Click on the bell icon on the Plan Central page.
- Click on ***Notifications***
  - *If no notifications exists, you will see*
  - *If notifications are available, you will see*
  - *Click on **View Request** to activate the More Information Required section.*



NaviNet

Request For More Information (cont.)

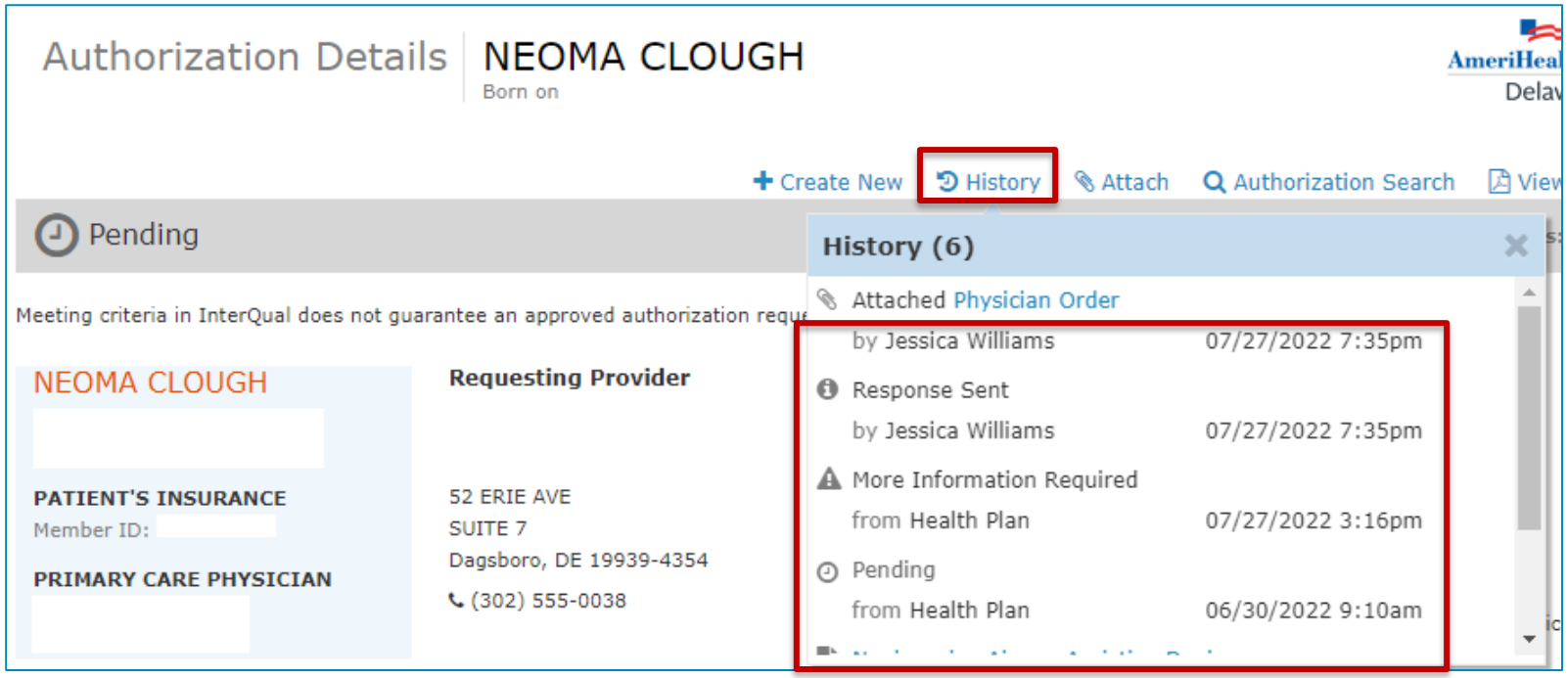
- The information being requested by the Plan displays under ***More information is required for your authorization.***
- You may add notes (up to 8000 characters) and upload documents.
- If a document is uploaded, the document type will need to be specified from the drop-down list. (supported document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



NaviNet

Request For More Information (cont.)

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

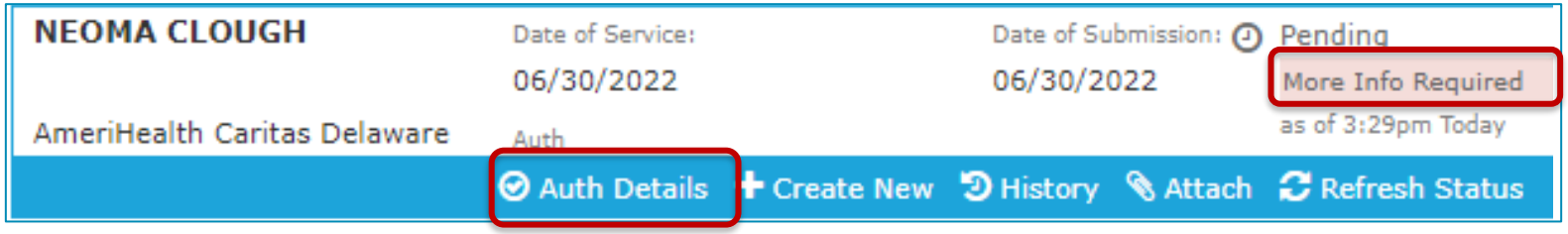


NaviNet

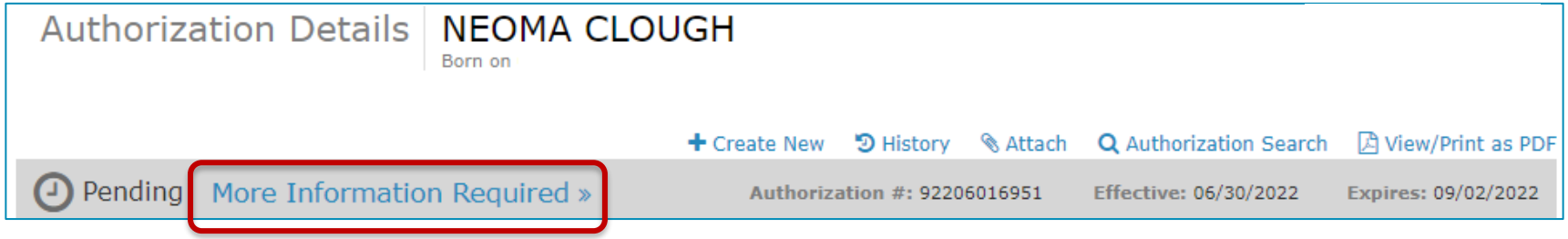
Request For More Information (cont.)

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.



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



NaviNet

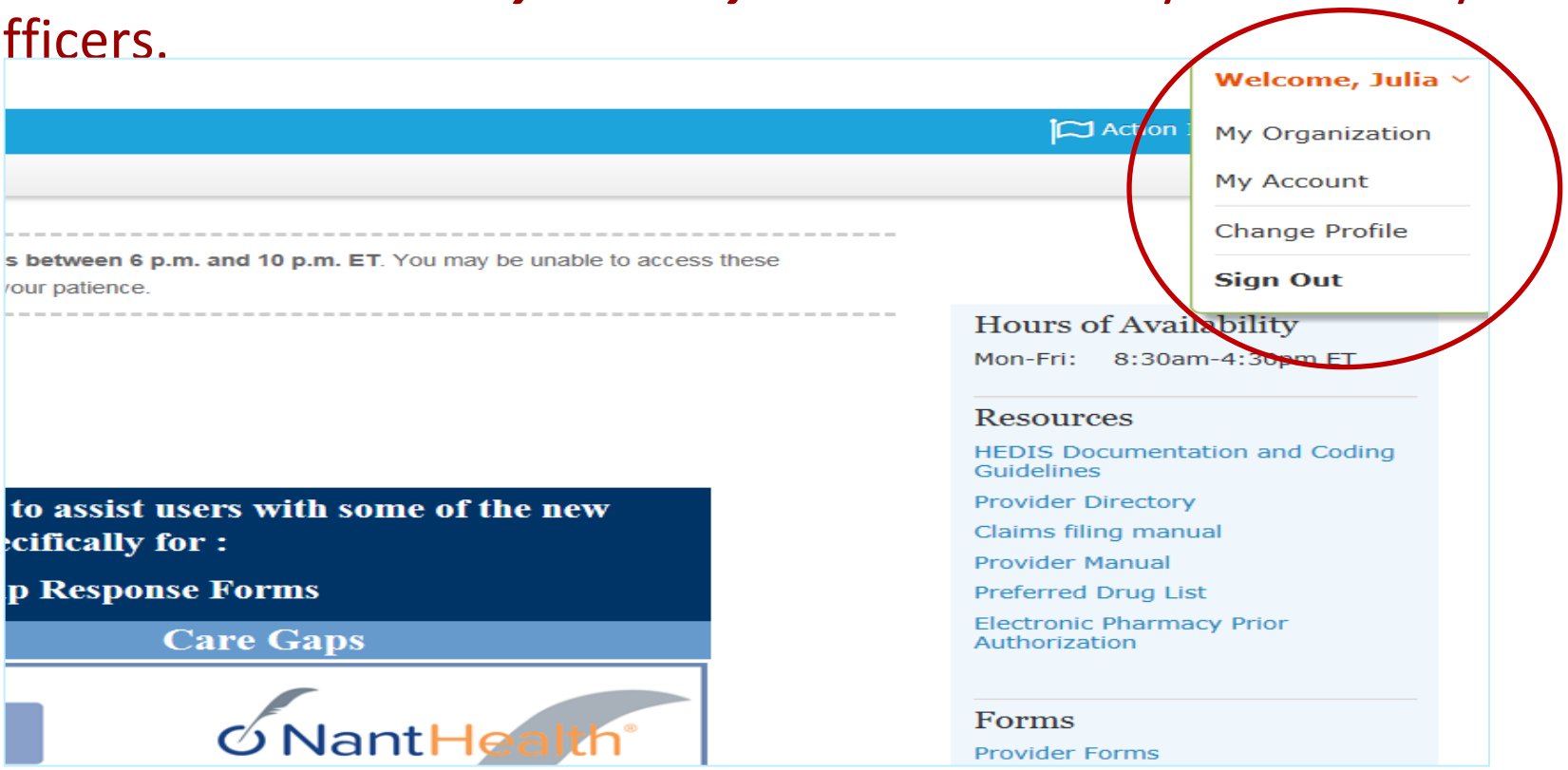
NaviNet Security Officer

NaviNet Security Officer

- What is a NaviNet Security Officer (SO)?
  - NaviNet's point of contact in an office.
  - Someone with authority within the office
- What can a NaviNet Security Officer (SO) do?
  - Add/Terminate Users.
  - Reset passwords *(although it may be faster for a user to reset on his/her own via the NaviNet login screen).*
  - Manage Office Timeout Rules.
  - *Enable access to Clinical Reports.*

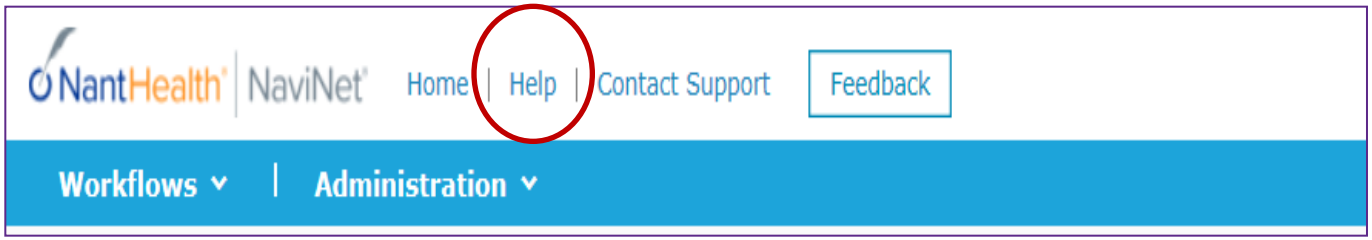
NaviNet Security Officer

- A NaviNet user can find out who his/her NaviNet Security Office is by clicking on the ***My Profile*** link on the NaviNet Central page. Click on ***My Account*** in the dropdown. On the next screen choose ***My Security*** to view a list of your security officers.



Customer Support

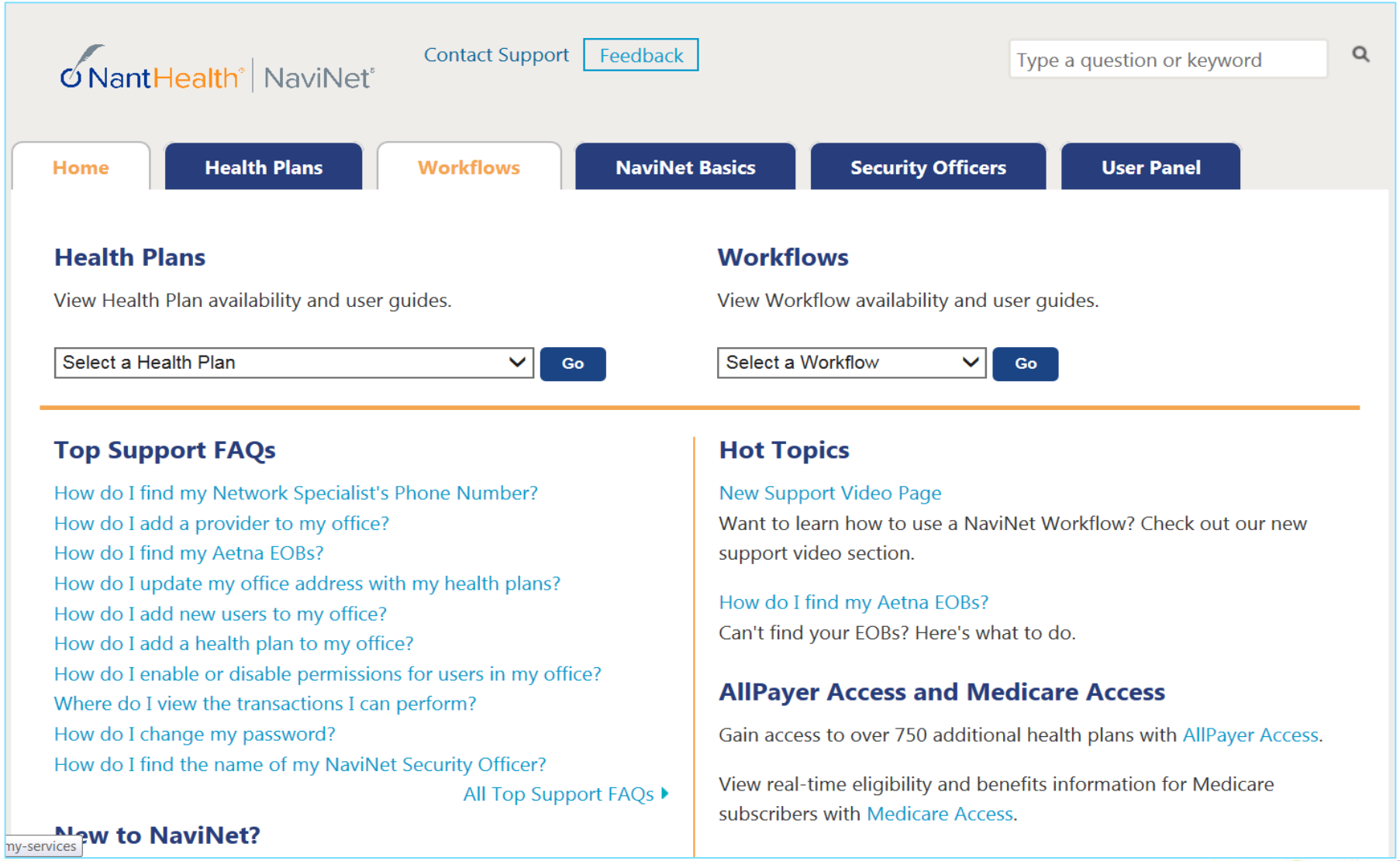
- Accessed via the *Help* link at the top of the screen.



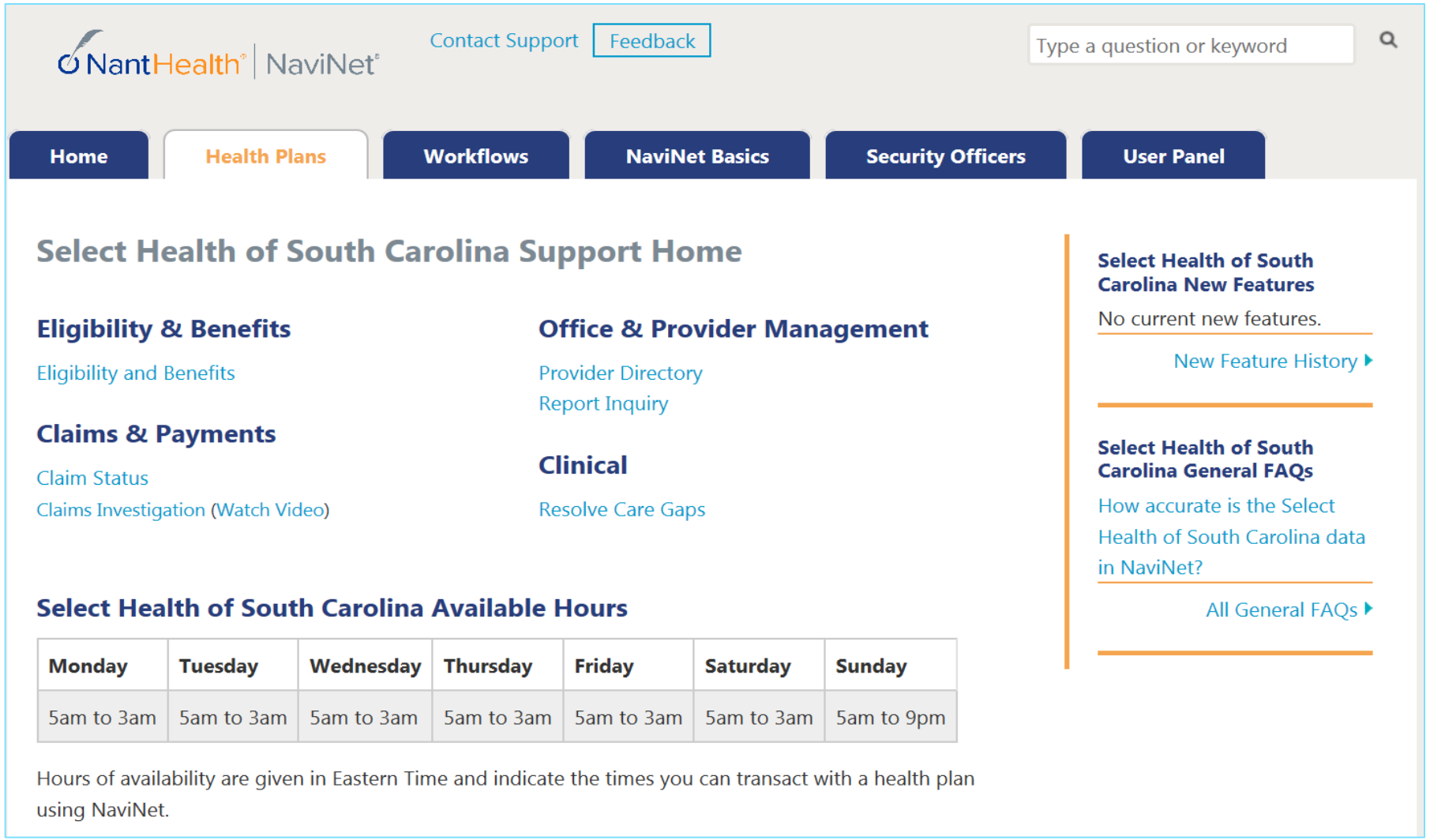
- Contains many self-service assistance pages
  - User Guides
  - FAQs
  - Flash Demo
  - New Features
  - Common NaviNet Concepts
  - Hours of Availability by Plan
  - Link to send NaviNet a message

- Most questions can be answered via the Contact Support page. However, for additional assistance, contact NaviNet Customer Support at **1-888-482-8057.**

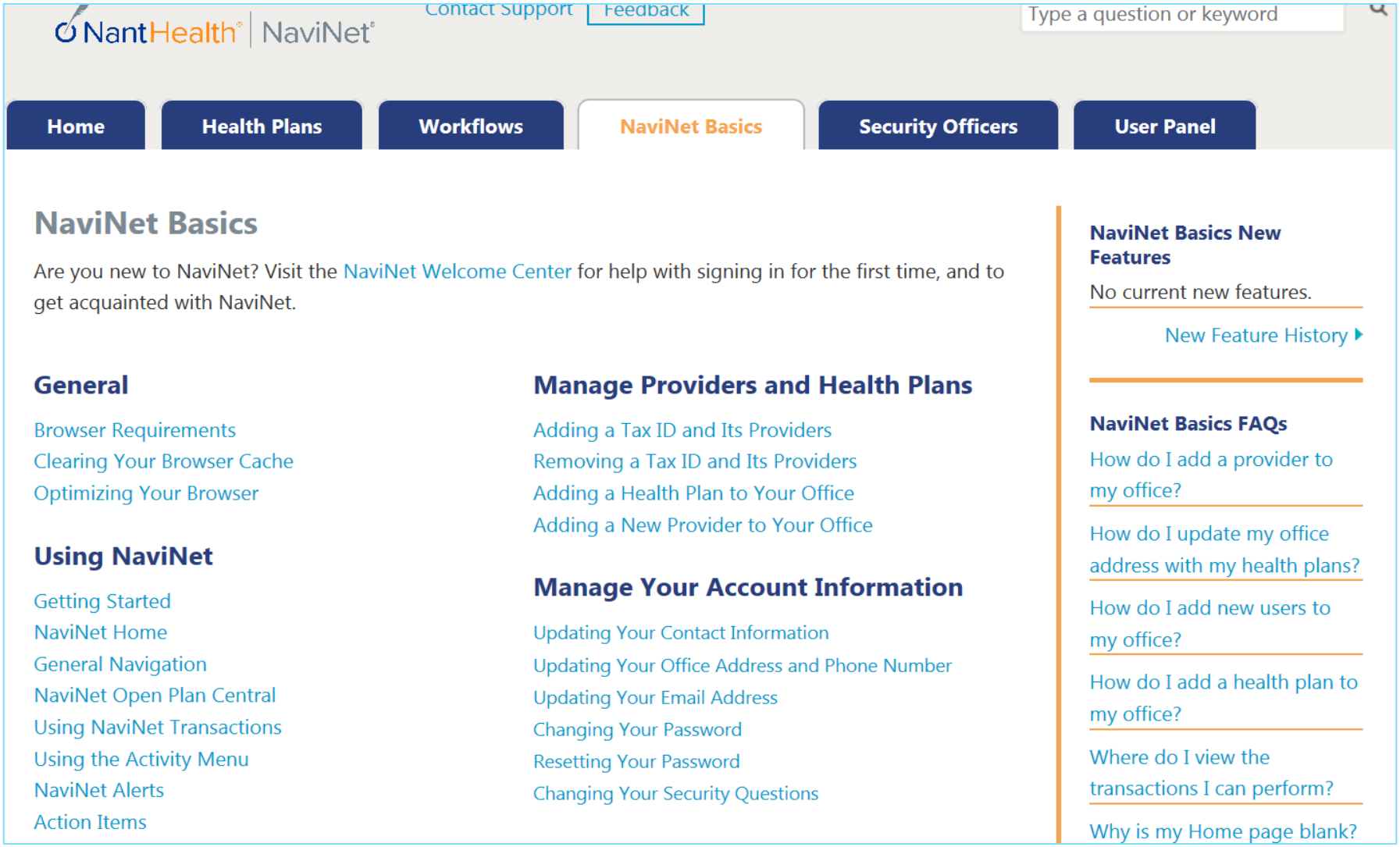
Customer Care Screen



Select Health Support Home



NaviNet Basics Screen



Select Health Contact Information

Member Services: **1-888-276-2020**

Claims questions: **1-800-575-0418**

Prior Authorizations:

- Medical: **1-888-559-1010**
- Behavioral Health: **1-866-341-8765**

Pharmacy Services: **1-866-610-2773**

Website: **www.selecthealthofsc.com**

NaviNet

Thank you for the services you provide our First Choice members!