



NaviNet

Where healthcare comes together.



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



Username

Password



SIGN IN

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

[Register for a new account](#)



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

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

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.



Authorizations are here!
Submit online today
Learn more

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.

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 information for providers regarding Medicaid Annual Eligibility/Redetermination Reviews.



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 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 (pending, 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 and 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

11/06/2023



🔄 Reset Search Fields

Search



Eligibility Response Screen

NantHealth | NaviNet
WORKFLOWS ▾ HEALTH PLANS ▾

← Back to Patient Search | Eligibility & Benefits: Select Health of South Carolina

Eligibility and Benefits for

Male born on [REDACTED] [View Patient Details](#)

Select Health of South Carolina No additional payer information on file

Patient Alert Details ✕

- ▲ Foster Care and Caregap Alert for
- ▲ Member ID Card for
- ▲ PCP History for

Page viewed: 11/06/2022

[View/Print](#)

✓ Active from 03/01/2020 to 01/31/2082
Member ID: 200738259 Service Date: 11/06/2023

<p>INSURANCE DETAILS</p> <p>Product: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE</p> <p>Type: Medicaid</p>	<p>PRIMARY CARE PROVIDER</p> <p>PEDIATRIC ASSOCIATES Phone: 864-855-0001 Service Provider Number: 30127353</p>	<p>Member Language: English Identity Card Number: View Member Clinical Summary - Attestation Required View EHR - Attestation Required ▲ Foster Care and Caregap Alert for [REDACTED] ▲ Member ID Card for [REDACTED] ▲ PCP History for [REDACTED]</p>
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Benefits

- Health Benefit Plan Coverage
- Brand Name Prescription Drug
- Chiropractic
- Dental Care
- Emergency Services
- Generic Prescription Drug
- Hospital
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Professional (Physician) Visit - Office
- Urgent Care
- Vision (Optometry)

Health Benefit Plan Coverage

Benefit Status: Active Coverage

★ Set as default benefit view

Prior Year History:

Eligibility Begin Date: 03/01/2020
Eligibility End Date: 01/31/2022

- SELECT HEALTH OF SOUTH CAROLINA(2400)

Eligibility Begin Date: 02/01/2022
Eligibility End Date: 03/31/2022

- SELECT HEALTH OF SOUTH CAROLINA(2400)

Eligibility Begin Date: 04/01/2022
Eligibility End Date: 01/31/2082

- SELECT HEALTH OF SOUTH CAROLINA(2400)



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

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

< Back to Select Health of South Carolina | Claim Status: Select Health of South Carolina

Claim Status: Search

Online Remittance Advice will be available for claims paid on or after 01/04/2016.

[Reset Search Fields](#)

Billing Entity

Patient Details
Search by either ...

Member ID <input type="text"/>	OR	Last Name <input type="text"/>
		First Name <input type="text"/>
		Date of Birth <input type="text" value="mm/dd/yyyy"/>

Claim Status Details

Service Start:

Claim ID:

[Reset Search Fields](#)



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.

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and Services).

INSURANCE DETAILS
Select Health of South Carolina
Member ID:

BILLING ENTITY

Additional Information
Gender: Female
Date of Birth:
Remittance Advice: [View ERA](#)

Total Billed:
Total Paid:

Claim and Service Line Details:

Revenue



ERA in PDF Format



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

The screenshot displays the NantHealth NaviNet interface. At the top, the navigation bar includes the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. Below the navigation bar, a grey bar reads 'Select Health of South Carolina'.

On the left side, a blue box titled 'Workflows for this Plan' lists several options: Eligibility and Benefits Inquiry, Claim Status Inquiry, Medical Authorizations, Medical Authorizations Log, eviCore Authorizations, and Claim Submission. Below this, a white box highlights 'Report Inquiry' as the selected option, with a sub-menu listing: Administrative Reports, Clinical Reports, Financial Reports, and Member Clinical Summary Reports. Other options in the left sidebar include Provider Directory, Notification of Pregnancy Submission, Providers Filter, Claims Adjustment Inquiries, Care Gap Response Forms, ADT alerts, The Condition Optimization Program, and two tutorial links for Authorization Inquiry and Submission Processes.

At the top right, a red banner states: 'Important: Member redetermination date will now display on the Eligibility and Benefits screen. You can also...'. Below this is a blue banner with the text 'Authorizations are here! Submit online to Learn more'. A dashed line below indicates that 'platforms may occur on Thursday evenings between 6 p.m.'.

A dark red banner in the middle right section reads: 'Important information for providers regarding Medicaid Annual Eligibility/Redetermination Reviews.' Below this banner are logos for 'FirstChoice by Select Health of South Carolina Your Hometown Health Plan' and 'Healthy Connections PRIME'.

The bottom section features a heading: 'New eviCore healthcare Prior Authorization Program – Plan Central Annou...'. Below the heading, it states: 'Effective May 1st, 2023, prior authorization from eviCore is required for the covered services listed below.' A bulleted list of services follows: DME, Joint & Spine Surgery, Pain Management, Diagnostic Sleep Testing, Medical Oncology, Physical Therapy, Genetic Testing, Occupational Therapy, and Radiation Oncology.



Administrative Report Inquiry

NantHealth | NaviNet[®] WORKFLOWS ▾ HEALTH PLANS ▾

Select Health of South Carolina | Administrative Reports Inquiry | Report Selection

 Select Health of South Carolina

Select Health of South Carolina
Administrative Report Inquiry

Select Report:

Please note, to request a PDF report you must have a PDF viewer application on your computer. To request CSV or Excel report file you must have MS Excel on to simply save the report to your computer.

- Authorization Status Summary Report ▾
- Authorization Status Summary Report
- Claim Status Summary RollUp
- Claims Status Summary Report
- Disenrollment Report
- Panel Roster Report RollUp
- Panel Roster Reports
- PCP Performance Report Card
- PCP Performance Rollup Report
- Redetermination Report
- Select Health Redetermination Report



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

Workflows | Administration | Action Items

Select Health of South Carolina | Clinical Reports Inquiry | Report Selection

Select Health of South Carolina
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
- 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
- Post Appointment Survey Provider Scorecard
- QEP Perinatal Report
- Single Service Care Gap Query

Please note, to request have the MS Excel app option to simply save t

on your computer. To request CSV or Excel report file you must hat. If you do not have MS Excel on your computer, you will have the

For Select Health, available options are:

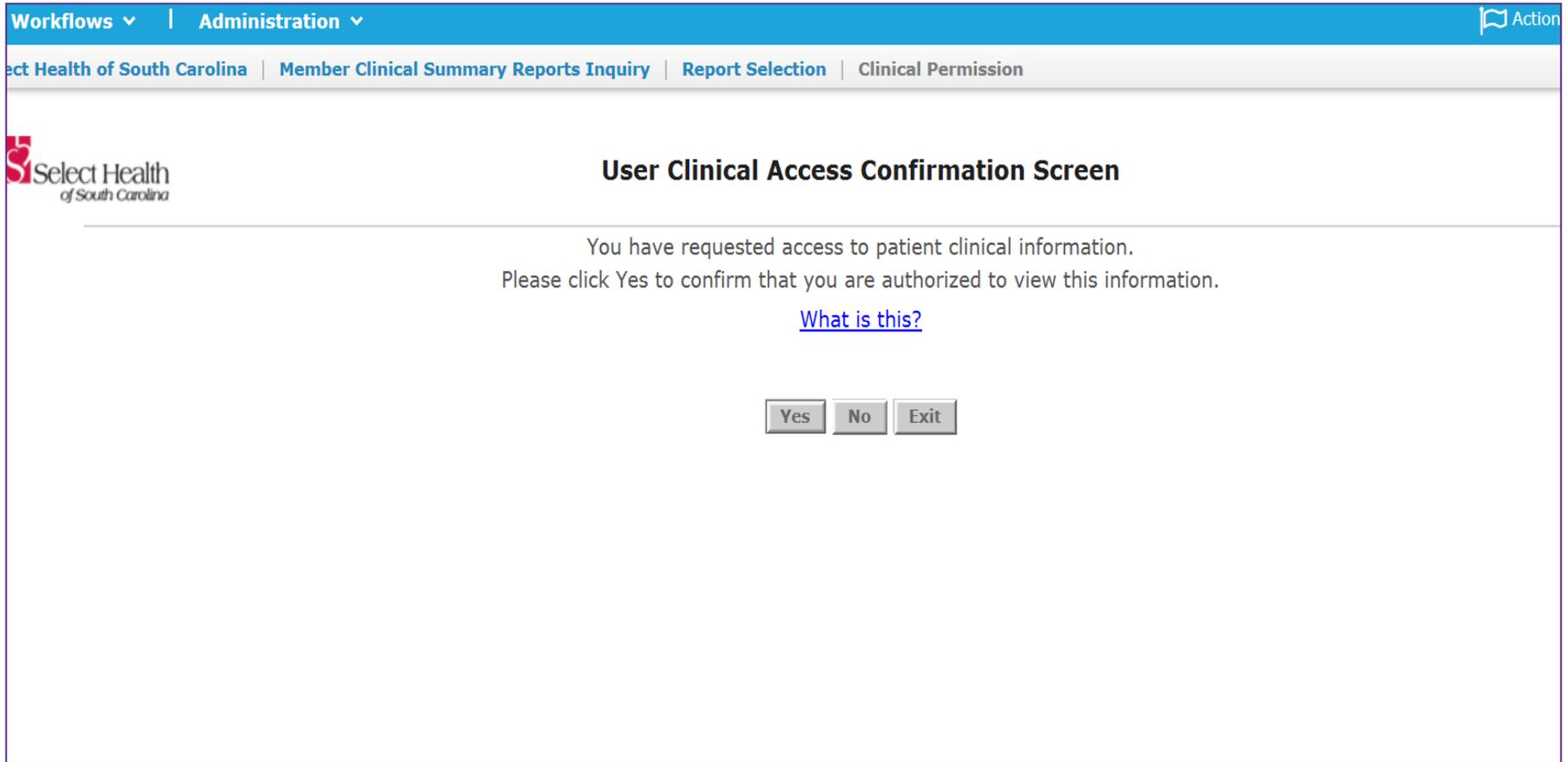
- Admit & Discharge reports
- Care Gap query
- Member Alert standalone
- Missing & overdue
- Single service care gap

Select Exit



Attestation Screen

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



The screenshot shows a web application interface with a blue header bar containing 'Workflows' and 'Administration' dropdown menus, and an 'Action' icon. Below the header is a breadcrumb trail: 'Select Health of South Carolina | Member Clinical Summary Reports Inquiry | Report Selection | Clinical Permission'. The main content area features the 'Select Health of South Carolina' logo on the left and the title 'User Clinical Access Confirmation Screen' in the center. The text reads: 'You have requested access to patient clinical information. Please click Yes to confirm that you are authorized to view this information.' Below this text is a blue hyperlink labeled 'What is this?'. At the bottom of the screen are three buttons: 'Yes', 'No', and 'Exit'.



Admit Report Screen

Select Health of South Carolina | Clinical Reports Inquiry | Report Selection | Report Search

[Print p](#)



Admit Report v. 1.0.1

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.

Search Criteria

* Choose a Provider Group

Choose a Provider

Admit From Date (MM/DD/YYYY)

Admit To Date (MM/DD/YYYY)

Report Format PDF

Last Update: 11/05/2013 v.1.0.1



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 Query v. 2.0.11

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

Choose a Provider

Report Criteria

Conditions

Age Ranges All
 < 12 yrs
 12 - 21 yrs
 > 21 yrs

Select Report Type PDF
 Excel - CSV (Downloadable)
 Excel - XLSX (Downloadable)

Select Sort Options

*

Last Update: 08/17/2023 v.2.0.11



Care Gap Report Response



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.

Workflows ▾ | Administration ▾ Action Item

Select Health of South Carolina | Clinical Reports Inquiry | Report Selection | Report Search



Member Alert Standalone Care Gap Request v. 2.0.3

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

* Member ID

Last Update: 12/11/2012 v.2.0.3



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.

[Print page](#)

 **Select Health**
of South Carolina

Missing and Overdue Care Gaps All Members v. 2.0.4

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.

Provider/Member Information

* Choose a Provider Group ▼

Choose a Provider ▼

Report Criteria

* Conditions ▼

* Select Report Type PDF
 Excel or CSV (Downloadable)

Select Sort Options

* ▼
Provider ID
Member Last Name v.2.0.4
Conditions
Service



Single Service Care Gap Screen

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



Single Service Care Gap Query v. 1.0.4

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.

Provider/Member Information

* Choose a Provider Group

Choose a Provider

Report Criteria

Conditions - Service

Age Ranges All
 < 12 yrs
 12 - 21 yrs
 > 21 yrs

Select Report Type PDF
 Excel - CSV (Downloadable)
 Excel - XLSX (Downloadable)

Select Sort Options

*

Last Update: 08/17/2023 v.1.0.4



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.

Select Health
of South Carolina

Member Clinical Summary v. 2.2.2

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.

Patient Clinical Report

* Choose a Provider Group

* Member ID

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

* Search Time Frame 6 months 24 months

Last Update: 12/11/2012 v.2.2.2

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

SAMPLE

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

Payers [Sign Up](#) [LOGIN](#) [Forgot Password?](#)

We are currently operating within normal wait times and service levels. We're committed to ensuring our workforce remains healthy and can continue to service the needs of our customers.

For Change Healthcare's response to COVID-19, please [CLICK HERE](#) to read. **CHANGE HEALTHCARE**

Change Healthcare manages over **3.3 billion** financial transactions between healthcare provider and payers annually. We are **driven by customer needs** to innovate solutions that help enable your success in the business of healthcare.

Get Started! You don't have to wait any longer to realize the **benefits** of online claims and remittance management. Enroll and get started today! [SIGN UP](#)

Watch Video Learn more about how **Change Healthcare** can help you manage your claims with **ConnectCenter**.

Solutions Change Healthcare solutions help reduce the time to payment by removing manual steps in the claim process. Submitting claims electronically can reduce paper and postage costs and increase staff productivity.

No Payment without Compliance Maintaining compliance with changing regulatory requirements can be a full-time job. Change Healthcare ConnectCenter helps your practice keep up by guiding your efforts to submit accurate online claims.

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



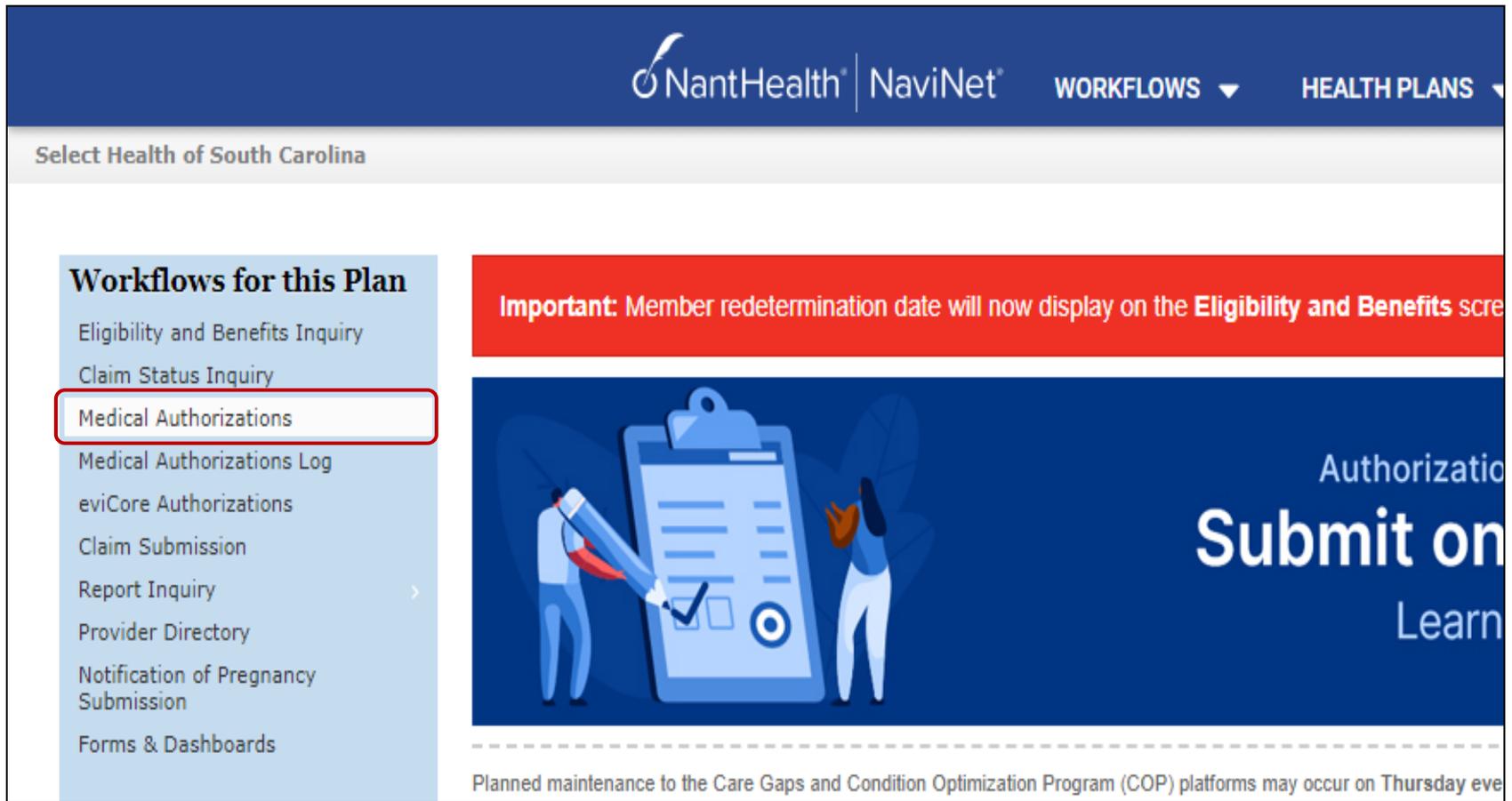
Benefits of Using Online Authorization Process

- 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.

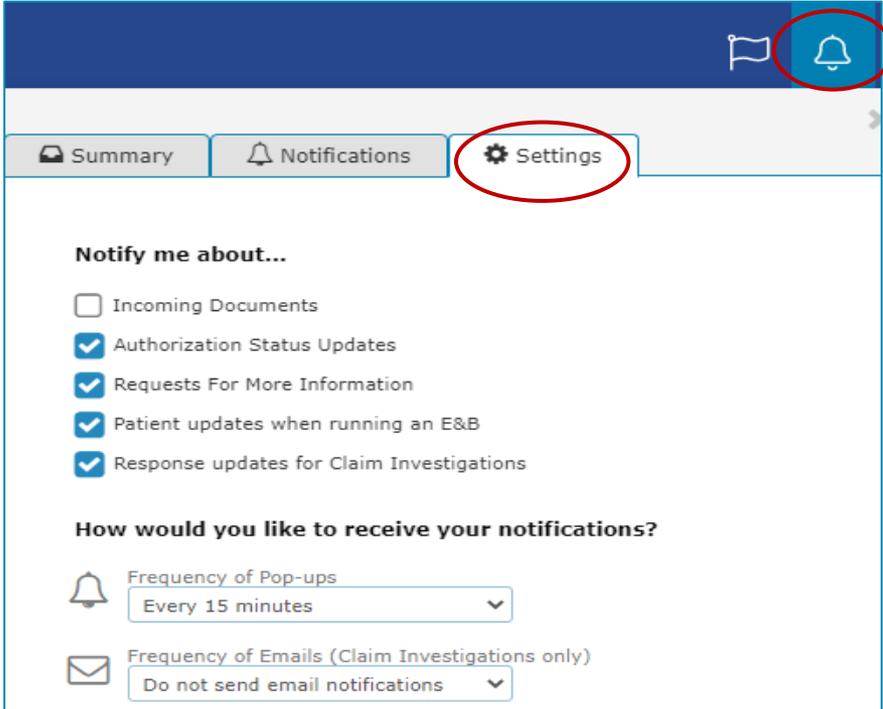


The screenshot displays the NantHealth NaviNet portal interface. At the top, the header includes the NantHealth logo, the text 'NaviNet', and navigation menus for 'WORKFLOWS' and 'HEALTH PLANS'. Below the header, a grey bar prompts the user to 'Select Health of South Carolina'. The main content area is divided into two sections. On the left, a light blue sidebar titled 'Workflows for this Plan' lists various options: 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Medical Authorizations' (which is highlighted with a red border), 'Medical Authorizations Log', 'eviCore Authorizations', 'Claim Submission', 'Report Inquiry', 'Provider Directory', 'Notification of Pregnancy Submission', and 'Forms & Dashboards'. On the right, a red banner contains an important notice: 'Important: Member redetermination date will now display on the Eligibility and Benefits screen'. Below this, a large blue graphic features an illustration of two people reviewing a large clipboard with a checklist and a target icon. To the right of the graphic, the text 'Authorization' is partially visible, followed by 'Submit on' and 'Learn'. At the bottom of the page, a dashed line separates a footer notice: 'Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on Thursday eve'.



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.



Summary Notifications **Settings**

Notify me about...

- Incoming Documents
- Authorization Status Updates
- Requests For More Information
- Patient updates when running an E&B
- Response updates for Claim Investigations

How would you like to receive your notifications?

 Frequency of Pop-ups
Every 15 minutes

 Frequency of Emails (Claim Investigations only)
Do not send email notifications



On-line Medical Authorization (cont.)

Authorization workflows videos are available on the Plan Central page.

The screenshot displays the Plan Central interface. On the left, a sidebar lists 'Workflows for this Plan' and 'Training Videos'. The main content area includes a notice about maintenance, a COVID-19 information banner, logos for FirstChoice and Healthy Connections PRIME, and two announcements: 'NaviNet Medical Authorizations – Plan Central Announcement' and 'Member Clinical Summary and Panel Roster report offer additional information'. The 'Training Videos' sidebar and the 'NaviNet Medical Authorizations' announcement list are highlighted with red boxes.

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

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. 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 **Medical Authorizations** page.

- 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

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.

+ 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



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.

[+ 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 #

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

Authorizations: Search Results

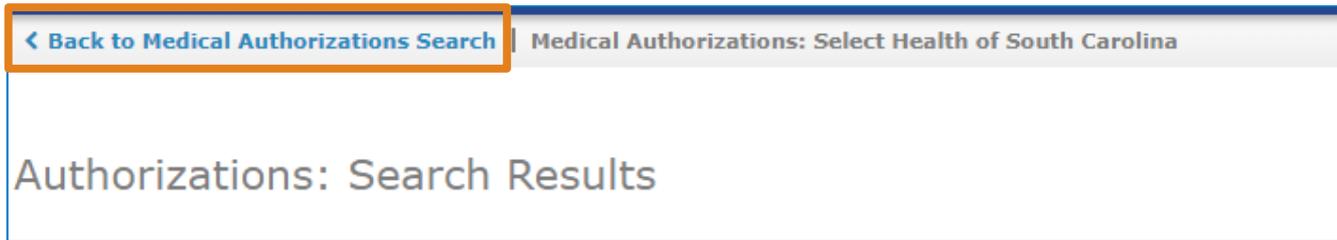
Authorization #	Patient (Member ID) ^	Status	Requesting Provider	Servicing Provider	Proc.	Date of Service v
92311002317NNA-EDVXJ7LOGK	VERNELL MCNAMARA (51887125)	✘ Cancelled			49560	11/13/2023



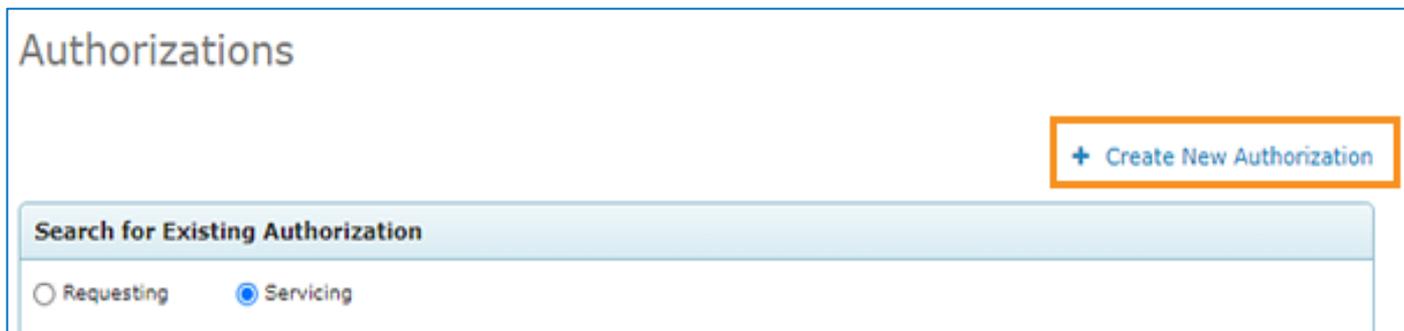
Creating a New Authorization Request

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:



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.)

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

[Back to Medical Authorizations Search](#) | Create New Authorization: AmeriHealth Caritas Delaware

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

Effective Date 



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**.

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">• Inpatient services• Investigational or experimental services• Services from a non-participating provider <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 here</p>
Are you requesting an authorization for radiology or imaging?	Please access RadMD or call 800-424-4791.

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



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:

✘ Authorization cannot be created.

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



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**.

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 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.

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 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 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 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.

Attachments

+ Add Document

Drop Documents here to Attach

Attachments

+ Add Document

 Document 1- for upload.docx

Select document type ...

- Select document type ...
- Progress Report
- Medical Record Attachment
- Patient Medical History Document
- Physical Therapy Notes
- Continued treatment
- Nursing Notes
- Physicians Report
- Physician Order
- Justification for Admission
- Durable Medical Equipment Prescription
- Orders and Treatment Document
- Initial Assessment
- Consent
- Discharge Summary



Submission of 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

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

DECLARATION

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

Cancel << Previous **Submit**

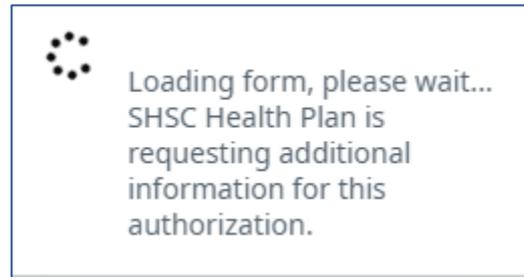


N



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  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.

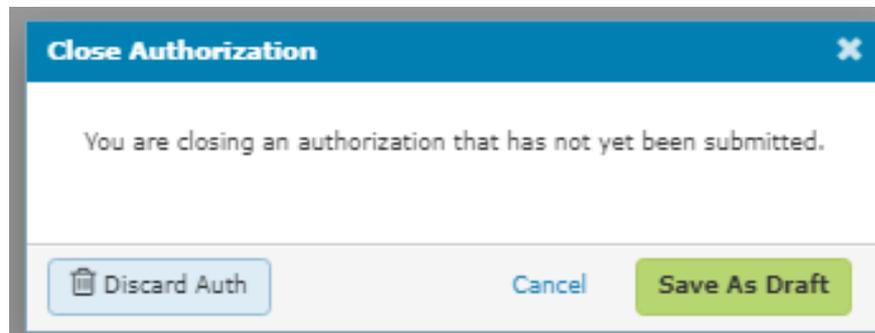


Interqual Criteria/Clinical Guidelines Check (cont.)

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.

[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



Interqual Criteria/Clinical Guidelines Check (cont.)

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

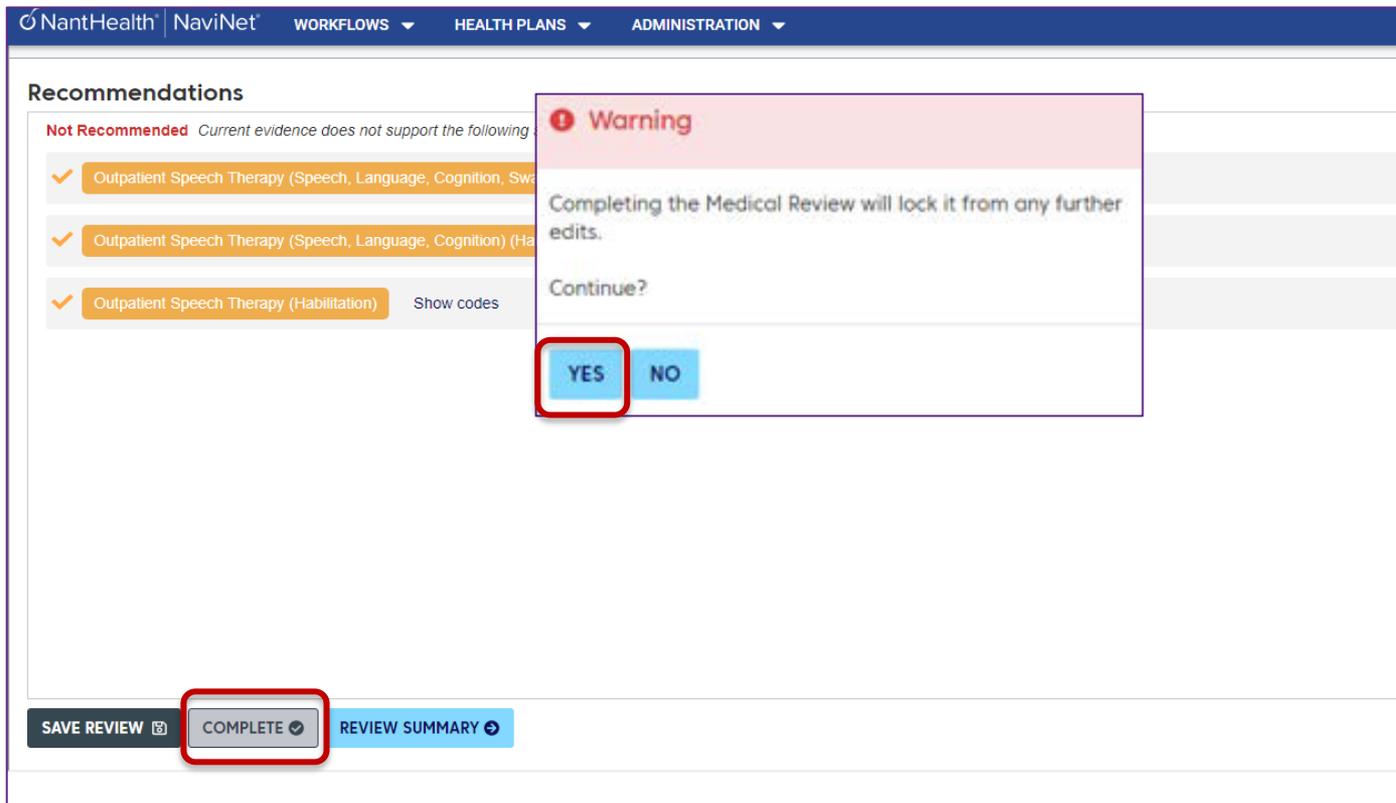
The authorization details screen will populate showing:

- 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:



The screenshot displays the NantHealth NaviNet interface. At the top, there is a navigation bar with 'NantHealth NaviNet' and menu items for 'WORKFLOWS', 'HEALTH PLANS', and 'ADMINISTRATION'. Below this, a 'Recommendations' section is visible, listing several items under the heading 'Not Recommended'. A 'Warning' dialog box is overlaid on the screen, containing the text: 'Warning', 'Completing the Medical Review will lock it from any further edits.', and 'Continue?'. The 'YES' button in the dialog is highlighted with a red box. At the bottom of the interface, there is a row of buttons: 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is also highlighted with a red box.

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



After InterQual Criteria Check

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)

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



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.

[Add](#)

Data added successfully. [X](#)

Service ID	Service Extension ID	Service Code	Modifier	Provider	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Treatment Setting	Frequency	Cert Number	Decision	Actions
 10821157	14026810	H2000(HCPC)			16	0	0			Provider Office	Per week	1811037667	-	

Displaying Records 1 - 1 of 1

Assessment 

Episode Notes 

Documents 

Disclaimer

The case reference number you will receive is for identification purposes only. Authorization is based on medical necessity; is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment. You must call back and confirm member eligibility and benefit availability 24 hours prior to the scheduled service.

[Submit Request](#) [Delete Request](#) [View Abstract](#)



Uploading Documents (cont.)

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

The screenshot displays the NaviNet interface. At the top, a blue header bar contains the text "Documents". Below this, a sidebar on the left shows "Documents" and "Episode View" buttons. The main content area is a light blue box with the text "No documents." and a blue "Add Document" button highlighted with a red border. Below this, a modal dialog box titled "Upload Document" is open. The dialog contains the following fields and buttons:

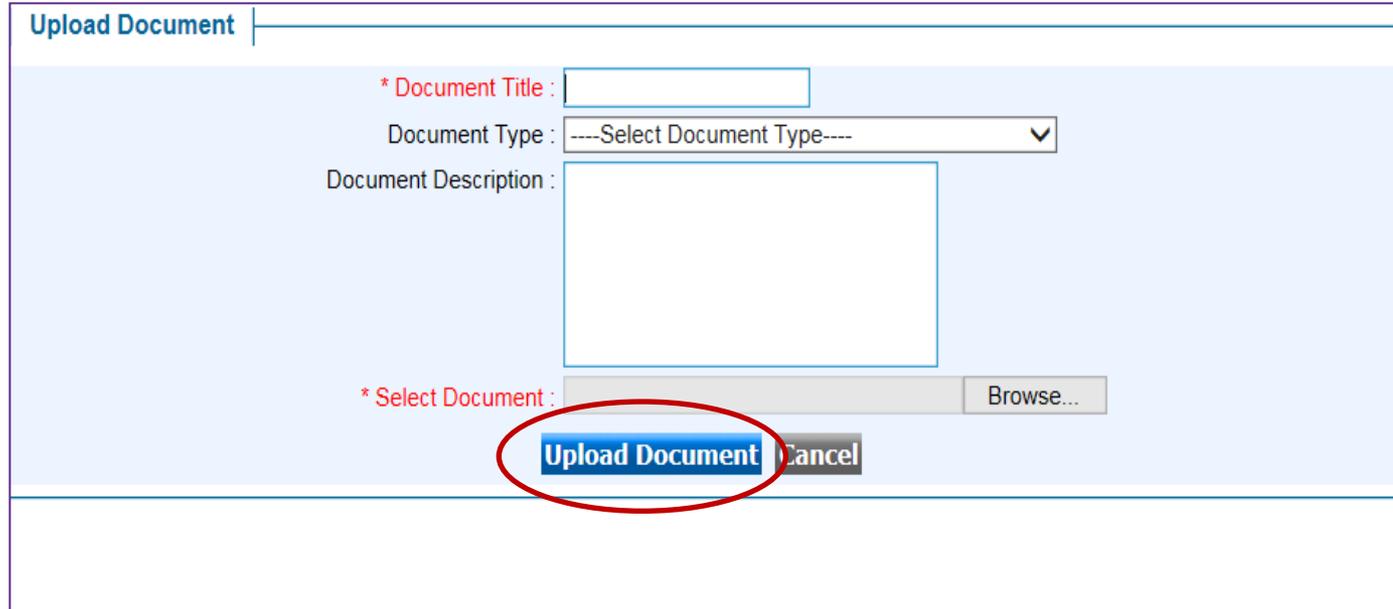
- * Document Title :
- Document Type : ----Select Document Type----
- Document Description :
- * Select Document :
-

On the left side of the dialog, there is a vertical text label: "The case reference number you v member eligibility and benefit ava". On the right side, there is a vertical text label: "must call back and confirm".



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**.



The screenshot shows a web form titled "Upload Document". It contains the following fields and controls:

- * Document Title :** A text input field.
- Document Type :** A dropdown menu with the text "----Select Document Type----" and a downward arrow.
- Document Description :** A large text area.
- * Select Document :** A file selection field with a "Browse..." button.
- Upload Document** and **Cancel** buttons at the bottom.

The "Upload Document" button is circled in red in the original image.



Inpatient Authorization Requests

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

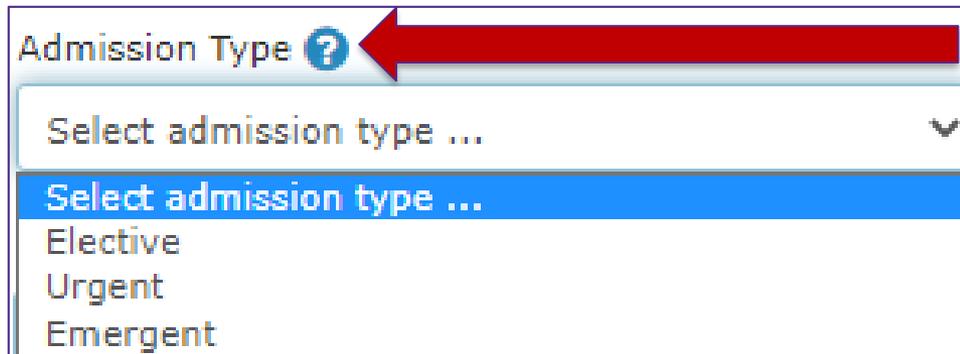
- Date of admission is a mandatory field.
- Date of discharge is optional (it may not be known at the time the request is initiated).
 - The member's discharge date can be added later by amending the inpatient authorization request.



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.



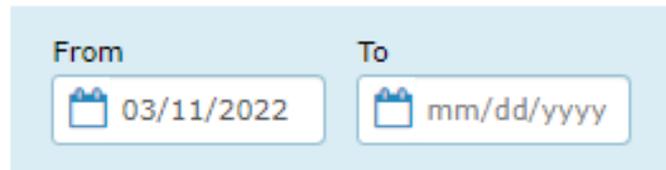
Inpatient Authorization - Provider/Facility Selection

- **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.



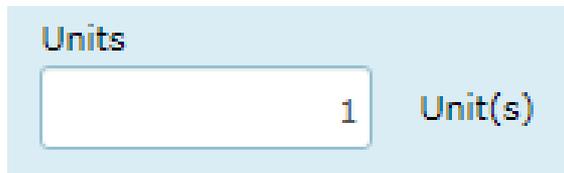
Inpatient Authorization – Dates/Units/Bed Type

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.



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 text '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 single input field labeled 'Units'. The field contains the number '1' and is followed by the text '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', 'Cardiac Care', 'Detained Baby (Well Nursery)', 'Hospice', 'ICU', 'Intensive Care Nursery', 'Intermediate ICU', 'Medical', 'Obstetric Cesarean', and 'Obstetric Vaginal'. The 'Select Bed Type' option is highlighted in blue. A downward-pointing arrow is visible to the right 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 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).

Workflows for this Plan

[Medical Authorizations](#)

[Medical Authorizations Log](#)



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.

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](#)

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.

GRETA EMERSON AmeriHealth Caritas	Date of Service: 03/18/2022 Auth #: 92203003350	Date of Submission: 03/18/2022	Approved as of 03/18/2022
Auth Details + Create New History Attach Refresh Status			

Select **Amend**.

Amend + Create New History Attach Authorization Search View/Print as PDF		
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
- Contact information



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.

Authorizations Showing 148 + Create New ... Sort by Date of Service ▼

Filter By View all

Billing Entities
 ✎

Patient Details

Authorization #

Servicing Provider

Date of service

Authorizations Created By Me

Status

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



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.**

The screenshot displays a web interface for managing medical authorizations. At the top, it says "Authorizations Showing 148" and includes a "+ Create New ..." button and a "Sort by" dropdown menu set to "Date of Service". On the left, there is a "Filter By" section with a "View all" link and a "Billing Entities" dropdown menu currently set to "All Billing Entities". The main content area shows a table with one row for "ALBERTINA DONALD". The table columns include "Date of Service" (02/25/2022), "Date of Submission" (02/25/2022), and "Status" (Pending). Below the table, there is a row for "AmeriHealth Caritas Delaware" with "Auth #: 1234567824". A toolbar at the bottom of the row contains five icons: a checkmark for "Auth Details", a plus sign for "Create New", a circular arrow for "History", a paperclip for "Attach", and a refresh symbol for "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.



Medical Authorizations Log (cont.)

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

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

GRETA EMERSON	Date of Service: 03/16/2022	Date of Submission: --	 Draft as of 11:29am Today
AmeriHealth Caritas Delaware	Reference Id: --	 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

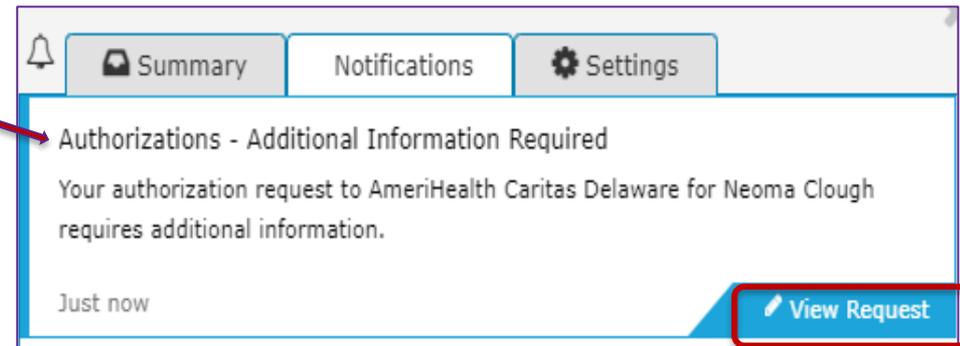
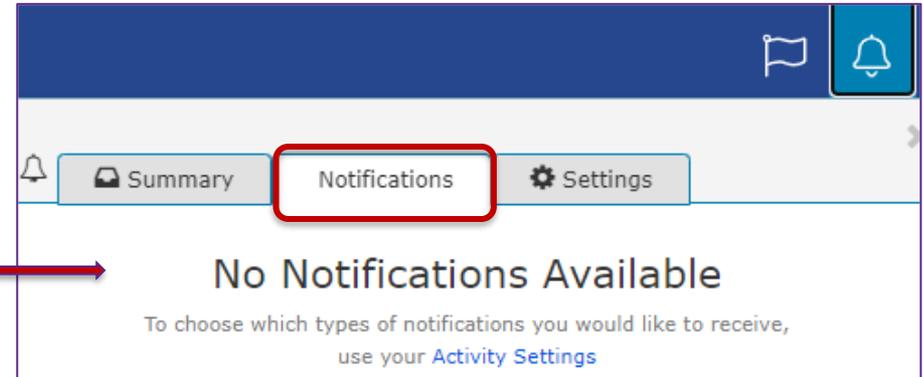
- ***Request for More Information (RFMI)*** is a feature that allows the health plan to request additional information from the provider if needed.
 - RFMI functionality is only for authorization requests that are pended or approved and were created in the NaviNet.
 - You can add notes and/or upload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



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**.

More Information Required

Information Request

NEOMA CLOUGH

Date of Service	Authorization Id	Service Type	Pending
06/30/2022		Outpatient Durable Medical Equipment Purchase	

More information is required for your authorization
Please upload MD order with correct DOS.

Added MD order with correct DOS.

7968 characters left

+ Add Document

Document 1- for upload.docx

Physician Order

Cancel Send Response



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.

NEOMA CLOUGH	Date of Service: 06/30/2022	Date of Submission: ⌚ 06/30/2022	Pending More Info Required as of 3:29pm Today
AmeriHealth Caritas Delaware	Auth	Auth Details + Create New History Attach Refresh Status	

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

Authorization Details	NEOMA CLOUGH Born on	+ Create New History Attach Authorization Search View/Print as PDF
⌚ Pending	More Information Required »	Authorization #: 92206016951 Effective: 06/30/2022 Expires: 09/02/2022



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

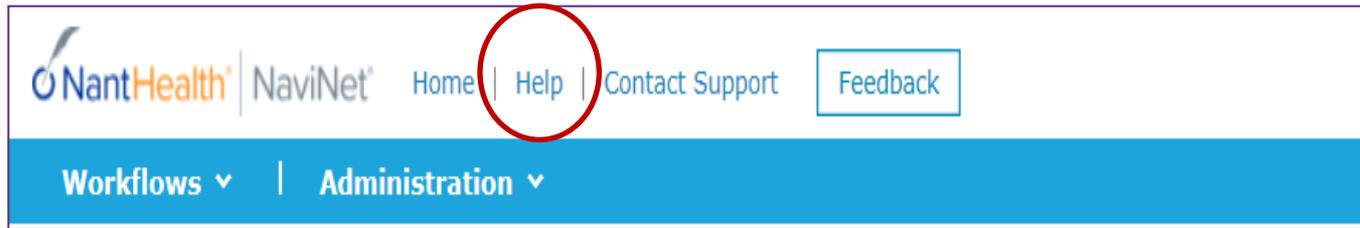
- A NaviNet user can find out who his/her NaviNet Security Office is by clicking on the **My Profile** link on the NaviNet Central page. Click on **My Account** in the dropdown. On the next screen choose **My Security** to view a list of your security officers.

The screenshot displays the NaviNet user interface. At the top right, a user profile dropdown menu is open, listing the following options: "Welcome, Julia", "My Organization", "My Account", "Change Profile", and "Sign Out". The "My Account" option is highlighted with a red circle. Below the dropdown, the page content includes a section for "Hours of Availability" (Mon-Fri: 8:30am-4:30pm ET), a "Resources" section with links to "HEDIS Documentation and Coding Guidelines", "Provider Directory", "Claims filing manual", "Provider Manual", "Preferred Drug List", and "Electronic Pharmacy Prior Authorization", and a "Forms" section with a link to "Provider Forms". On the left side, there is a dark blue banner with white text that reads "to assist users with some of the new specifically for : p Response Forms" and a light blue banner below it that reads "Care Gaps". The NantHealth logo is visible at the bottom center of the page.



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

NantHealth | NaviNet[®] Contact Support [Feedback](#)

[Home](#) [Health Plans](#) [Workflows](#) [NaviNet Basics](#) [Security Officers](#) [User Panel](#)

Health Plans

View Health Plan availability and user guides.

 [Go](#)

Workflows

View Workflow availability and user guides.

 [Go](#)

Top Support FAQs

- [How do I find my Network Specialist's Phone Number?](#)
- [How do I add a provider to my office?](#)
- [How do I find my Aetna EOBs?](#)
- [How do I update my office address with my health plans?](#)
- [How do I add new users to my office?](#)
- [How do I add a health plan to my office?](#)
- [How do I enable or disable permissions for users in my office?](#)
- [Where do I view the transactions I can perform?](#)
- [How do I change my password?](#)
- [How do I find the name of my NaviNet Security Officer?](#)

[All Top Support FAQs ▶](#)

New to NaviNet?

[my-services](#)

Hot Topics

- [New Support Video Page](#)
Want to learn how to use a NaviNet Workflow? Check out our new support video section.
- [How do I find my Aetna EOBs?](#)
Can't find your EOBs? Here's what to do.

AllPayer Access and Medicare Access

Gain access to over 750 additional health plans with [AllPayer Access](#).

View real-time eligibility and benefits information for Medicare subscribers with [Medicare Access](#).



Select Health Support Home

The screenshot shows the NantHealth NaviNet interface. At the top left is the NantHealth logo and 'NaviNet' text. To the right are links for 'Contact Support' and 'Feedback', and a search bar with the placeholder 'Type a question or keyword'. Below the header is a navigation bar with buttons for 'Home', 'Health Plans', 'Workflows', 'NaviNet Basics', 'Security Officers', and 'User Panel'. The main content area is titled 'Select Health of South Carolina Support Home' and is divided into several sections: 'Eligibility & Benefits' (with a link to 'Eligibility and Benefits'), 'Claims & Payments' (with links to 'Claim Status' and 'Claims Investigation (Watch Video)'), 'Office & Provider Management' (with links to 'Provider Directory' and 'Report Inquiry'), and 'Clinical' (with a link to 'Resolve Care Gaps'). A table titled 'Select Health of South Carolina Available Hours' shows availability from 5am to 3am on Monday through Saturday, and 5am to 9pm on Sunday. On the right side, there are two featured sections: 'Select Health of South Carolina New Features' (stating 'No current new features.' with a 'New Feature History' link) and 'Select Health of South Carolina General FAQs' (with a link to 'All General FAQs').

Home | **Health Plans** | **Workflows** | **NaviNet Basics** | **Security Officers** | **User Panel**

Select Health of South Carolina Support Home

Eligibility & Benefits

[Eligibility and Benefits](#)

Claims & Payments

[Claim Status](#)
[Claims Investigation \(Watch Video\)](#)

Office & Provider Management

[Provider Directory](#)
[Report Inquiry](#)

Clinical

[Resolve Care Gaps](#)

Select Health of South Carolina Available Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5am to 3am	5am to 9pm					

Hours of availability are given in Eastern Time and indicate the times you can transact with a health plan using NaviNet.

Select Health of South Carolina New Features

No current new features.

[New Feature History](#)

Select Health of South Carolina General FAQs

[How accurate is the Select Health of South Carolina data in NaviNet?](#)

[All General FAQs](#)



NaviNet Basics Screen

NantHealth | NaviNet® [Contact Support](#) [Feedback](#)

[Home](#) [Health Plans](#) [Workflows](#) **[NaviNet Basics](#)** [Security Officers](#) [User Panel](#)

NaviNet Basics

Are you new to NaviNet? Visit the [NaviNet Welcome Center](#) for help with signing in for the first time, and to get acquainted with NaviNet.

General

- [Browser Requirements](#)
- [Clearing Your Browser Cache](#)
- [Optimizing Your Browser](#)

Using NaviNet

- [Getting Started](#)
- [NaviNet Home](#)
- [General Navigation](#)
- [NaviNet Open Plan Central](#)
- [Using NaviNet Transactions](#)
- [Using the Activity Menu](#)
- [NaviNet Alerts](#)
- [Action Items](#)

Manage Providers and Health Plans

- [Adding a Tax ID and Its Providers](#)
- [Removing a Tax ID and Its Providers](#)
- [Adding a Health Plan to Your Office](#)
- [Adding a New Provider to Your Office](#)

Manage Your Account Information

- [Updating Your Contact Information](#)
- [Updating Your Office Address and Phone Number](#)
- [Updating Your Email Address](#)
- [Changing Your Password](#)
- [Resetting Your Password](#)
- [Changing Your Security Questions](#)

NaviNet Basics New Features

No current new features.

[New Feature History](#) ▶

NaviNet Basics FAQs

- [How do I add a provider to my office?](#)
- [How do I update my office address with my health plans?](#)
- [How do I add new users to my office?](#)
- [How do I add a health plan to my office?](#)
- [Where do I view the transactions I can perform?](#)
- [Why is my Home page blank?](#)



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**



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

