

A product of AmeriHealth Caritas North Carolina, Inc.

Care Gap Response Form Provider Guide

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Please note that this guide contains fictitious member and provider data for illustrative purposes.

Care Gaps Response Form

The Care Gaps Response Form functionality allows providers using the NaviNet portal to enter Care Gap resolution data online. This data will be captured and stored along with any supporting documentation. Providers will be able to retrieve and report on specific Care Gap changes. Verified Care Gap resolution updates will be applied in real-time within NaviNet to prevent Care Gaps from continuing to appear as alerts.

Before You Begin

- 1. NaviNet Permissions Contact your NaviNet Security Officer to confirm proper access and to enable Document Exchange.
- 2. Filter by Providers for Optimum Access

You can view and access documents submitted by all providers associated with your office, or you can specify a list of providers whose documents you prefer to see. You can save this list of providers to be used by default anytime you access the Patient or Practice Document dashboards. To learn more about your access options, please log into NaviNet and visit https://support.nanthealth.com/health-plans/navinet-open/user-guide/provider-filter.

Log-In to NaviNet

- 1. Open your Internet browser.
- 2. Go to https://navinet.navimedix.com.
- 3. Log-in to NaviNet by entering your **Username** and **Password** and then clicking **Sign In**.

 NantHealth NaviNet	
Username	
Password	
SIGN IN Forgot username? Forgot	password?
Register for a new account	

Submit Care Gap Response Information via Patient Clinical Documents Workflow

Once you are successfully logged into NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.

Vorkflows for this Plan Eligibility and Benefits Inquiry Islam Status Inquiry Islam Submission Report Inquiry Yroulder Directory Keferral Inquiry Tre-Authorization Management Forms & Dashbards	Planned maintenance to the Care Gaps and Intensive Case Management platforms may occur on Thursday evenings between 6 p.m. and or 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.	Resources Billing HEDIS MY 2020/2021 Documentation and Coding Guidelines
rovider Data Information Form	Practice/Patient Documents Update:	
FAQs	You are no longer required to attest to billing entities and/or clinicians in order to access Care Gap, ICM and ADT Alert documents. The attestation step has been removed. In addition, you can now use an enhanced provider filter that allows you to specify a list of providers associated with your office whose documents you prefer to see and save the list to be used by default any time you access the Patient (Care Gaps, ICM, ADT Alerts) or Practice (ICM) Document dashboards. Click on the Providers Filter video below , or click here to access a step-by-step guide, on using the provider filter!	Forms Provider Forms
	Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for : Claims Adjustment Inquiries; Intensive Case Management; Care Gap Response Forms; ADT alerts	Contact Us
	Providers Filter Claims Investigation ICM Care Gaps ADT Alerts ONant-Freeders Filter ONant-Freeders Filter Nante-Freeders Filter </td <td></td>	

Note that under **Settings**, you can select the frequency you prefer for receiving pop-up notifications.



In the Summary tab of the Activity window, click on **Response Requested** or **Unread**. This opens the **Care Consideration Detail** screen. This screen contains detailed information on a patient's Care Gaps. The **Care Consideration Detail** screen automatically defaults to the first member on the list.

				þ	Ĉ
<u>Summary</u>	↓ Notification	ns	🌣 Settings		×
Patient Docum			tice Documents	ted	
1239 Unread	$\mathbf{\mathcal{I}}$	22	Unread		

Review the **Care Consideration Detail** screen and click on **Resolve Care Gaps** to work on the actionable items under **Response Required**.

E 🗞 Care Gap Respons	e Form								\$
URRENT DOCUMENT	< ×		Member Name				CARE PROVIDE	R LAST SEEN	
Jocument Provider Jealth Plan		100	female born on Member ID			Provider I NPI:	Name		
Document Title Care Gap Response Form		Velae	Hember 10	**Claims processed t	nrough End (of Month Augu	st 2017**		
locument Category atient Consideration		D≟ elig	Care Consideration	on Detail			Please	contact (3000) N	XX-XXXX for assistance.
Date Received Date of Expiry 09/25/2017 11/04/2017			Response Require	d					
leceived on Behalf of ax ID: NP1:	-	witg 310.	Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
OCUMENTS	C Refresh	Acres 1	Diabetes	Diabetes HbA1c Test	Overdu	ie 12/01/2014	7 F	Rejected	At least once every 6 months
% Care Gap Response Form	1		Diabetes	Diabetes Microalbumi Test	n Overdu	ie 04/22/2015	0		At least once per year
Pablent Consideration	00/23/201/	IRLIC)	Preventive Health Screens	Breast Cancer Screen	Overdu	e 05/04/2015	1 - E		Once every 27 months
	2	œ:	Other Service Gap	s					Resolve Care Gaps
		IATE	Condition	Service		Status	Date of Last Service	Last Known Result	Frequency
		ACK	Preventive Health Screens	Colorectal Cancer Screen		Missing			Once every 1 to 5 years test dependent
		de-	Preventive Health Vaccine	Pneumococcal Vaccination 2 Valent Pneumococcal	Part Series -	23 Missing			Once per Lifetime
		LAIN	Preventive Health Vaccine	Pneumococcal Vaccination 2 Prevnar 13	Part Series -	Missing			Once per Lifetime
		rate ul e	At Risk/Risk Servi	ices					
			Condition	Service	Status I	Date of Last Se	rvice L	ast Known Res	ult Frequency
			Hypertension	Blood Pressure 140/90	Risk				Ongoing
			Up-to-date						
			Condition	Service		Date of Last Service	Last Knov Result	vn Frequ	ency
			Diabetes	Diabetes Eye Exam	Up-to- date	05/10/2017	0	At leas	t once per year
			Diabetes	Lipid Test CDC - for		11/16/2016	36	At leas	t once per year
			Diabetes	Diabetes	date				
			Hypertension	Diabetes Blood Pressure Medication		05/22/2017		Ongoir	19
				Blood Pressure Medication	Up-to- date	05/22/2017 05/10/2017			ng it once per year

Navigating the Screen

Toggle	e full-screen view							@ D
RRENT DOCUMENT	× ×				DDIMADY	CARE PROVIDE	DIACT CEEN	4 4 2
cument Provider alth Plan	+	Member Name female born on			Provider		R LAST SEEN	Mark View Close Unread History View
cument Title re Gap Response Form	Expand	Member ID	**Claims processed thi	rough End o		+ 2017**		
cument Category	h olm -	Care Consideration		rough End o	n Montin Augu		ntact (XXX) XX	X-XXXX for assistance.
ent Consideration								
8 Received Date of Expry 25/2017 11/04/2017		Response Required						
evved on Behalf of ID: NP1:	- wing 3	c Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
UMENTS Document List	C Refresh	Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7 R	ejected	At least once every 6 months
% Care Gap Response Form		Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Patient Consideration	09/25/2017 ERIC	Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months
Response Requi					Click to Re	solve Care Gap	-	Resolve Care Gaps
	_	Other Service Gaps					-	
	TAT	Condition	Service		Status	Date of Last Service	Last Known Result	Frequency
	Inci	C Preventive Health	Colorectal Cancer Screen		Missing	Service	Result	Once every 1 to 5 years test dependent
	CD-	1. C. P. Chick,	Pneumococcal Vaccination 2 P Valent Pneumococcal	art Series - 1	23 Missing			Once per Lifetime
	ELAI	Vaccine	Pneumococcal Vaccination 2 P Prevnar 13	Part Series -	Missing			Once per Lifetime
	Acte of	At Risk/Risk Servic	es					
		Condition S	iervice S	status D	ate of Last Se	rvice La	st Known Res	ult Frequency
		Hypertension B	Nood Pressure 140/90 F	lisk				Ongoing
	_	Up-to-date						
		Condition	Service		Date of Last Service	Last Know Result	n Frequ	ency
		Diabetes	Diabetes Eye Exam	Up-to- 0 date	5/10/2017	0	At leas	t once per year
		Diabetes	Lipid Test CDC - for Diabetes	Up-to- 1 date	1/16/2016	36	At leas	it once per year
		Hypertension	Blood Pressure Medication	Up-to- 0 date	15/22/2017		Ongoin	1g
		Preventive Health Screens	Adults Access to Care	Up-to- 0 date	5/10/2017		At leas	t once per year
		Preventive Health			2/11/2015			every 3 to 5 years test

Toolbar

- The top left side of the toolbar allows you to toggle to the full screen view.
- The top right side of the toolbar has an option that allows you to mark the current document as unread.

Current Document

- This section on the left side of the screen will allow you to view information such as:
 - Health Plan that sent the document
 - o Document title
 - o Document category
 - o Line of business
 - o Document name
 - $\circ \quad \text{Received and expiry dates} \\$
 - \circ Documentation routing
 - $\circ \quad \text{Tag information} \quad$
- You can expand the window to see any hidden information.

Documents

- Located mid-left screen is the documents section. This section allows you to view and enlarge the selected record by clicking on a document row link.
- Unread documents are highlighted with a blue bar and text.
- Documents for which a response is required are marked with a red exclamation point.

You can click on **Patient Clinical Documents** under the **Workflow** tab to see the list of patients with documents available for you to work.

NantHealth Navi	Net workflows 🚽	HEALTH PLANS 🔻		
Workflows	Patient Clinic Practice Docu	al Documents		
Claim Submission Report Inquiry Provider Directory Referral Submission Referral Inquiry Pre-Authorization Management Forms & Dashboards Provider Data Information Form	You are no longer required to attestation step has been remo	Practice/Patient Documents Update: attest to billing entities and/or clinicians in order to access Care Gap, ICM an	ad ADT Alert documents. The	
FAQs • How do I change my password?	In addition, you can now use a	in enhanced provider filter that allows you to specify a list of providers assoc nd save the list to be used by default any time you access the Patient (Care Ga		ore 🛩
 I cannot remember my password. How do I set up additional Health Plans? 		ideo below , or click here to access a step-by-step guide, on using the provid ing Videos that have been created to assist users with some of th we have built, specifically for :	Provider Forms	

NantHealth Nav	VINET WORKFLOWS 👻 HEALTH PL	ANS 🔻			ΡÛ	?	0
atient Clinical Documents							
	Nents adjent's health plan. Many of them are questionnaire be eligible for incentives when these documents are		oaded response. Depending on the contrac	ts that			
Filter by Providers	Showing 400 of 1239 patients		Sort by: Patient Last Name Payer Last Document Received	Print List			
All Providers	Member Name Date of Births PCP:	1 document	Received: From:	^			
* Search PCP Date Received Select a date range	PCP:	1 document	Received: From:				
Unread Response Status Awaiting Response	Member Name Date of Birthy PCPt	1 document	Received: From:				
Response Sent Health Plan AHCaritas District of Columbia AHCaritas VIP Care Plus	Member Name Date of Birth: PCP:	1 document	Received: Fram:				
AmeriHealth Caritas Delaware AmeriHealth Caritas Delaware AmeriHealth Caritas Louisiana AmeriHealth Caritas New Ha AmeriHealth Caritas North Ca	Member Name Date of Birthi PCPi	1 document	Received: From:	~			

Filtering and Sorting

You can filter the member list by:

- Patient last name
- PCP
- Date Received
- Response Status
- Document Category : Select Patient Consideration for Care Gaps.
 - o Line of Business
 - Document Tags: Type Care Gap to filter the list on the same.

Patient's last nar	
Q Search	
CP	
* Search PC	P are
Date Received	
🛗 Select a dat	te range
Unread	
Response Sta	tus
Awaiting Re	sponse
Response Se	ent
Health Plan	
3	
0	
Document Ca	tegory
Clinical Sum	mary
Patient Cons	ideration
Line Of Busine	255
Commercial	
Dual Eligible	s.
Medicaid	
Medicare	
Other	
Document Ta	gs
> Type here	to search tags
No tags selected	d.

You can also sort the list by Patient's last name, Payer, and Last Document Received.

Sh	owing 14 of 14 patients		Sort by:	Patient Last Name	*
				Patient Last Name	
	Clin	ical Documents		Payer Last Document Received	
1	Member Name Date of Birth: 10/17/1999 PCP: Provider Name	1		Sep 27, 20	017
1	Member Name Date of Birth: 03/27/1998 PCP: Provider Name	1		Sep 24, 2(017
1	Member Name Date of Birth: 10/26/1953 PCP: Provider Name	1		Sep 24, 2(017
1	Member Name Date of Birth: 01/03/2014 PCP: Provider Name	1		Sep 29, 20	017

You can select any patient's name to open the **Care Consideration Detail** screen (below) for that patient.

The **Care Consideration Detail screen** will display all the Care Gaps for the selected patient as of the last month's load. You can see the patient's information, PCP (your) information, and Care Manager's name and number. If no Care Manager is assigned to the patient, you will see a phone number to call to participate in the "Let Us Know program" and receive support with reaching the patient.

Please respond to all the Care Gaps listed in the **Response required** section by clicking **Resolve Care Gaps**. This opens the **Care Gap Response Form** in a new pop-up window.

Any Care Gaps appearing in sections other than **Response required** are informational only.

URRENT DOCUMENT	2 X	A COLORA			DRIMARY	CARE PROVID	ED LAST SEEN	
Jocument Provider	-	Member Name			Provider I		ER EAST SEEN	
Health Plan	1000	Member ID			NPI:			
Document Title Care Gap Response Form	l) elae		**Claims processed t	hrough End	of Month Augu	st 2017**		
Document Category Patient Consideration	 b = sug 	Care Considerati	on Detail			Please	contact (XXX)	000-2000 for assistance.
Date Received Date of Expiry 19/25/2017 11/04/2017	_	Response Require	d					
Received on Behalf of Fax ID: NPI:	🖕 lwag Sio	Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
OCUMENTS	C Refresh	Diabetes	Diabetes HbA1c Test	Overdu	ue 12/01/2014	7	Rejected	At least once every 6 months
% Care Gap Response Form	1	Diabetes	Diabetes Microalbum Test	n Overdu	ue 04/22/2015	0		At least once per year
Pablent Consideration	09/25/2017 ERLC	Preventive Health Screens	Breast Cancer Screen	Overdu	ue 05/04/2015			Once every 27 months
	9CF ::							Resolve Care Gaps
		Other Service Gap	15					
	TATE	Condition	Service		Status	Date of Last Service	Last Known Result	Frequency
	VACK)	Preventive Health Screens	Colorectal Cancer Screen		Missing			Once every 1 to 5 year test dependent
	102P	Preventive Health Vaccine	Pneumococcal Vaccination 2 Valent Pneumococcal	Part Series -	23 Missing			Once per Lifetime
	ELAIN	Preventive Health Vaccine	Prevnar 13	Part Series -	Missing			Once per Lifetime
	vate of a	At Risk/Risk Serv	ices					
		Condition	Service	Status	Date of Last Se	ervice l	ast Known Res	ult Frequency
		Hypertension	Blood Pressure 140/90	Risk				Ongoing
		Up-to-date						
		Condition	Service		Date of Last Service	Last Knov Result	wn Frequ	ency
		Diabetes	Diabetes Eye Exam	Up-to- date	05/10/2017	0	At leas	st once per year
		Diabetes	Lipid Test CDC - for Diabetes		11/16/2016	36	At leas	st once per year
		Hypertension	Blood Pressure Medication	Up-to- date	05/22/2017		Ongoi	ng
		Preventive Health Screens	Adults Access to Care	Up-to- date	05/10/2017		At leas	st once per year
		Preventive Health	Cervical Cancer Screen		02/11/2016			every 3 to 5 years test

On the **Care Gap Response Form** (below), you can see Member Details, PCP Assigned, and all the **Response Required** Care Gaps for this member.

vider	Self-Service					
Heal	th Plan				Please con	tact (XXX) XXX-XXXX for assista
Meml	per & PCP Details					
	Member Details				PCP Assigned	
	Name: Member Name			Name	: Provider Name	
	ID :			Address		
	Age/DOB :					
SSN (la	ist 4 digits):					
	Phone :			Phone		
Alant	Service(s) - Due Soon/	Over Due!		Through End of Month Aug	uust 2017 **	
Alert	Service(S) - Due Soon/	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
	Diabetes Microalbumin Test	Overdue	4/22/2015	Ū	At least once per year	
	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

Completing the Care Gap Response Form

Select the Care Gap to work by checking the box to the left of the Care Gap. Depending on the Care Gap type, you will be prompted to verify service delivery or request an exclusion.

You will be required to enter the **Date Complete** to confirm the service delivery, and you can add the **Result**, if appropriate. The **Result** field is not mandatory. To verify the service delivery for a specific Care Gap you will be required to attach one of the documents listed.

Note that:

- You may attach a maximum of two documents.
- The size of each document must be 3 megabytes (3 MB) or less.
- Accepted file formats are .jpg, .pdf, and .doc.

	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Stat
	Diabetes Microalbumin Test	Overdue	4/22/2015	Ō	At least once per year	
	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
Ē.	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	
Date Co M/d/yyy	mplete *	Meroalbe	imin Test	Result (if approp	iate)	
M/d/yyy	mplete * y			Result (if appropries appropries appropries appropries appropries appropriate		
M/d/yyy Please a Copy Copy Copy Copy Copy	mplete * y	ents to verify s e of microalbum sit to nephrologi enal transplant	ervice delivery * in test and result st and visit date ESRD CKD			

You will have to attest that all the information on the form is true and accurate prior to submitting by checking the box below **Please Attest Below**.

Please Attest I	below " hereby attest that the above information is true and accurate	Date 23/10/2017
Would you like	assistance with this member?(optional)	
Yes		
No		
Existing S	upporting Documents	
List of Supporting	Documents uploaded and Submitted in an earlier session	
Document Li	nk	Document Type

Requesting an Exclusion

The provider can request an exclusion for Care Gaps such as the Breast Cancer Screen, Cervical Cancer Screen, and Chlamydia Screen in women. If you are reviewing one of these Care Gaps and need to request an exclusion, click on **Request an exclusion.** The form will populate with the documentation needed based on the selected Care Gap, and you will attach the supporting documentation.

Service: Preventive H	ealth Screens - E	Breast Cancer Scr	een	
Please select one*	Request an exclusion	>		
Please attach one of the below Copy of medical record docu			redures	
sopy of mountainer reports about	intenting bilatoral master	atomy morearing date of pro-		
Please attach document(s) to	support reason of excl	lusion		
Choose File No file chosen				
Up(aut Exclusion Decoment				
Add Note (Optional)				
Add Note (Optional)				
xisting Provider/Quality Rev	iewer's Notes			
Existing Provider/Quality Rev	iewer's Notes Entered By	Role	Details	
Existing Provider/Quality Rev Date 9/25/2017 4:20:59 PM		Role Quality Reviewer	Details R note 420 PM	
Date	Entered By			
Date 9/25/2017 4:20:59 PM	Entered By sa21591	Quality Reviewer	R note 420 PM	2
Date 9/25/2017 4:20:59 PM	Entered By sa21591	Quality Reviewer	R note 420 PM	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below*	Entered By sa21591 bkaur5	Quality Reviewer Provider	R note 420 PM The breast cancer screen was conducted on time Date	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below*	Entered By sa21591 bkaur5	Quality Reviewer	R note 420 PM The breast cancer screen was conducted on time Date	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below* 1 hereby Would you like assistance with t	Entered By sa21591 bkaur5 attest that the above info	Quality Reviewer Provider	R note 420 PM The breast cancer screen was conducted on time Date	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below*	Entered By sa21591 bkaur5 attest that the above info	Quality Reviewer Provider	R note 420 PM The breast cancer screen was conducted on time Date	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below* 1 hereby Would you like assistance with 1 Yes	Entered By sa21591 bkaur5 attest that the above info	Quality Reviewer Provider	R note 420 PM The breast cancer screen was conducted on time Date	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below* 1 hereby Nould you like assistance with 1 Yes No	Entered By sa21591 bkaur5 attest that the above info	Quality Reviewer Provider	R note 420 PM The breast cancer screen was conducted on time Date	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below* 1 hereby Would you like assistance with t Yes No	Entered By sa21591 bkaur5 attest that the above info this member?(optional)	Quality Reviewer Provider ormation is true and accura	R note 420 PM The breast cancer screen was conducted on time Date 09/28/2017	2
Date 9/25/2017 4:20:59 PM 9/25/2017 10:21:07 AM Please Attest Below* 1 hereby Nould you like assistance with 1 Yes No Existing Supporting Do	Entered By sa21591 bkaur5 attest that the above info this member?(optional)	Quality Reviewer Provider ormation is true and accura	R note 420 PM The breast cancer screen was conducted on time Date	2

Reviewing the Status of a Care Gap

Once you have submitted the **Care Gap Response Form**, a Quality Reviewer from our team will review the information provided and return a status of Approved or Rejected based upon the attached documentation. Once the Care Gap Response has been approved, the record or alert will no longer appear in your queue. Any approved record will move to the "up-to-date" section in the **Care Consideration Screen** for that member, while rejected responses will show Rejected in the **Response** column.

The Care Gap status can be reviewed in the **Response** column of the **Care Consideration Detail** screen. This field will display one of the following:

- Saved/not submitted: You have saved your response but did not submit it yet.
- Submitted: You have completed all necessary steps and submitted the information.
- Response Required: You have not yet responded to the Care Gap.
- Rejected: Your response has been rejected by the Quality Reviewer.

						¢ D
Member Name emale born on 09/02/1 Iember ID	955 (62 yrs old)	Ż	PRIMARY (Provider N NPI:	CARE PROVIDE ame	R LAST SEEN	
	Claims processed thro	ugh End of	Month Augus	t 2017		
Care Consideration E	Detail			Please	contact (XXX) 7	(XX+XXXX for assistance
esponse Required						
Condition	Service	Status	Date of Last	Last Known	Response	Frequency
Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Condition Diabetes	Service Diabetes HbA1c Test				Response Rejected	Frequency At least once every 6 months
Contraction and the		Overdue	Service		$\underline{}$	At least once every 6
Diabétés	Diabetes HbA1c Test Diabetes Microalbumin	Overdue Overdue	Service 12/01/2014	Result 7	$\underline{}$	At least once every 6 months

If your Care Gap Response is rejected:

- You will see a new alert in the **Activity** tab in NaviNet.
- On the **Care Consideration Detail** screen for that patient, you will see the status in the **Response** column as **Rejected**.
- Once in the **Care Gap Response Form**, select the rejected Care Gap and read the Quality Reviewer's notes before resubmitting your response.
- The notes grid in the form will include all previous comments related to the Care Gap from both you and the Quality Reviewer.
- You can click **Resolve Care Gaps** to work that Care Gap again.

The Care Gap will not be removed from your list until approved by the Quality Reviewer.

Important Notes

- Once the Care Gap Response Form has been completed you can choose to **Submit** or **Save for now**. Responses saved for now will remain active for 30 days only.
- Avoid clicking on the **Appian** logo on the **Care Gap Response Form** as this will cause the the screen to auto-refresh.

ovider Self-Service	Avoid clicking the logo.
Health Plan	Please contact (XXX) XXX-XXXX for assistance.
Member & PCP Details	
Member Details	PCP Assigned
Name: Member Name	Name: Provider Name
ID :	Address :
Age/DOB: 62 09/02/1955	
SSN (last 4 digits):	
Phone :	Phone :

• When the **Care Gap Response Form** remains inactive for more than 60 minutes, a pop-up warning will appear to notify you that your session is about to expire. To remain active, select **Resume** within 5 minutes of the notification to continue to work the Care Gaps.

Your Ses	sion is About to Expi	re
Cli	k to renew session	
	Conservation of the local division of the lo	
	Résume	

• The form will time-out within 5 minutes if you do not click **Resume.** The log in screen below will appear once you have timed out. You will need to close this window and instead log into NaviNet.

Access Care Gap Information via Eligibility and Benefits Inquiry

Alert-related information on a member will be available to the PCP via the **Eligibility and Benefits Inquiry**.

NantHealth Navi	Net" workflows 🛩 health plans 🛩	P	Ŷ	?	2
Workflows for this Plan Eligibility and Benefits Inquiry Claim Status meany Claim Submission Report Inquiry Provider Directory Referral Submission Referral Inquiry Pre-Authorization Management	Planned maintenance to the Care Gaps and Intensive Case Management 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 ablence.			2020/203 tation and	
Forms & Dashboards Provider Data Information Form	Practice/Patient Documents Update: You are no longer required to attest to billing entities and/or clinicians in order to access Care Gap, ICM and ADT Alert documents. The attestation step has been removed.				
FAQs How do I change my password?	ancestation step has been removed. In addition, you can now use an enhanced provider filter that allows you to specify a list of providers associated with your office whose documents you prefer to see and save the list to be used by default any time you access the Patient (Care Gaps, ICM, ADT Alerts) or Practice (ICM) Document dashboards.				
I cannot remember my password.	Click on the Providers Filter video below, or click here to access a step-by-step guide, on using the provider filter! Below please find Training Videos that have been created to assist users with some of the new functionality that		Forms	orms	
How do I set up additional Health Plans?	Show prace not reaming views that not been even we have an advertage of the real of the re		Contact	Us	
What are the roles and responsibilities of a Security Officer?	Providers Filter Claims Investigation ICM Care Gaps ADT Alerts				
 How do I enable or disable permissions for users in my office? 	Contraction inform Contraction Contraction Contraction Contraction Contraction Advision and factories of the factories				

After selecting your health plan, enter the member's ID or search by a combination of name and date of birth.

Eligibility and B	enefits: Patient Search
	esort. To be considered for payment, any claim submission must include a valid BDB or evidence of iick-coverage from any and all which the member is covrendy insured,
ou may enter the member 1	D ≠, contract ≠, social security ≠, Medicaid ID ≠, Medicare ID = or HICN = in the Member ID field.
Search by Member ID	
Member ID	
3111113	
	OR
Search by Name	
Last Name	First Name
Date of Birth	
mini/dd/yyyy	

The resulting **Patient Details** screen will have a section with the Care Gap Alert noted as a **Critical Quality Incentive** for that member. A read only version of the Care Gap worksheet will appear once the pop-up alert is selected. The write and fax functionality will not be available on this worksheet.

Click on **Clinical Documents** to address any Care Gaps for that member. This link will open **the Care Consideration Detail** screen for that member. This link may take some time to appear due to the amount of data located under **the Care Consideration Detail**.

NantHealth NaviNet	WORKFLOWS - HEALTH PLA	NS 🔻		q	¢
K Back to Patient Search Eligibility & Be	mefits				
Eligibility and Ben <mark>Op</mark>	ens read-only Care Ga	p Worksheet.	Patient Alert Details		Page viewed: 04/02/20
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C Active from 03/01/2012 to 12/31/21	Cop S Type:	ens Care Consider screen where you Care Gaps	can work	Member ID: 90585925 Member Language: Englis Identity Card Number:	Service Date: 04/02/2021
Benefits	Medicaid				
Q Search	Health Benefit P Benefit Status:	lan Coverage Active Coverage		*	Set as default benefit view
Health Benefit Plan Coverage Brand Name Prescription Drug Chiropractic Dental Care Emergency Services Generic Prescription Drug	Prior Year History:	ligibility Begin Date: 03/01/2012			

Access Care Gap Information via Care Gap Query Reports

Login to NaviNet and choose the desired health plan.

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AmeriHealth Caritas Delaware AmeriHealth Caritas PA Community HealthChoices First Choice VIP Care Plus PerformCare AmeriHealth Caritas District of Columbia (ACDC) AmeriHealth Caritas VIP Care Keystone First Select Health of South Carolina AmeriHealth Caritas Louisiana AmeriHealth Caritas VIP Care Plus Keystone First Community HealthChoices Select Health of South Carolina AmeriHealth Caritas New Hanpshire AmeriHealth PA Medical Assistance Plan Keystone First VIP Choice Select Health Of South Carolina MeriHealth Caritas New Carolina Blue Cross Complete of Michigan New Jersey Children's System of Care, Contracted System Administrator - PerformCare Forms * Low do L set up additional Health Plans? Edict on the Providers Filter video below, or click here to access a sub-sy-step guide, on using the provider filter! Porms * How do L set up additional Health Plans? Edict on the Providers Filter video below, or click here to access a sub-sy-step guide, on using the provider filter! Provider Forms * How do L set up additional Health Plans? MeriHealth Caritas VIP Care Plus Image: Care Gap Response Forms; ADJ Alerts Contact Us * How do L anable or disable permissions for users in my office? Forms Contact Us Contact Us * How do L anable or disable permissions for users in my office? Claims Adjustment Inquiries;			ःपुः Can't see the plan you v	vant? Use search to find your plan			
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Select **Report Inquiry** from the left-hand pane and choose **Clinical Reports** from the dropdown menu.

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Workflows for this Plan	Planned maintenance to the Care Gaps and Intensive Case Management platforms may occur on Thursday evenings between	6 p.m. and 10 p.m. ET. You
Eligibility and Benefits Inquiry	may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m.	
Claim Status Inquiry	patience.	
Claim Submission		
Report Inquiry	Administrative Reports	
Provider Directory	Clinical Reports	
Referral Submission	Financial Reports	
Referral Inquiry	Member Clinical Summary Reports	
Pre-Authorization Management	Eventionaria	
Forms & Dashboards		
Provider Data Information Form	Practice/Patient Documents Update:	

antHealth NaviNet workFlows - HEALTH PLANS -	
Clinical R	eport Inquiry
Select Report: Admit Report BollUp Please note, to reque Care Gap Query have the MS Excel app the option to simply sa Discharge Report Discharge Report RollUp ER Utilization Report HEDIS Improvement Campaign Query Member Alert Standalone Care Gap Request Missing and Overdue Care Gaps Adolescent Only Missing and Overdue Care Gaps Adolescent Only Missing and Overdue Care Gaps Pediatric Only QEP Report Card QEP Report Card QEP Specialty Usage Report Sing Devery	application on your computer. To request CSV or Excel report file yo cel format. If you do not have MS Excel on your computer, you will

Select **Care Gap Query** from the dropdown menu and make appropriate selections on the following screen to receive the detailed Care Gap report. The **Care Gap Query Report** will display all of that member's Care Gaps.

Clinical Reports Inquiry Report Selection	Report Search						
nstructions	Care Gap Q	uery v. 1.0.4					<u>Print</u>
case enter your search criteria, and click "Search". * Indicates Required Fields. DTE: if your browser has an active popup blocker you may need to turn it off to receiv	e the report.						
Provider/Member Information			-				
* Choose a Provider Group Group Name - PIN			~				
Choose a Provider Provider Name - PIN V							
Report Criteria							
Conditions All							
Status Missing, Non-Compliant, Overdue and At Risk Missing Non-Compliant Overdue At Risk Due Soon Series Incomplete Up-to-date Alert Risk Risk	Age Ranges	● Ali ○< 12 yrs ○ 12 - 21 yrs ○> 21 yrs	Select Report Type	PDF Excel or CSV	(Down	loadab	le)
Select Sort Options							
* Member Last Name ✔							

Important Notes

The **Care Gap Query Report** displays the complete data set for Care Gaps by default. The following reports are sub-sets of the **Care Gap Query Report**. All of these reports are read-only.

- HEDIS Improvement Query
- Member Alert Standalone Care Gap Request

Single Care Gap QueryEach of these reports displays the following columns:

- Provider ID
- Member ID
- Date of Birth
- Member Information
- Service, Status
- Rule of Frequency
- Last Service Date
- Care Gap Update Status

Access Care Gap Information via the Member Clinical Summary Report

Log-in to NaviNet and select a health plan. Select **Eligibility and Benefits Inquiry** option.

NantHealth NaviNe	t" workflows 👻 Health Plans 👻 🖡
Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry Claim Submission Report Inquiry Provider Directory Referral Submission Referral Inquiry	Planned maintenance to the Care Gaps and Intensive Case Management 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.
Pre-Authorization Management Forms & Dashboards	
Provider Data Information Form	Practice/Patient Documents Update:

Enter the Member ID. On the **Patient Search** screen, click on **View Member Clinical Summary**.

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Back to Patient Search Eligibility & Be	nefits: AmeríHealth Caritas Louisia	na					
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Eligibility and Benefits for View Patient Details			Patient Alert Details ▲ Care Gap for ▲ PCP History for			•	
AmeriHealth Caritas Louisiana 🚺 No addi	tional payer information on file.						View/Prin
Active from 03/01/2012 to 12/31/21			PRIMARY CARE PROVIDER	Member ID: 90585925 Member Language: Eng Identity Carl Humber View Member Clinical So	lish		: 04/02/2021
Benefits Q. Search Health Benefit Plan Coverage	Health Benefit Plan Coverage Benefit Status: Active Coverage		★ Set as default benefit view				
Brand Name Prescription Drug Chiropractic Dental Care Emergency Services Generic Prescription Drug	Prior Year History:	Eligibility Begin Date: 03/01/2012					

The **Member Clinical Summary** will show Care Gap statuses as *compliant* and *non-compliant*.

Condition	Service	Status	Last Service	Next Service	Rule
Hypertension	Blood Pressure 140/90	Compliant			Ongoing
Hypertension	Blood Pressure Medication	Compliant	3/18/2017		Ongoing
Preventive Health Screens	Colorectal Cancer Screen	Non-compliant			Once every 1 to 5 years test dependent

Please Note: Perform RX care gaps will show additional statuses of *Up-to-date*, *Series Incomplete*, or *Missing*.