

Provider Guide: Care Gaps Response Form

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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.

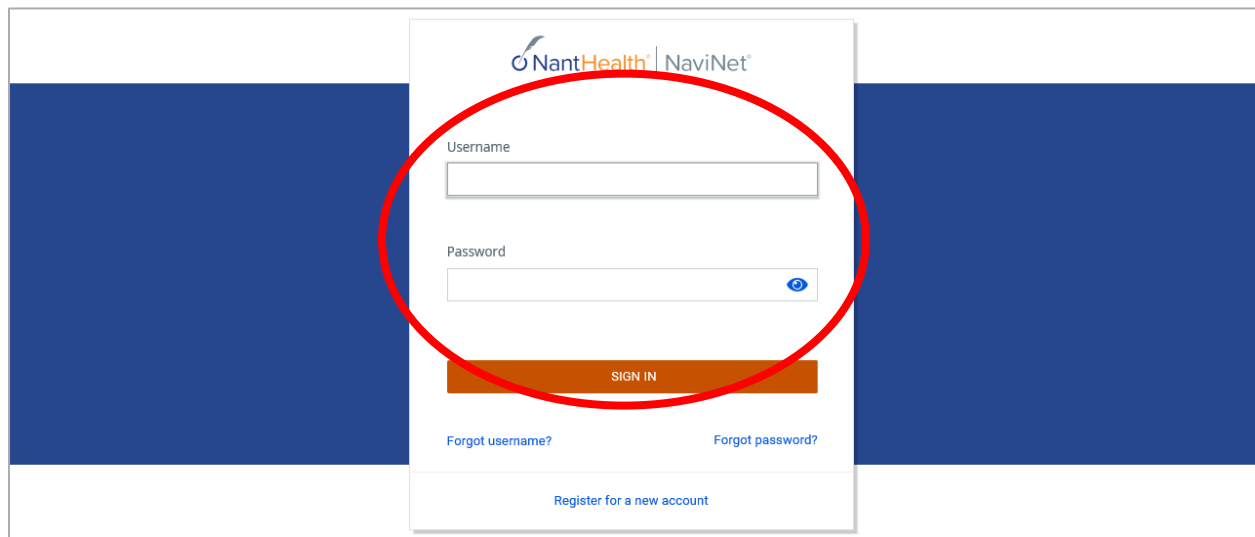
Before You Begin

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**.



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.

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Report Inquiry
- Provider Directory
- Referral Submission
- Referral Inquiry
- Pre-Authorization Management
- Forms & Dashboards
- Provider Data Information Form

FAQs

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.

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!

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

Providers Filter	Claims Investigation	ICM	Care Gaps	ADT Alerts

Resources

- Billing
- HEDIS MY 2020/2021
- Documentation and Coding Guidelines

Forms

- Provider Forms

Contact Us

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

Summary **Notifications** **Settings**

Notify me about...

- ☐ Incoming Documents
- ☒ Patient updates when running an E&B
- ☐ Response updates for Claim Investigations

How would you like to receive your notifications?

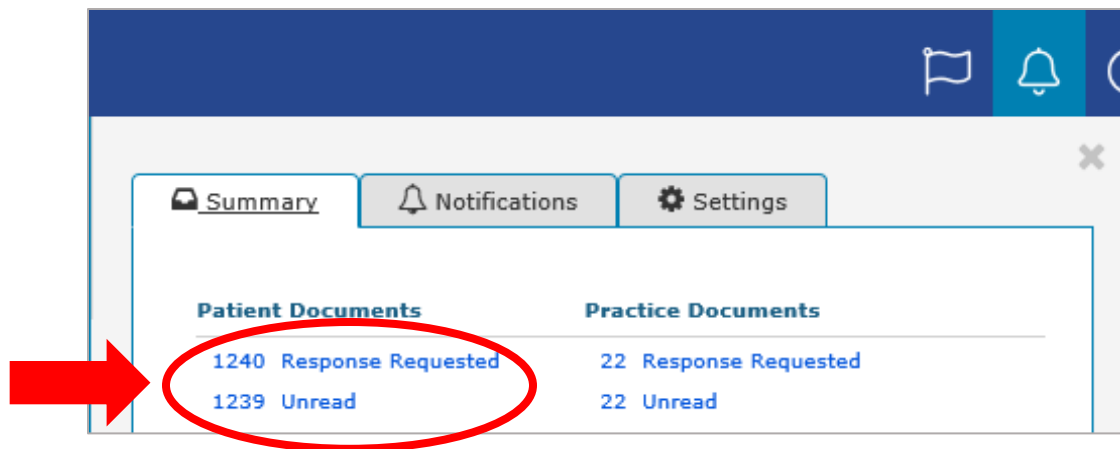
Frequency of Pop-ups

Every 15 minutes

Frequency of Emails (Claim Investigations only)

Do not send email notifications

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.



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

Care Gap Response Form

CURRENT DOCUMENT

Document Provider: Health Plan
 Document Title: Care Gap Response Form
 Document Category: Patient Consideration
 Date Received: 09/25/2017, Date of Expiry: 11/04/2017
 Received on Behalf of: Tax ID: NPI:

DOCUMENTS [Refresh](#)

Care Gap Response Form
 Patient Consideration 09/25/2017

Member Name
 female born on
 Member ID

PRIMARY CARE PROVIDER LAST SEEN
 Provider Name
 NPI:

Care Consideration Detail Please contact (XXX) XXX-XXXX for assistance.

Response Required

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months

Other Service Gaps

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Preventive Health Screens	Colorectal Cancer Screen	Missing			Once every 1 to 5 years test dependent
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23 Valent Pneumococcal	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Prevna 13	Missing			Once per Lifetime

At Risk/Risk Services

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Hypertension	Blood Pressure 140/90	Risk			Ongoing

Up-to-date

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Diabetes	Diabetes Eye Exam	Up-to-date	05/10/2017	0	At least once per year
Diabetes	Lipid Test CDC - for Diabetes	Up-to-date	11/16/2016	36	At least once per year
Hypertension	Blood Pressure Medication	Up-to-date	05/22/2017		Ongoing
Preventive Health Screens	Adults Access to Care	Up-to-date	05/10/2017		At least once per year
Preventive Health	Cervical Cancer Screen	Up-to-date	02/11/2016		Once every 3 to 5 years test

[Resolve Care Gaps](#)

Navigating the Screen

The screenshot shows a healthcare application interface with several key components and annotations:

- Top Left:** A hamburger menu icon with an arrow pointing to it and a label "Toggle full-screen view".
- Top Right:** Three icons: a magnifying glass, a circular arrow, and a close button (X). Below these are three buttons: "Mark Unread", "View History", and "Close Viewer".
- Left Sidebar:**
 - CURRENT DOCUMENT:** Contains fields for Document Provider (Health Plan), Document Title (Care Gap Response Form), Document Category (Patient Consideration), Date Received (09/25/2017), Date of Expiry (11/04/2017), and Received on Behalf of (Tax ID: NPI:). An "Expand" button is next to the document title.
 - DOCUMENTS:** A list of documents with a "Document List" button and a "Refresh" button. One document is highlighted: "Care Gap Response Form Patient Consideration" with a date of "09/25/2017" and a red exclamation mark icon. A "Response Required" label points to this document.
- Main Content Area:**
 - Member Information:** Member Name (female born on [redacted]), Member ID, and PRIMARY CARE PROVIDER LAST SEEN (Provider Name, NPI: [redacted]).
 - Care Consideration Detail:** A section with a note: "**Claims processed through End of Month August 2017**". Below it is a table for "Response Required".
 - Response Required Table:**

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months
 - Other Service Gaps:** A section with a "Click to Resolve Care Gaps" button and a "Resolve Care Gaps" button.
 - Other Service Gaps Table:**

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Preventive Health Screens	Colorectal Cancer Screen	Missing			Once every 1 to 5 years test dependent
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Prevnar 13	Missing			Once per Lifetime
 - At Risk/Risk Services:** A section with a table.

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Hypertension	Blood Pressure 140/90	Risk			Ongoing
 - Up-to-date:** A section with a table.

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Diabetes	Diabetes Eye Exam	Up-to-date	05/10/2017	0	At least once per year
Diabetes	Lipid Test CDC - for Diabetes	Up-to-date	11/16/2016	36	At least once per year
Hypertension	Blood Pressure Medication	Up-to-date	05/22/2017		Ongoing
Preventive Health Screens	Adults Access to Care	Up-to-date	05/10/2017		At least once per year
Preventive Health	Cervical Cancer Screen	Up-to-	02/11/2016		Once 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
 - Document title
 - Document category
 - Line of business
 - Document name
 - Received and expiry dates
 - Documentation routing
 - Tag information
- 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.

Workflows

Patient Clinical Documents

Practice Documents

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.

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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 we have built, specifically for :

FAQs

- ▶ How do I change my password?
- ▶ I cannot remember my password.
- ▶ How do I set up additional Health Plans?

Forms

- [Provider Forms](#)

Contact Us

Patient Clinical Documents

These documents are provided by the patient's health plan. Many of them are questionnaires or forms that require an uploaded response. Depending on the contracts that your providers have in place, they may be eligible for incentives when these documents are completed and returned.

Filter by

Providers

All Providers

Patient's last name

Search ...

PCP

Search PCP ...

Date Received

Select a date range ...

☐ Unread

Response Status

☐ Awaiting Response

☐ Response Sent

Health Plan

☐ AHC Caritas District of Columbia

☐ AHC Caritas VIP Care Plus

☐ AmeriHealth Caritas Delaware

☐ AmeriHealth Caritas Louisiana

☐ AmeriHealth Caritas New Ha...

☐ AmeriHealth Caritas North Ca...

☐ AmeriHealth Caritas PA Com...

☐ AmeriHealth Caritas VIP Care

Showing 400 of 1239 patients

Sort by: Patient Last Name

Payer

Last Document Received

! Member Name	Date of Birth: PCP:	1 document	Received: From:
! Member Name	Date of Birth: PCP:	1 document	Received: From:
! Member Name	Date of Birth: PCP:	1 document	Received: From:
! Member Name	Date of Birth: PCP:	1 document	Received: From:
! Member Name	Date of Birth: PCP:	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.
 - Line of Business
 - Document Tags: Type Care Gap to filter the list on the same.

Filter by

Patient's last name

Search ...

PCP

Search PCP ...

Date Received

Select a date range ...

☐ Unread

Response Status

☐ Awaiting Response

☐ Response Sent

Health Plan

☐

☐

Document Category

☐ Clinical Summary

☒ Patient Consideration

Line Of Business

☐ Commercial

☐ Dual Eligibles

☐ Medicaid

☐ Medicare

☐ Other

Document Tags

Type here to search tags...

No tags selected

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

Showing 14 of 14 patients

Sort by: Patient Last Name

View/Print List

Clinical Documents		
Member Name	Count	Date
Member Name Date of Birth: 10/17/1999 PCP: Provider Name	1	Sep 27, 2017
Member Name Date of Birth: 03/27/1998 PCP: Provider Name	1	Sep 24, 2017
Member Name Date of Birth: 10/26/1953 PCP: Provider Name	1	Sep 24, 2017
Member Name Date of Birth: 01/03/2014 PCP: Provider Name	1	Sep 29, 2017

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

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

Provider Self-Service

Health Plan
Please contact (XXX) XXX-XXXX for assistance.

Member & PCP Details

Member Details

PCP Assigned

Name : Member Name
ID :
Age/DOB :
SSN (last 4 digits):
Phone :

Name : Provider Name
Address :
Phone :

**** Claims Processed Through End of Month August 2017 ****

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

<input type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input type="checkbox"/>	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
<input type="checkbox"/>	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
<input type="checkbox"/>	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

Close

Save for now
Submit

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.

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

<input type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input checked="" type="checkbox"/>	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
<input type="checkbox"/>	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
<input type="checkbox"/>	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

Service: Diabetes - Diabetes Microalbumin Test

Date Complete *

Result (if appropriate)

250 characters remaining

Please attach one of the below documents to verify service delivery *

- ☐ Copy of laboratory report
- ☐ Copy of medical record displaying date of microalbumin test and result
- ☐ Copy of medical record documenting visit to nephrologist and visit date
- ☐ Copy of medical record documenting renal transplant ESRD CKD
- ☐ Copy of medication list showing prescription of ACE/ARB medication

No file chosen

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 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 Supporting Documents

List of Supporting Documents uploaded and Submitted in an earlier session

Document Link	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.

 Please review Quality reviewer's response before resubmitting the response

Service: Preventive Health Screens - Breast Cancer Screen

Please select one *

☐ Confirm Service Delivered ☒ Request an exclusion

Please attach one of the below documents to request for exclusion

☐ Copy of medical record documenting bilateral mastectomy including date of procedures

Please attach document(s) to support reason of exclusion

No file chosen

☐ Add Note (Optional)

Existing Provider/Quality Reviewer's Notes

Date	Entered By	Role	Details
9/25/2017 4:20:59 PM	sa21591	Quality Reviewer	R note 420 PM
9/25/2017 10:21:07 AM	bkaur5	Provider	The breast cancer screen was conducted on time

2 items

Please Attest Below *

☐ I hereby attest that the above information is true and accurate

Date 09/28/2017

Would you like assistance with this member?(optional)

☐ Yes

☐ No

Existing Supporting Documents

List of Supporting Documents uploaded and Submitted in an earlier session

Document Link	Document Type
CCS.pdf	EXCLUSION: Copy of medical record documenting bilateral mastectomy including date of procedures

1 item

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.

The screenshot shows the 'Care Consideration Detail' screen. At the top, it displays member information: 'Member Name: female born on 09/02/1955 (62 yrs old)' and 'Member ID'. To the right, it shows 'PRIMARY CARE PROVIDER LAST SEEN' with fields for 'Provider Name' and 'NPI:'. A banner indicates '**Claims processed through End of Month August 2017**'. Below this, a 'Care Consideration Detail' section has a note: 'Please contact (XXX) XXX-XXXX for assistance.' The main section is titled 'Response Required' and contains a table with the following columns: Condition, Service, Status, Date of Last Service, Last Known Result, Response (circled in red), and Frequency. The table lists three care gaps: Diabetes HbA1c Test (Overdue 12/01/2014, Last Known Result 7, Response Rejected, Frequency At least once every 6 months), Diabetes Microalbumin Test (Overdue 04/22/2015, Last Known Result 0, Response Rejected, Frequency At least once per year), and Preventive Health Screens Breast Cancer Screen (Overdue 05/04/2015, Last Known Result 0, Response Rejected, Frequency Once every 27 months). A 'Resolve Care Gaps' button is at the bottom right.

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0	Rejected	At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015	0	Rejected	Once every 27 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.

The screenshot shows the 'Provider Self-Service' header. A red arrow points to the Appian logo with the text 'Avoid clicking the logo.' A red 'X' is placed over the Appian logo. Below the header, the 'Health Plan' section is visible. Under 'Member & PCP Details', there are two columns: 'Member Details' and 'PCP Assigned'. The 'Member Details' column contains fields for Name, ID, Age/DOB, SSN (last 4 digits), and Phone. The 'PCP Assigned' column contains fields for Name, Address, and Phone. A small text at the top right says 'Please contact (XXX) XXX-XXXX for assistance.'

- 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.

A pop-up warning box with a black border. The text inside reads: 'Your Session is About to Expire!' followed by 'Click to renew session'. Below this text is a green button with the word 'Resume' in white.

- 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**.

The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and tabs for 'WORKFLOWS' and 'HEALTH PLANS'. On the left, a sidebar lists 'Workflows for this Plan' with 'Eligibility and Benefits Inquiry' circled in red and a red arrow pointing to it. Other workflows listed include Claim Status Inquiry, Claim Submission, Report Inquiry, Provider Directory, Referral Submission, Referral Inquiry, Pre-Authorization Management, Forms & Dashboards, and Provider Data Information Form. Below this is a 'FAQs' section with questions about password changes, remembering passwords, setting up additional health plans, roles of a Security Officer, and enabling/disabling permissions. The main content area features a 'Practice/Patient Documents Update' section, a 'Training Videos' section with links to Providers Filter, Claims Investigation, ICM, Care Gaps, and ADT Alerts, and a 'Resources' sidebar on the right with links to Billing, HEDIS MY 2020/2021 Documentation and Coding Guidelines, Forms, Provider Forms, and Contact Us.

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

The screenshot shows the 'Eligibility and Benefits: Patient Search' form. It includes a disclaimer about Medicaid being the payer of last resort. Below the disclaimer, there is a section for 'Search by Member ID' which is circled in red. This section contains a 'Member ID' field with the placeholder '1111111'. Below this is an 'OR' separator. The next section is 'Search by Name', which includes fields for 'Last Name', 'First Name', and 'Date of Birth' (with a placeholder 'mm/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**.

The screenshot shows the NantHealth NaviNet interface for the 'Eligibility & Benefits' section. The header includes the NantHealth logo, 'NaviNet', and navigation tabs for 'WORKFLOWS' and 'HEALTH PLANS'. A breadcrumb trail shows 'Back to Patient Search' and 'Eligibility & Benefits'. The main content area displays member information for 'AmeriHealth Caritas Louisiana', including a status of 'Active from 03/01/2012 to 12/31/2199', 'Member ID: 90585925', and 'Service Date: 04/02/2021'. A red box highlights the '1 Clinical Document(s)' link, with a red arrow pointing to it from a text box that says 'Opens Care Consideration Detail screen where you can work Care Gaps.' Another red box highlights the 'Patient Alert Details' link, with a red arrow pointing to it from a text box that says 'Opens read-only Care Gap Worksheet.' The 'Benefits' section on the left lists various coverage options, and the 'Health Benefit Plan Coverage' section on the right shows 'Active Coverage' and 'Prior Year History'.

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

< Back to Patient Search | Eligibility & Benefits

Page viewed: 04/02/2021

Eligibility and Benefits

AmeriHealth Caritas Louisiana No additional payer information on file

View/Print

Active from 03/01/2012 to 12/31/2199 Member ID: 90585925 Service Date: 04/02/2021

1 Clinical Document(s)

PROVIDER

Member Language: English

Identity Card Number:

Type: Medicaid

Benefits

Search ...

Health Benefit Plan Coverage

Brand Name Prescription Drug

Chiropractic

Dental Care

Emergency Services

Generic Prescription Drug

Health Benefit Plan Coverage

Benefit Status: Active Coverage

Prior Year History: Eligibility Begin Date: 03/01/2012

Set as default benefit view

Access Care Gap Information via Care Gap Query Reports

Login to NaviNet and choose the desired health plan.

The screenshot shows the NantHealth NaviNet interface. At the top, there's a navigation bar with 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below the navigation bar is a search bar with a magnifying glass icon and a placeholder text 'Can't see the plan you want? Use search to find your plan'. The main content area is titled 'My Plans' and displays a grid of health plans. The plans listed are:

- AmeriHealth Caritas Delaware
- AmeriHealth Caritas District of Columbia (ACDC)
- AmeriHealth Caritas Louisiana
- AmeriHealth Caritas New Hampshire
- AmeriHealth Caritas North Carolina
- AmeriHealth Caritas PA Community HealthChoices
- AmeriHealth Caritas VIP Care
- AmeriHealth Caritas VIP Care Plus
- AmeriHealth PA Medical Assistance Plan
- Blue Cross Complete of Michigan
- First Choice VIP Care Plus
- Keystone First
- Keystone First Community HealthChoices
- Keystone First VIP Choice
- New Jersey Children's System of Care, Contracted System Administrator - PerformCare
- PerformCare
- Select Health of South Carolina

Below the list of plans, there's a section for training videos. The text says: 'Click on the Providers Filter video below, or click here to access a step-by-step guide, on using the provider filter!'. Below this text is a row of five video thumbnails: 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'. The 'Providers Filter' video is highlighted with a red circle. To the right of the videos, there's a sidebar with links for 'Forms', 'Provider Forms', and 'Contact Us'. At the bottom of the page, there's a blue button that says 'View Important Provider Updates.'


Select **Report Inquiry** from the left hand pane, and choose **Clinical Reports** from the dropdown menu.

The screenshot shows the NantHealth NaviNet interface. At the top, there's a navigation bar with 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below the navigation bar is a section titled 'Workflows for this Plan'. On the left, there's a list of workflows: 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Claim Submission', 'Report Inquiry', 'Provider Directory', 'Referral Submission', 'Referral Inquiry', 'Pre-Authorization Management', 'Forms & Dashboards', and 'Provider Data Information Form'. The 'Report Inquiry' option is circled in red. To the right of the list, there's a dropdown menu that is open, showing the following options: 'Administrative Reports', 'Clinical Reports', 'Financial Reports', and 'Member Clinical Summary Reports'. The 'Clinical Reports' option is circled in red. Below the dropdown menu, there's a section titled 'Practice/Patient Documents Update:'.

Select Report:

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





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



NantHealth | NaviNet

WORKFLOWS

HEALTH PLANS

[Clinical Reports Inquiry](#) | [Report Selection](#) | [Report Search](#)

[Print page](#)

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

Group Name - PIN

Choose a Provider

Provider Name - PIN

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

Age Ranges

☒ All
 ☐ < 12 yrs
 ☐ 12 - 21 yrs
 ☐ > 21 yrs

Select Report Type

☒ PDF
 ☐ Excel or CSV (Downloadable)

Select Sort Options

* Member Last Name

Last Update: 05/14/2020 v.1.0.4

Search

Exit

Clear

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 Query Each 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.

Workflows for this Plan

- Eligibility and Benefits Inquiry**
- Claim Status Inquiry
- Claim Submission
- Report Inquiry
- Provider Directory
- Referral Submission
- Referral Inquiry
- Pre-Authorization Management
- Forms & Dashboards
- Provider Data Information Form

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.

Practice/Patient Documents Update:

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

Eligibility and Benefits for

View Patient Details

Patient Alert Details

- Care Gap for
- PCP History for

AmeriHealth Caritas Louisiana ⓘ No additional payer information on file

Page viewed: 04/02/2021

Active from 03/01/2012 to 12/31/2199

Member ID: 90585925 Service Date: 04/02/2021

INSURANCE DETAILS

Product:

Type: Medicaid

PRIMARY CARE PROVIDER

Member Language: English

Identity Card Number:

View Member Clinical Summary - Attestation Required

Benefits

Search ...

Health Benefit Plan Coverage

Brand Name Prescription Drug

Chiropractic

Dental Care

Emergency Services

Generic Prescription Drug

Health Benefit Plan Coverage

Benefit Status: Active Coverage

Prior Year History:

Eligibility Begin Date: 03/01/2012

Set as default benefit view

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

Gaps in Care					
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*.