



NaviNet[®] Home Health Authorization Extensions Guide

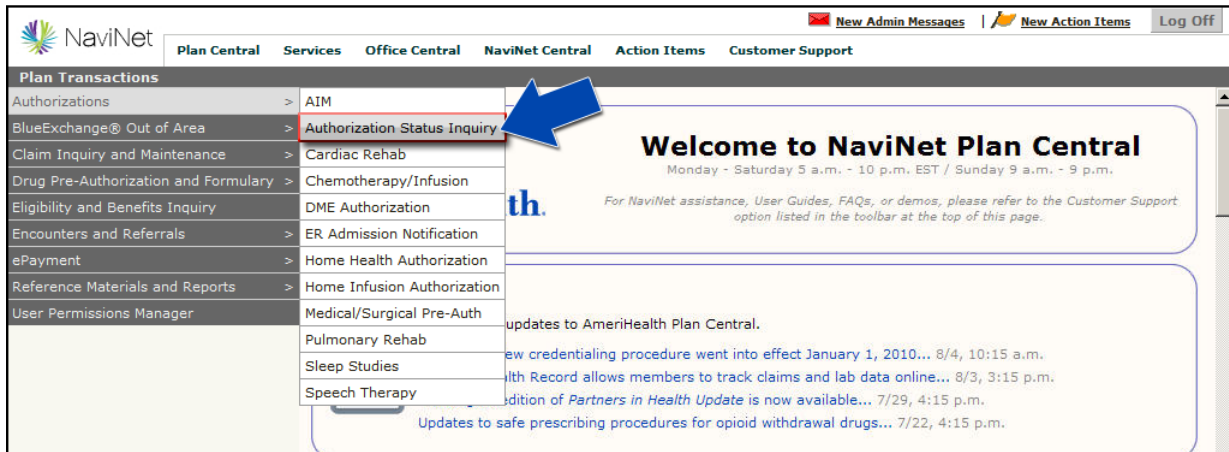
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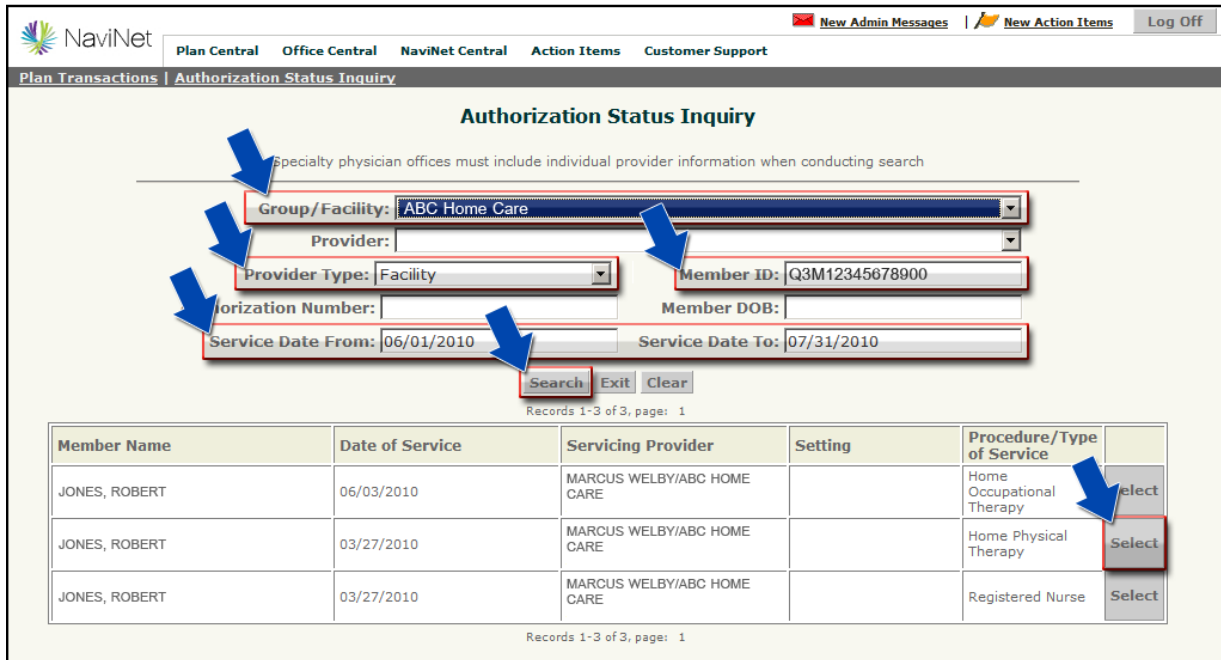
In order to more effectively process home health authorizations, beginning June 1, 2010, all home health agencies registered with NaviNet must use the NaviNet web portal to submit their home health requests. Requests for service lengths up to and including four weeks of care can be submitted using NaviNet. In addition, requests for time extensions and service or visit extensions can also be requested through NaviNet.

Time extensions

If you should require additional time to provide previously authorized services (without adding services or visits), extensions can be requested by selecting *Authorizations* from the Plan Transactions menu and then *Authorization Status Inquiry*. Please note that time extensions beyond 90 days cannot be submitted through NaviNet.



First, locate the authorization from the Authorization Status Inquiry screen. Select your group name from the Group/Facility drop-down menu. Select *Facility* as your provider type, and then enter the member’s full ID number or existing authorization number. Modify the “Service Date From” and “Service Date To” fields as needed and click *Search*. Then click the *Select* button next to the appropriate service.



If you are requesting an extension to the date of service, select *Yes* and enter the new “Service End Date” and “Number of Visits Remaining.” Please note any supporting clinical data in the “Additional Comments” box and click *Submit*.

The screenshot shows the 'Transaction Detail' form in NaviNet. At the top, there are navigation tabs: Plan Central, Office Central, NaviNet Central, Action Items, and Customer Support. Below these are links for 'New Admin Messages', 'New Action Items', and 'Log Off'. The main content area is titled 'Transaction Detail' and contains the following information:

- Member Name: 12345678900
- Member ID #: JONES, ROBERT
- Date of Birth: 06/16/1933
- Date of Inquiry: 07/01/2010

Below this is a section for provider and service details:

- Requesting Provider: ABC HOME CARE
- Servicing Provider: MARCUS WELBY - 100 MAIN STREET, ANYTOWN, NJ, 08001-0001
- Type of Service: Registered Nurse
- Diagnosis Code 1: 599.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED
- Diagnosis Code 2: 454.0 - VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER
- Diagnosis Code 3: 707.03 - PRESSURE ULCER, LOWER BACK

The form includes several input fields and a dropdown menu:

- 'Do you require an extension to date of service?': A dropdown menu with 'Yes' selected. A blue arrow points to this dropdown.
- 'Service End Date': A text box containing '07/08/2010'. A blue arrow points to this text box.
- 'Number of Visits Remaining': An empty text box. A blue arrow points to this text box.
- 'Additional Comments': A large text area for entering clinical data. A blue arrow points to this area.

At the bottom right of the form, there is a red note: "Please confirm all authorization information displayed. The service end date can be changed." Below the form is a 'Detail' table:

Specific Service or Item	Date(s)	Quantity	Transaction Status	Transaction Number
551	03/27/2010 - 04/10/2010	5 VISITS	CERTIFIED	1212121-001

At the bottom of the page are buttons for 'Print / Save', 'Submit', 'Go Back', and 'Exit'.

Service or visit extensions

If you need to request additional services or visits for an existing authorization, select *Authorizations* from the Plan Transactions menu and then *Home Health Authorization*.

The screenshot shows the 'Plan Transactions' menu in NaviNet. The menu items are:

- Authorizations > AIM
- BlueExchange® Out of Area > Authorization Status Inquiry
- Claim Inquiry and Maintenance > Cardiac Rehab
- Drug Pre-Authorization and Formulary > Chemotherapy/Infusion
- Eligibility and Benefits Inquiry > DME Authorization
- Encounters and Referrals > ER Admission Notification
- ePayment > **Home Health Authorization**
- Reference Materials and Reports > Home Infusion Authorization
- User Permissions Manager > Medical/Surgical Pre-Auth

A blue arrow points to the 'Home Health Authorization' option. To the right of the menu is a 'Welcome to NaviNet Plan Central' message with the following text:

Monday - Saturday 5 a.m. - 10 p.m. EST / Sunday 9 a.m. - 9 p.m.

For NaviNet assistance, User Guides, FAQs, or demos, please refer to the Customer Support option listed in the toolbar at the top of this page.

Below the welcome message are several news items:

- updates to AmeriHealth Plan Central.
- new credentialing procedure went into effect January 1, 2010... 8/4, 10:15 a.m.
- Health Record allows members to track claims and lab data online... 8/3, 3:15 p.m.
- addition of *Partners in Health Update* is now available... 7/29, 4:15 p.m.
- Updates to safe prescribing procedures for opioid withdrawal drugs... 7/22, 4:15 p.m.

Select the appropriate group under the “Servicing Provider” drop-down menu. Enter the member’s full ID number or last name, first name, and date of birth. Next, enter the “Requested Date of Service,” and click *Search*. Then click the *Select* button next to the appropriate member. Please note that the requested date of service may overlap with the dates of the existing authorization.

Home Health Authorization

This transaction is intended for use by Home Health Care providers to request pre-authorization of home health services. For requests for services other than traditional and perinatal home care services, please contact Care Management and Coordination at (800) 227-3116.
Please Note: Please use the full ID presented on the member's current ID card or the member's name and date of birth to search.

Servicing Provider: ABC Home Care
 Member ID: Q3M12345678900
 Member DOB:
 Member Last Name:
 Member First Name:
 Requested Date of Service: 07/02/2010

By clicking 'Select' you will be certifying that you have selected the correct patient to receive a Home Health Ancillary Pre-Authorization.
 Selection of an incorrect member may result in a violation of confidentiality under the terms of HIPAA.
 If you have questions about member eligibility or identity, please click 'View' for more information.

Member Name	Member ID	Product Name	DOB	Relationship	Status	Begin Date	End Date	View	Select
JONES, ROBERT	Q3M12345678900	AMERIHEALTH 65 (MEDICARE HMO)	06/16/1933	Subscriber	Active	01/01/2010		<input type="button" value="View"/>	<input type="button" value="Select"/>

If the request is for additional visits for a service, select *Extend* next to that service.

Home Health Authorization

The most recent authorization that has been entered under your provider number for this member is listed below. If a more comprehensive view of authorizations is required, please utilize the Authorization Status Inquiry transaction. Click on "view" for details of each authorization. If this request is for additional visits for a service, please select "extend" next to that service. If the request is to provide a new service associated with the services already authorized, select "New" next to Add New Service to Above Authorization. If the request is for care not associated with the authorizations displayed, select "New" next to Enter New Authorization.

Member Name / ID	Date of Service	Servicing Provider	Procedure / Type of Service	Reference #	View	Extend
JONES, ROBERT - Q3M12345678900	06/03/2010	ABC HOME CARE	Occupational Therapy	8352020	<input type="button" value="View"/>	<input type="button" value="Extend"/>
JONES, ROBERT - Q3M12345678900	03/27/2010	ABC HOME CARE	Physical Therapy	8352020	<input type="button" value="View"/>	<input type="button" value="Extend"/>
JONES, ROBERT - Q3M12345678900	03/27/2010	ABC HOME CARE	Skilled Nursing	8352020	<input type="button" value="View"/>	<input type="button" value="Extend"/>
Add New Service to Above Authorization:						<input type="button" value="New"/>
Enter New Authorization:						<input type="button" value="New"/>

Complete the Home Health Authorization screen as indicated below and click *Submit*. Please note that the requested service dates may overlap with original authorization.

Home Health Authorization

Patient Information
 Patient Name: JONES, ROBERT
 Member ID: Q3M12345678900
 Patient DOB: 06/16/1933

Contact Information for Callback
 Office Contact: Susan Smith
 Contact Phone: [redacted]
 Contact Fax: 8565555555

Detail:

Specific Service or Item	Date(s)	Quantity	Transaction Status	Transaction Number
551	03/27/2010 - 04/10/2010	5 VISITS	CERTIFIED	8352020 - 001
551	04/11/2010 - 05/09/2010	8 VISITS	CERTIFIED	8352020 - 003
551	05/07/2010 - 06/04/2010	8 VISITS	CERTIFIED	8352020 - 004
551	06/05/2010 - 07/08/2010	8 VISITS	CERTIFIED	8352020 - 007
551	07/09/2010 - 08/06/2010	8 VISITS	PENDED	8352020 - 009

To submit a Home Health Authorization request, please provide the following information:

Complete the Ordering Physician's Search Fields and Select 'Search' to search for the Ordering Physician:

Servicing Provider: ABC HOME CARE, 100 Main Street, Anytown, NJ, 08001-0001
 Ordering Physician Last Name: WELBY
 Ordering Physician First Name: MARCUS

Submit Save View Referral/Auth

Note: NaviNet submissions that result in a pended status can take up to two business days to be completed. Requests for home care services that extend beyond 60 days will pend for clinical review in accordance with InterQual® guidelines. It is important to document supporting clinical information when submitting this type of request.

If the request is to provide a new service associated with the services previously authorized, select *New* next to “Add New Service to Above Authorization.”

Home Health Authorization

The most recent authorization that has been entered under your provider number for this member is listed below. If a more comprehensive view of authorizations is required, please utilize the Authorization Status Inquiry transaction. Click on “view” for details of each authorization. If this request is for additional visits for a service, please select “extend” next to that service. If the request is to provide a new service associated with the services already authorized, select “New” next to Add New Service to Above Authorization. If the request is for care not associated with the authorizations displayed, select “New” next to Enter New Authorization.

Member Name / ID	Date of Service	Servicing Provider	Procedure / Type of Service	Reference #	View	Extend
JONES, ROBERT - Q3M12345678900	06/03/2010	ABC HOME CARE	Occupational Therapy	8352020	View	Extend
JONES, ROBERT - Q3M12345678900	03/27/2010	ABC HOME CARE	Physical Therapy	8352020	View	Extend
JONES, ROBERT - Q3M12345678900	03/27/2010	ABC HOME CARE	Skilled Nursing	8352020	View	Extend

Add New Service to Above Authorization: New

Enter New Authorization: New

Complete the Home Health Authorization screen as indicated below and click *Submit*.

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If the request is for care not associated with the authorizations displayed, select *New* next to “Enter New Authorization.”

Member Name / ID	Date of Service	Servicing Provider	Procedure / Type of Service	Reference #	View	Extend
JONES, ROBERT - Q3M12345678900	06/03/2010	ABC HOME CARE	Occupational Therapy	8352020	View	Extend
JONES, ROBERT - Q3M12345678900	03/27/2010	ABC HOME CARE	Physical Therapy	8352020	View	Extend
JONES, ROBERT - Q3M12345678900	03/27/2010	ABC HOME CARE	Skilled Nursing	8352020	View	Extend

Add New Service to Above Authorization:

Enter New Authorization:

Complete the Home Health Authorization screen as indicated below and click *Submit*.

The screenshot shows the NaviNet Home Health Authorization form. The top navigation bar includes 'Plan Central', 'Office Central', 'NaviNet Central', 'Action Items', and 'Customer Support'. The breadcrumb trail is 'Plan Transactions > Home Health Authorization > Patient Search > Auth Summary > Request Form'. The form is titled 'Home Health Authorization' and is divided into two main sections: 'Patient Information' and 'Contact Information for Callback'. The 'Patient Information' section includes fields for Patient Name (JONES, ROBERT), Member ID (Q3M12345678900), and Patient DOB (06/16/1933). The 'Contact Information for Callback' section includes Office Contact (Susan Smith), Contact Phone, and Contact Fax (8565555555). Below these sections, a message states: 'To submit a Home Health Authorization request, please provide the following information:'. The main form area is titled 'Complete the Ordering Physician's Search Fields and Select 'Search' to search for the Ordering Physician:'. It contains several fields: 'Servicing Provider' (ABC HOME CARE - 1 MAIN STREET, ANYTOWN, NJ, 08001-0001), 'Ordering Physician Last Name' (red box), 'Ordering Physician First Name' (red box), 'Ordering Physician Address', 'Unlisted Ordering Physician Name', 'Unlisted Ordering Physician Address', 'Unlisted Ordering Physician Phone', 'Is the patient receiving hospice services?' (dropdown), 'Primary Diagnosis' (red box), 'Additional Diagnosis Code 1' (red box), 'Additional Diagnosis Code 2' (red box), and 'Is the patient home bound?' (dropdown). There are 'Search' buttons next to the 'Ordering Physician First Name', 'Primary Diagnosis', 'Additional Diagnosis Code 1', and 'Additional Diagnosis Code 2' fields. At the bottom of the form are 'Submit', 'Save', and 'View Referral/Auth' buttons. Red boxes and blue arrows highlight the 'Ordering Physician Last Name', 'Ordering Physician First Name', 'Primary Diagnosis', 'Additional Diagnosis Code 1', 'Additional Diagnosis Code 2', and 'Submit' fields.

Note: NaviNet submissions that result in a pended status can take up to two business days to be completed. Requests for home care services that extend beyond 60 days will pend for clinical review in accordance with InterQual guidelines. It is important to document supporting clinical information when submitting this type of request.

If your office has additional questions or requires training for NaviNet, please call the eBusiness Provider Hotline at 215-640-7410.

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