



## **Provider Guide Care Gaps Response Form**

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Note: this guide contains fictitious member and provider data for illustrative purposes.

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## 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.

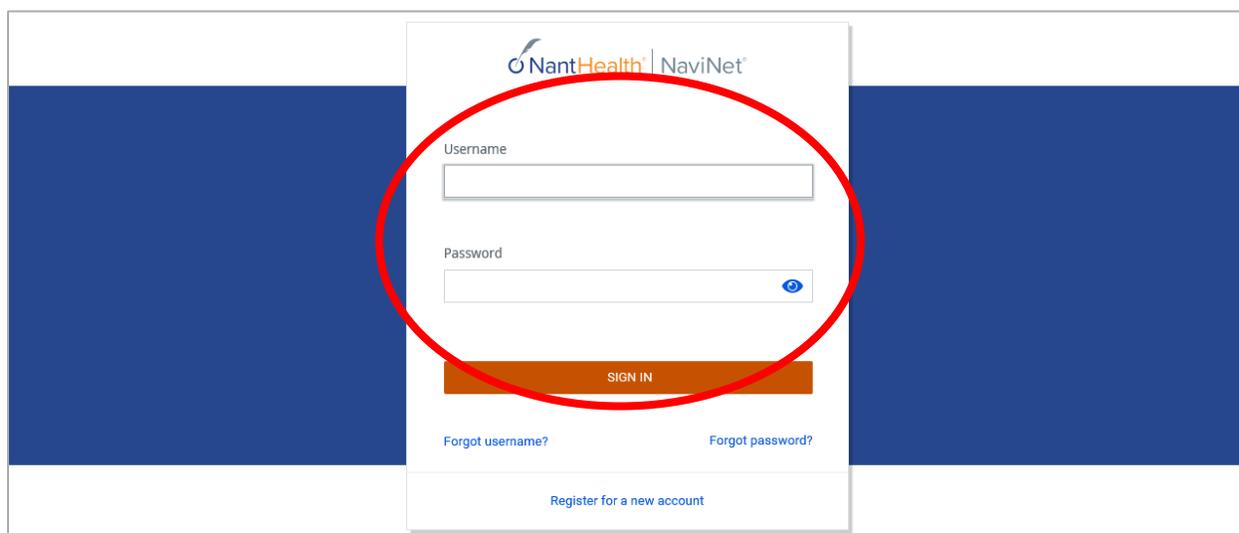
### Before you begin

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 how to choose which provider's documents to view, log-in to NaviNet and visit [support.nanthealth.com](http://support.nanthealth.com).

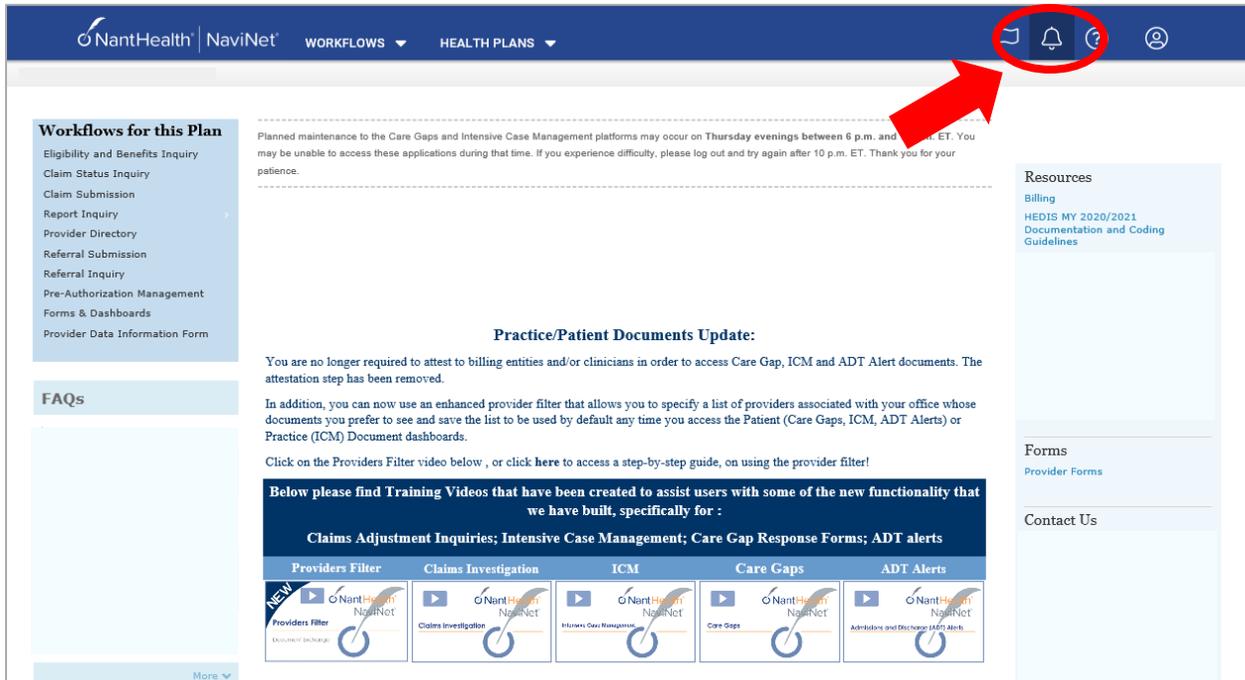
### Log-in to NaviNet

1. Open your internet browser.
2. Go to [navinet.navimedix.com](http://navinet.navimedix.com).
3. Log-in to NaviNet by entering your **username** and **password**. Click **sign in** when finished.

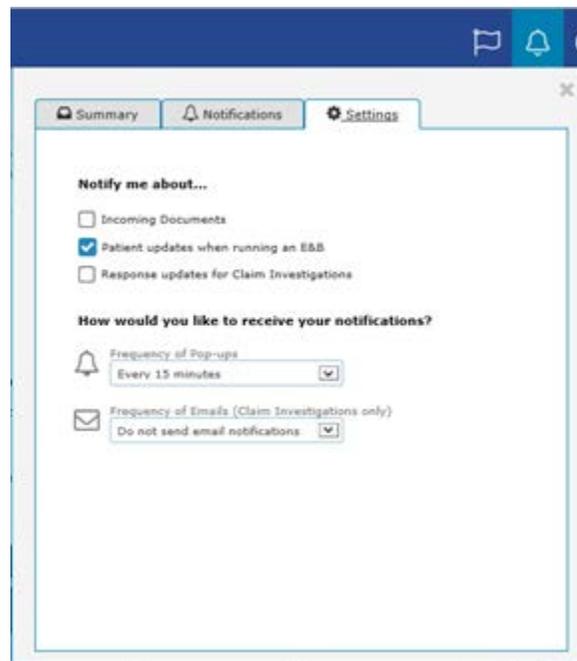


## Submit Care Gap Response information via Patient Clinical Documents Workflow

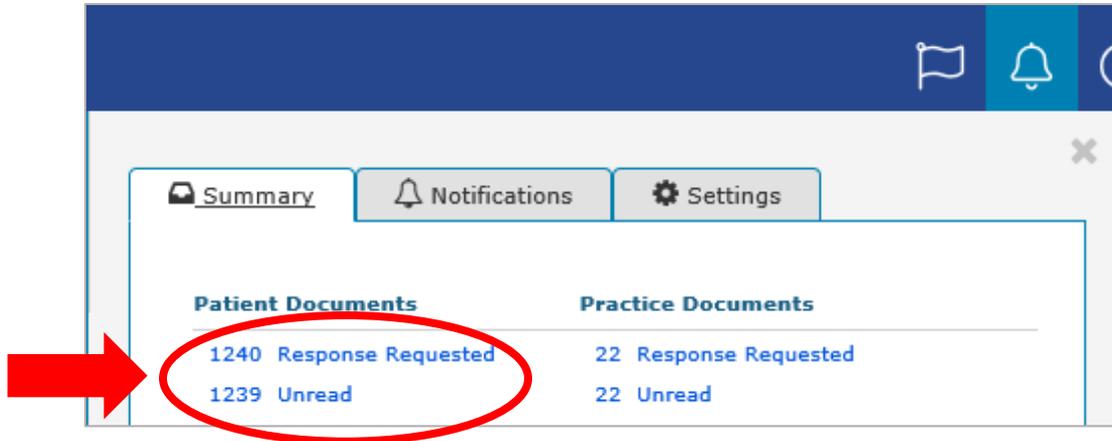
Once you're successfully logged into NaviNet, you can see alerts for unresolved Care Gaps by clicking on the **Activity** icon, as illustrated below.



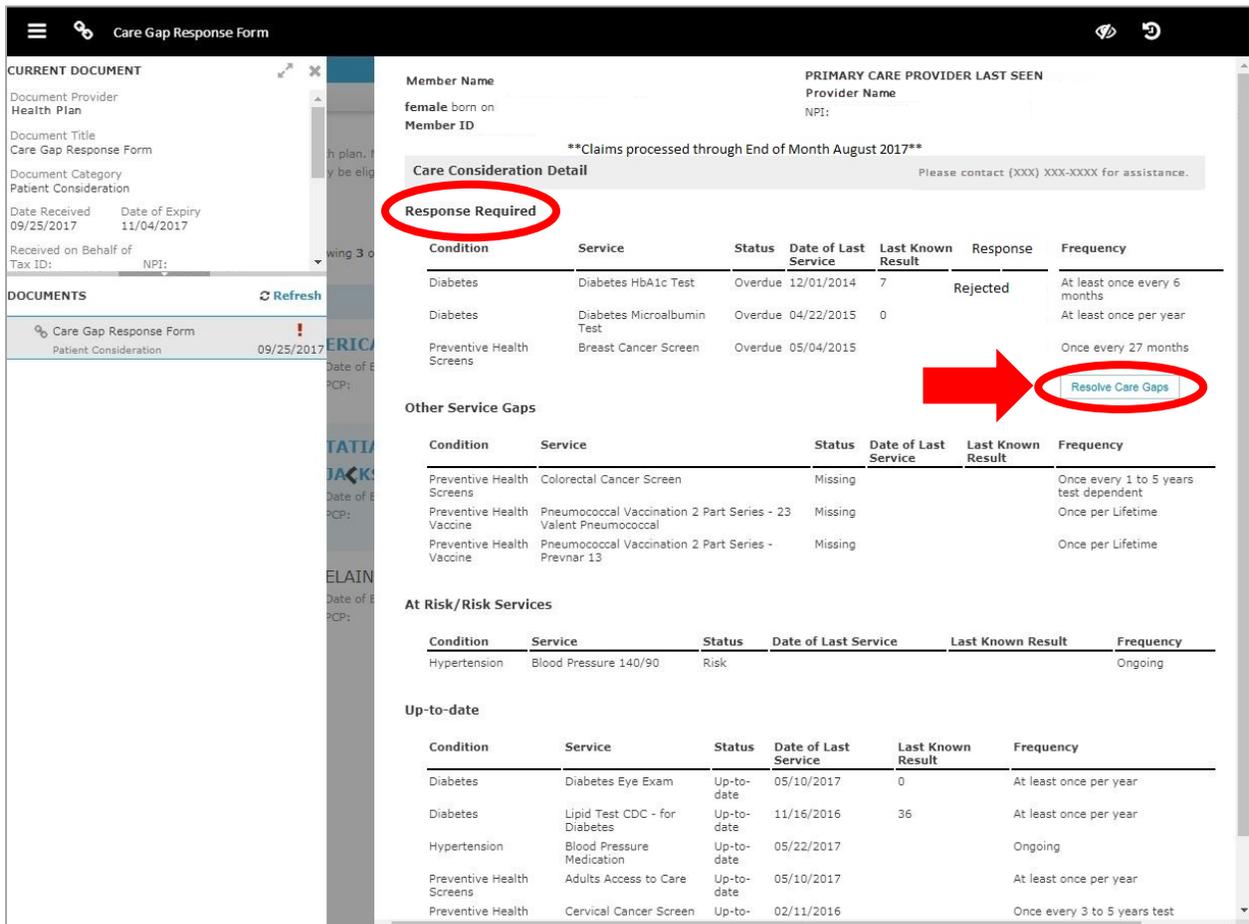
Under **Settings**, select your preferred frequency for receiving pop-up notifications.



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.



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



## Navigating the screen

**Toggle full-screen view**

**Expand**

**Mark Unread**

**View History**

**Close Viewer**

**Response Required**

**Click to Resolve Care Gaps**

**Resolve Care Gaps**

**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

**DOCUMENTS** [Document List](#) [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 Valant Pneumococcal	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Pevnar 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-	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.

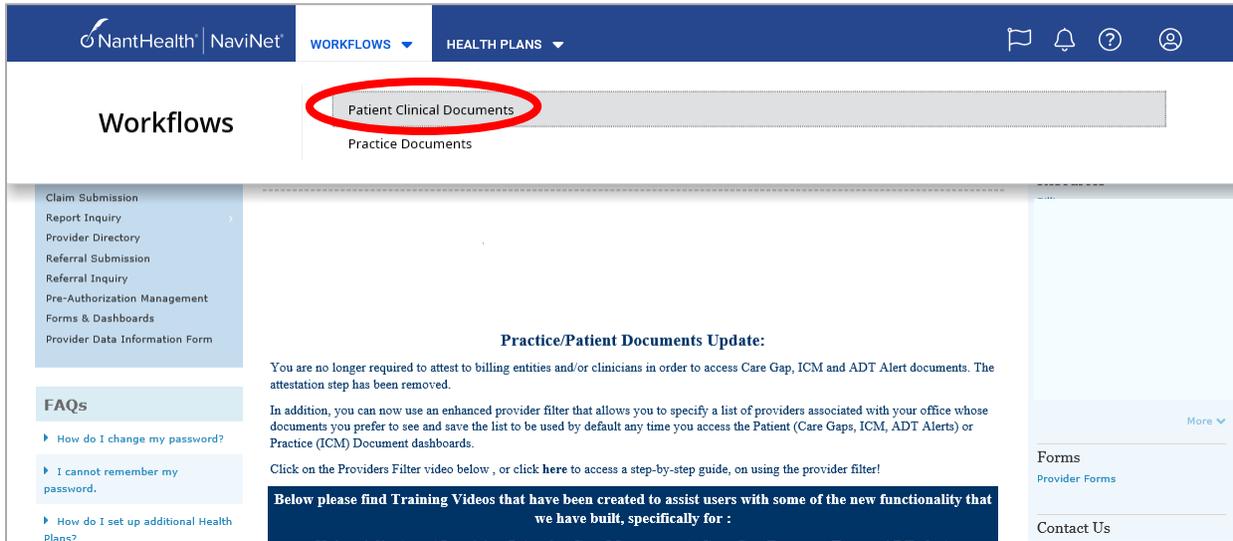
## Current Document

- This section on the left-side of the screen allows 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
- 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.

Select **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

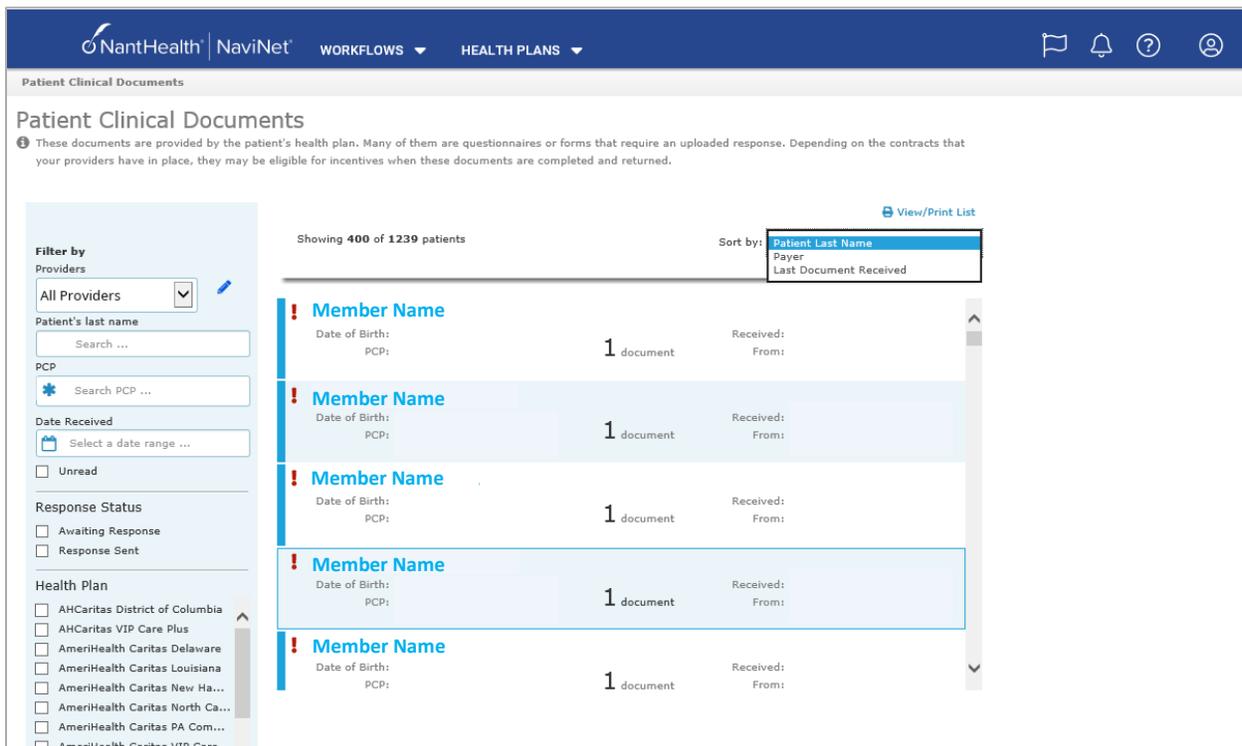
**Practice/Patient Documents Update:**

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.

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 :**



**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.

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			1 document		
Member Name			1 document		
Member Name			1 document		
Member Name			1 document		
Member Name			1 document		

Filter by Providers: All Providers

Patient's last name: Search ...

PCP: Search PCP ...

Date Received: Select a date range ...

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

## Filtering and sorting

You can filter the member list by:

- Patient last name
- Primary care provider
- 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

PCP

Date Received

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  
  
 No tags selected

The list is also sortable by patient's last name, payer and last document received.

View/Print List

Showing 14 of 14 patients Sort by: Patient Last Name

Clinical Documents		
<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Member Name</b>            Date of Birth: 10/17/1999            PCP: <a href="#">Provider Name</a></p> </div>	<b>1</b>	Sep 27, 2017
<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Member Name</b>            Date of Birth: 03/27/1998            PCP: <a href="#">Provider Name</a></p> </div>	<b>1</b>	Sep 24, 2017
<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Member Name</b>            Date of Birth: 10/26/1953            PCP: <a href="#">Provider Name</a></p> </div>	<b>1</b>	Sep 24, 2017
<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Member Name</b>            Date of Birth: 01/03/2014            PCP: <a href="#">Provider Name</a></p> </div>	<b>1</b>	Sep 29, 2017

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

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

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 window.

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

**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**

Care Gap Response Form - Patient Consideration - 09/25/2017

**Member Name**: female born on [redacted]  
**Member ID**: [redacted]

**PRIMARY CARE PROVIDER LAST SEEN**  
 Provider Name: [redacted]  
 NPI: [redacted]

**Care Consideration Detail**  
 \*\*Claims processed through End of Month August 2017\*\*  
 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

[Resolve Care Gaps](#)

**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 - Prevnar 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-	02/11/2016		Once every 3 to 5 years test

On the **Care Gap Response Form** (below), you'll see member details, assigned primary care provider, and all of the **Response Required** Care Gaps for this member.

Provider Self-Service
Appia

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### Health Plan

*Please contact (XXX) XXX-XXXX for assistance.*

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#### Member & PCP Details

Member Details

Name : Member Name

ID :

Age/DOB : \_\_\_\_\_

SSN (last 4 digits): \_\_\_\_\_

Phone : \_\_\_\_\_

PCP Assigned

Name : Provider Name

Address : \_\_\_\_\_

Phone : \_\_\_\_\_

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

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#### 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'll be prompted to verify service delivery or request an exclusion.

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

Note:

- 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'll 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're 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'll 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

Upon submission of 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 as *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’ve saved your response, but didn’t submit it yet.
- Submitted: you’ve completed all necessary steps and submitted the information.
- Response Required: you haven’t responded to the Care Gap yet.
- Rejected: your response was rejected by the Quality Reviewer.

Member Name: female born on 09/02/1955 (62 yrs old)  
 Member ID: [REDACTED]  
 PRIMARY CARE PROVIDER LAST SEEN: [REDACTED]  
 Provider Name: [REDACTED]  
 NPI: [REDACTED]

\*\*Claims processed through End of Month August 2017\*\*

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

Resolve Care Gaps

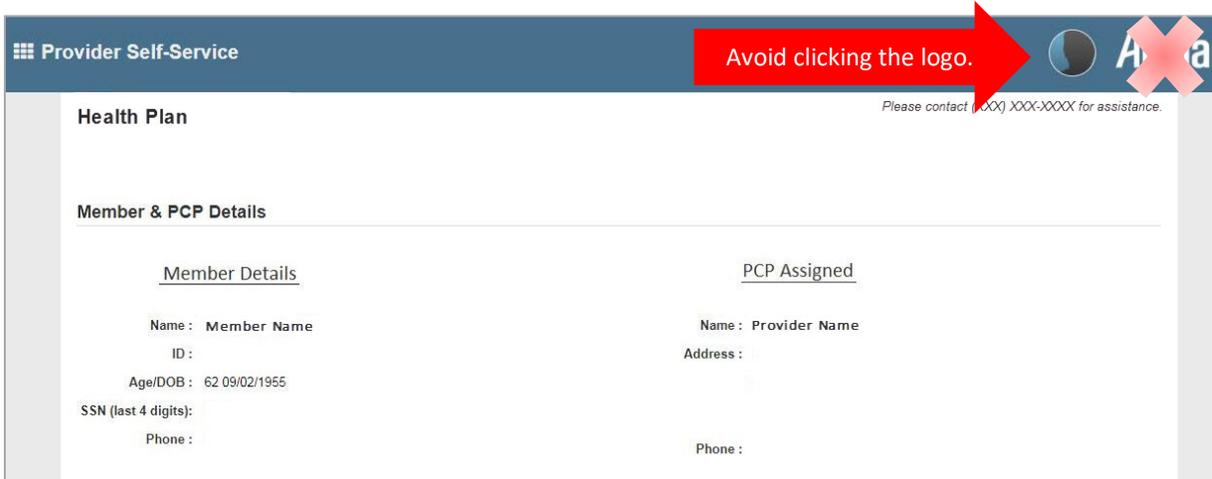
If your *Care Gap Response* is rejected:

- You’ll see a new alert in the **Activity** tab in NaviNet.
- On the **Care Consideration Detail** screen for that patient, you’ll 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.
- Select **Resolve Care Gaps** to work that Care Gap again.

The Care Gap won’t be removed from your list until approved by the Quality Reviewer.

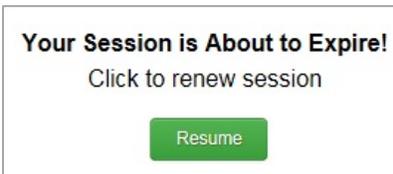
## Important notes

- 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*. This causes 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.' The main content area is titled 'Health Plan' and includes a sub-section 'Member & PCP Details'. Under 'Member Details', there are fields for Name, ID, Age/DOB (62 09/02/1955), SSN (last 4 digits), and Phone. Under 'PCP Assigned', there are fields for Name, Address, and Phone. A small text at the top right says 'Please contact (XXX) XXX-XXXX for assistance.' The Appian logo is marked with a red 'X'.

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



**Your Session is About to Expire!**  
Click to renew session  
[Resume](#)

- The form will time-out within 5 minutes if you don't click **Resume**. The log-in screen below will appear once you have timed-out. You'll need to close this window and log-in to NaviNet again.

## Access Care Gap information via Eligibility and Benefits inquiry

Alert-related information on a member will be available to the primary care provider via the **Eligibility and Benefits Inquiry** function.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the left side, there is a sidebar menu titled 'Workflows for this Plan' with several options. The 'Eligibility and Benefits Inquiry' option is circled in red, and a red arrow points to it. Other options in the sidebar 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 the sidebar, there are sections for 'FAQs' and 'Resources'. The main content area contains a notice about planned maintenance, a 'Practice/Patient Documents Update' section, and a section for 'Training Videos' with five video thumbnails: 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'.

After selecting Blue Cross Complete as the 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. At the top, there is a title 'Eligibility and Benefits: Patient Search'. Below the title, there is a notice: '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.' Below the notice, there is a text field for 'Member ID #' with the value '11111111'. Below the text field, there is a section titled 'Search by Member ID' which is circled in red. Below this section, there is an 'OR' separator. Below the separator, there is a section titled 'Search by Name' with two text fields for 'Last Name' and 'First Name', and a text field for 'Date of Birth' with the format '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 isn't available on this worksheet.

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

The screenshot shows the NantHealth NaviNet interface for the 'Eligibility and Benefits' section. At the top, there is a navigation bar with 'NantHealth | NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below this, a breadcrumb trail shows '< Back to Patient Search | Eligibility & Benefits'. The main content area is titled 'Eligibility and Benefits' and includes a 'Patient Alert Details' pop-up window. This pop-up window contains two items: '▲ Care Gap for' and '▲ PCP History for'. A red arrow points from the text 'Opens read-only Care Gap Worksheet.' to the 'Patient Alert Details' window. Below the pop-up, the member's status is shown as 'Active from 03/01/2012 to 12/31/2199' with 'Member ID: 90585925' and 'Service Date: 04/02/2021'. A red box highlights '1 Clinical Document(s)' with a red arrow pointing to the text 'Opens Care Consideration Detail screen where you can work Care Gaps.'. The bottom section of the screen is titled 'Health Benefit Plan Coverage' and shows 'Benefit Status: Active Coverage' and 'Eligibility Begin Date: 03/01/2012'. A 'Benefits' sidebar on the left lists various plan options like 'Brand Name Prescription Drug', 'Chiropractic', 'Dental Care', 'Emergency Services', and 'Generic Prescription Drug'.

## Access Care Gap information via Care Gap query reports

Log-in to NaviNet and choose Blue Cross Complete as your health plan.

The screenshot shows the NantHealth NaviNet interface. At the top, there are navigation tabs for 'WORKFLOWS' and 'HEALTH PLANS'. A search bar is present with a placeholder text: "Can't see the plan you want? Use search to find your plan". Below the search bar, there is a section titled "My Plans" with a grid of health plan options. The plans listed include 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, and New Jersey Children's System of Care, Contracted System Administrator - PerformCare.

Below the plans list, there is a section for training videos. A banner reads: "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". Below this banner, there are five video thumbnails: "Providers Filter", "Claims Investigation", "ICM", "Care Gaps", and "ADT Alerts". The "Care Gaps" video is highlighted with a blue border.

On the left side, there is a sidebar with a "Forms" section containing "Provider Forms" and "Contact Us". At the bottom, there is a blue button that says "View Important Provider Updates."

Select **Report Inquiry** from the menu on the left and choose **Clinical Reports** from the dropdown menu.

The screenshot shows the NantHealth NaviNet interface. At the top, there are navigation tabs for 'WORKFLOWS' and 'HEALTH PLANS'. Below the navigation, there is a section titled "Workflows for this Plan". On the left, there is a list of workflow items: "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" item is circled in red. A dropdown menu is open for "Report Inquiry", showing the following options: "Administrative Reports", "Clinical Reports", "Financial Reports", and "Member Clinical Summary Reports". The "Clinical Reports" option is also circled in red.

Below the workflow list, there is a section titled "Practice/Patient Documents Update:".



Each of these reports display 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 Blue Cross Complete as your health plan. Select the **Eligibility and Benefits Inquiry** option.

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**.

Page viewed: 04/02/2021

View Patient Details

**Patient Alert Details**

- Care Gap for
- PCP History for

View/Print

AmeriHealth Caritas Louisiana ⓘ No additional payer information on file

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** ★ Set as default benefit view

**Benefit Status: Active Coverage**

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

The **Member Clinical Summary** will show Care Gap statuses as *compliant* or *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

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