



**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.

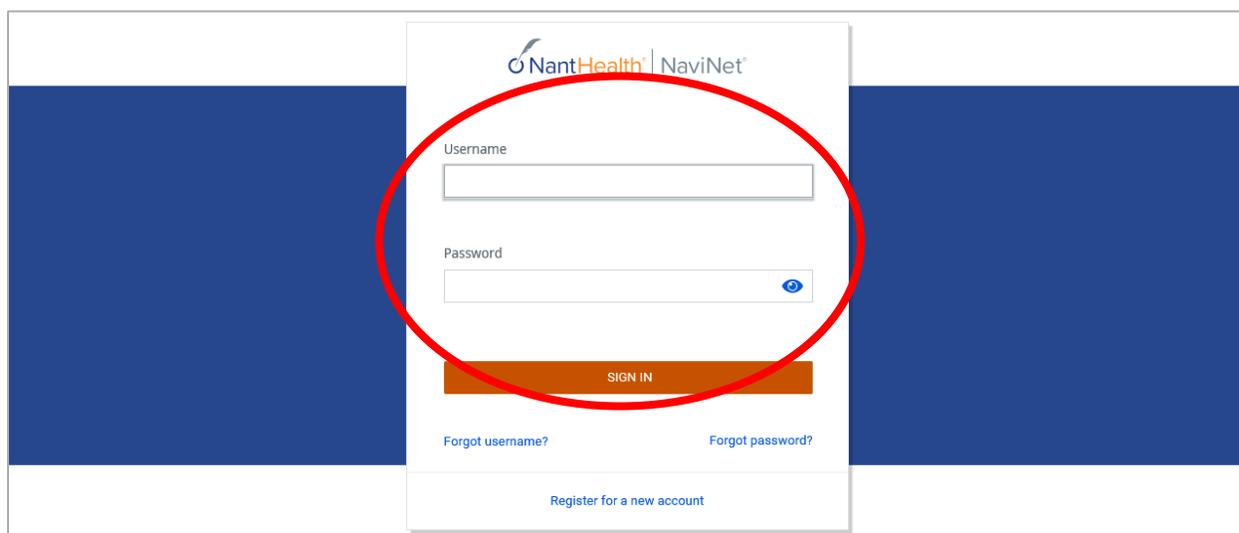
Before you begin

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.nanthhealth.com.

Log-in to NaviNet

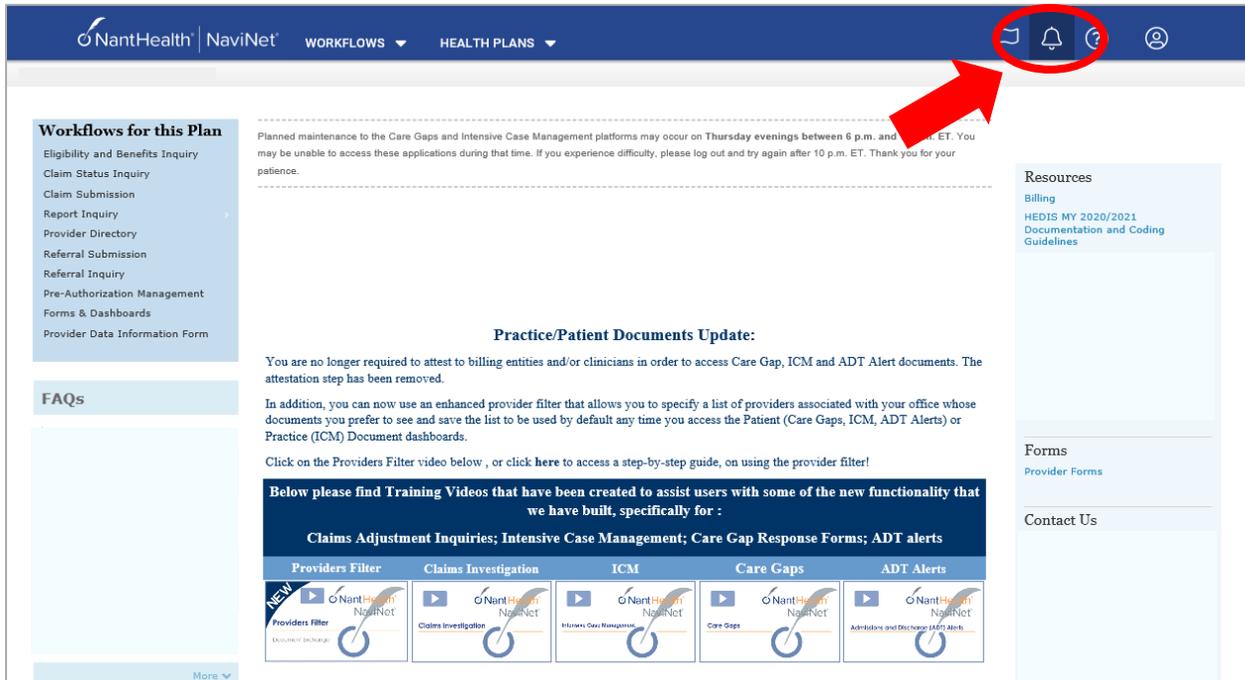
1. Open your internet browser.
2. Go to navinet.navimedix.com.
3. Log-in to NaviNet by entering your **username** and **password**. Click **sign in** when finished.



The screenshot shows the NaviNet login interface. At the top, the NantHealth and NaviNet logos are displayed. Below the logos, there are two input fields: 'Username' and 'Password'. The 'Password' field has a small eye icon to its right, indicating a toggle for password visibility. Below these fields is a large orange button labeled 'SIGN IN'. At the bottom of the login form, there are three links: 'Forgot username?', 'Forgot password?', and 'Register for a new account'. The entire login form is centered on a dark blue background.

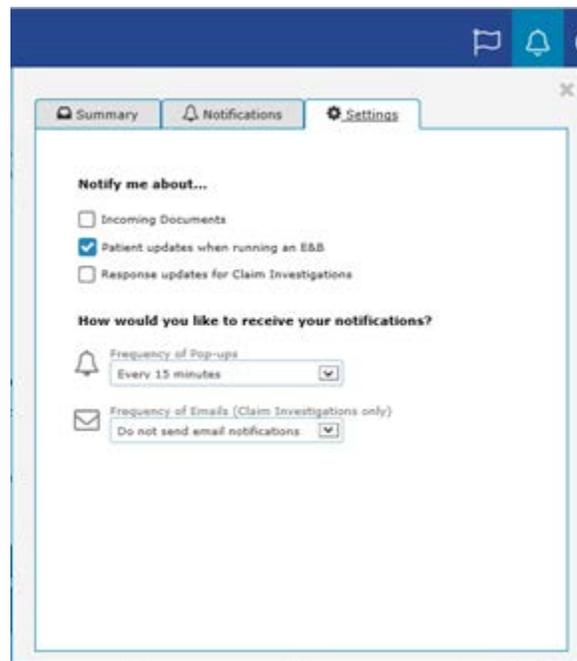
Submit Care Gap Response information via Patient Clinical Documents Workflow

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



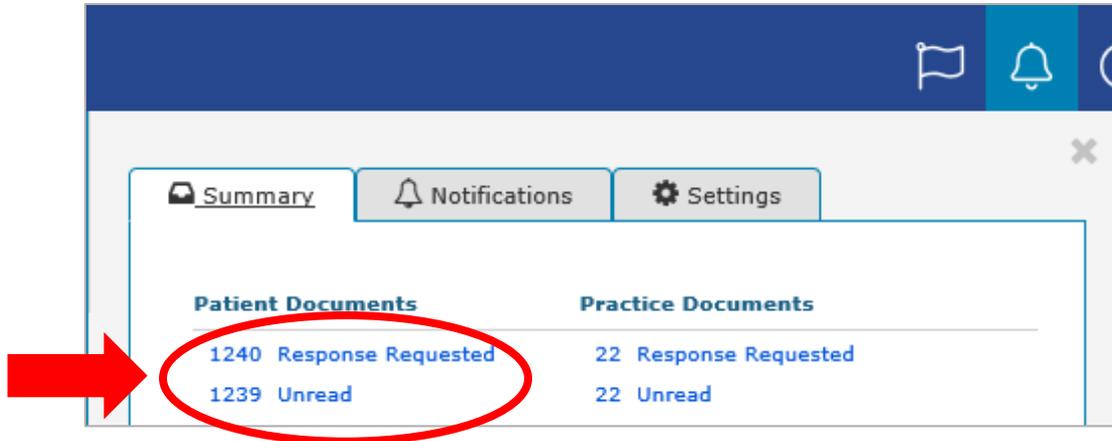
The screenshot shows the NantHealth NaviNet dashboard. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there are four icons: a document icon, a bell icon (Activity), a question mark icon, and a user profile icon. A red circle highlights the bell icon, and a red arrow points to it from the text above. The main content area features a 'Workflows for this Plan' sidebar on the left, a central announcement about 'Practice/Patient Documents Update', and a 'Resources' sidebar on the right. Below the announcement, there are five video thumbnails for training: Providers Filter, Claims Investigation, ICM, Care Gaps, and ADT Alerts.

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

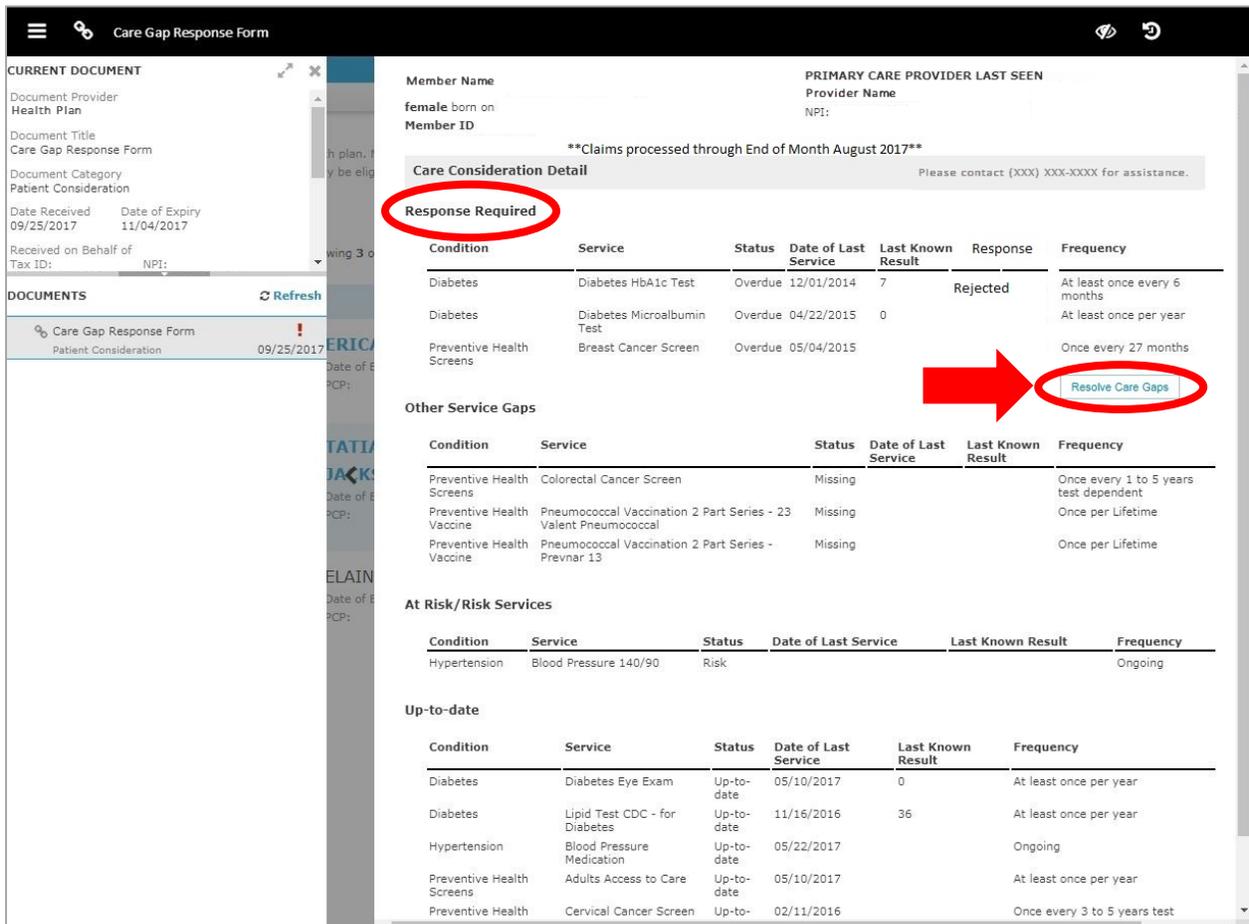


The screenshot shows the 'Settings' window for notifications. It has three tabs: 'Summary', 'Notifications', and 'Settings'. The 'Settings' tab is active. Under the heading 'Notify me about...', there are three checkboxes: 'Incoming Documents' (unchecked), 'Patient updates when running an E&B' (checked), and 'Response updates for Claim Investigations' (unchecked). Under the heading 'How would you like to receive your notifications?', there are two dropdown menus: 'Frequency of Pop-ups' set to 'Every 15 minutes' and 'Frequency of Emails (Claim Investigations only)' set to '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**.



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.

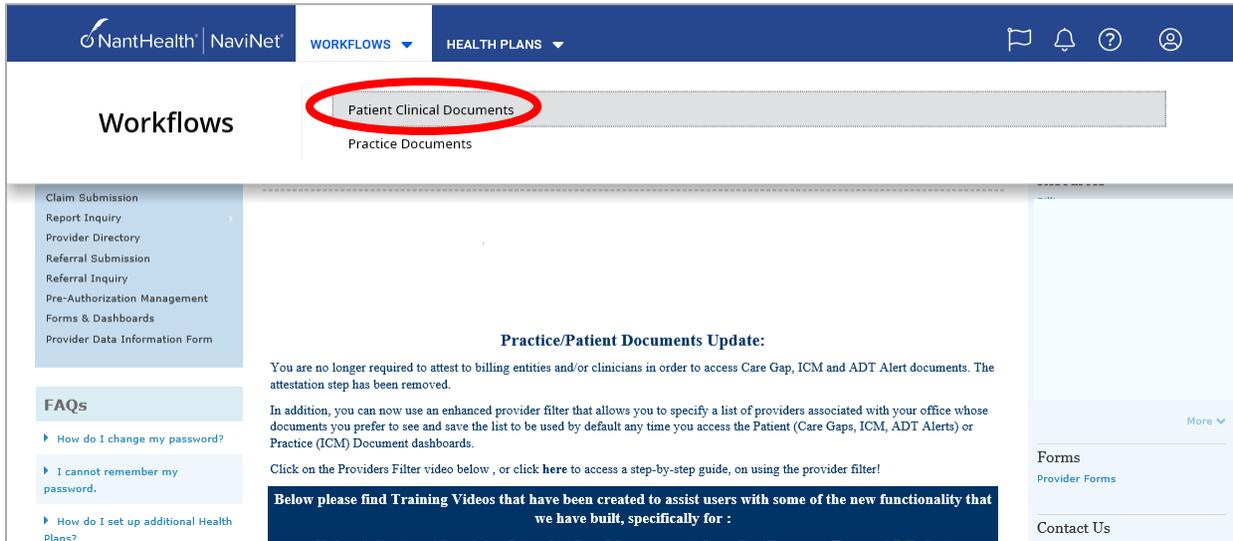
Current Document

- 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

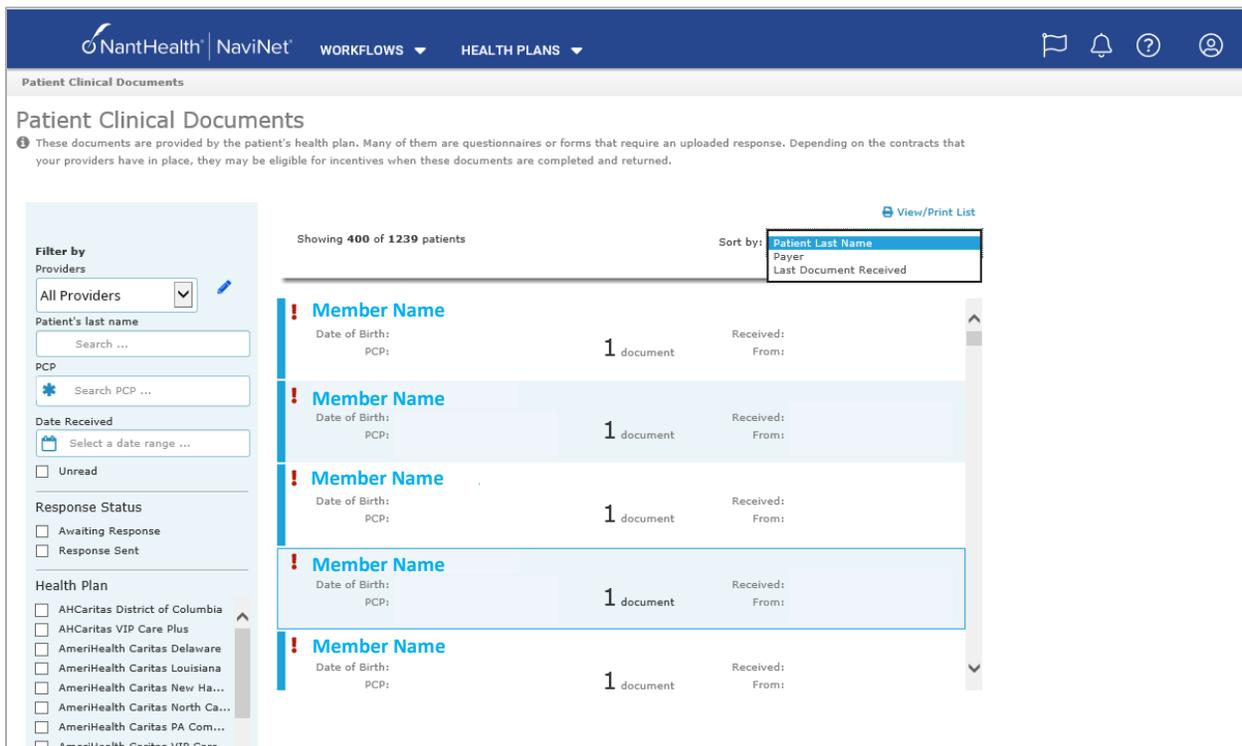
Practice/Patient Documents Update:

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 | Received: | From: |
| Member Name | | | 1 document | Received: | From: |
| Member Name | | | 1 document | Received: | From: |
| Member Name | | | 1 document | Received: | From: |
| Member Name | | | 1 document | Received: | From: |

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:
 - AH Caritas District of Columbia:
 - AH 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; margin-bottom: 5px;"> <p>Member Name Date of Birth: 10/17/1999 PCP: Provider Name</p> </div> | 1 | Sep 27, 2017 |
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Member Name Date of Birth: 03/27/1998 PCP: Provider Name</p> </div> | 1 | Sep 24, 2017 |
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Member Name Date of Birth: 10/26/1953 PCP: Provider Name</p> </div> | 1 | Sep 24, 2017 |
| <div style="border: 1px solid #ccc; padding: 5px;"> <p>Member Name Date of Birth: 01/03/2014 PCP: Provider Name</p> </div> | 1 | 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



Health Plan

Please contact (XXX) XXX-XXXX for assistance.

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 **

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 | |

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.

The screenshot shows the 'Care Consideration Detail' screen. At the top, there are fields for 'Member Name' (female born on 09/02/1955 (62 yrs old)), 'Member ID', and 'PRIMARY CARE PROVIDER LAST SEEN' (Provider Name, NPI:). A message states '**Claims processed through End of Month August 2017**'. Below this is a 'Care Consideration Detail' section with 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, and Frequency. The 'Response' column is circled in red. The table lists three care gaps: 1. Diabetes (Diabetes HbA1c Test, Overdue 12/01/2014, Last Known Result 7, Response Rejected, Frequency At least once every 6 months). 2. Diabetes (Diabetes Microalbumin Test, Overdue 04/22/2015, Last Known Result 0, Response, Frequency At least once per year). 3. Preventive Health Screens (Breast Cancer Screen, Overdue 05/04/2015, Last Known Result, Response, Frequency Once every 27 months). A 'Resolve Care Gaps' button is located at the bottom right of the 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 |

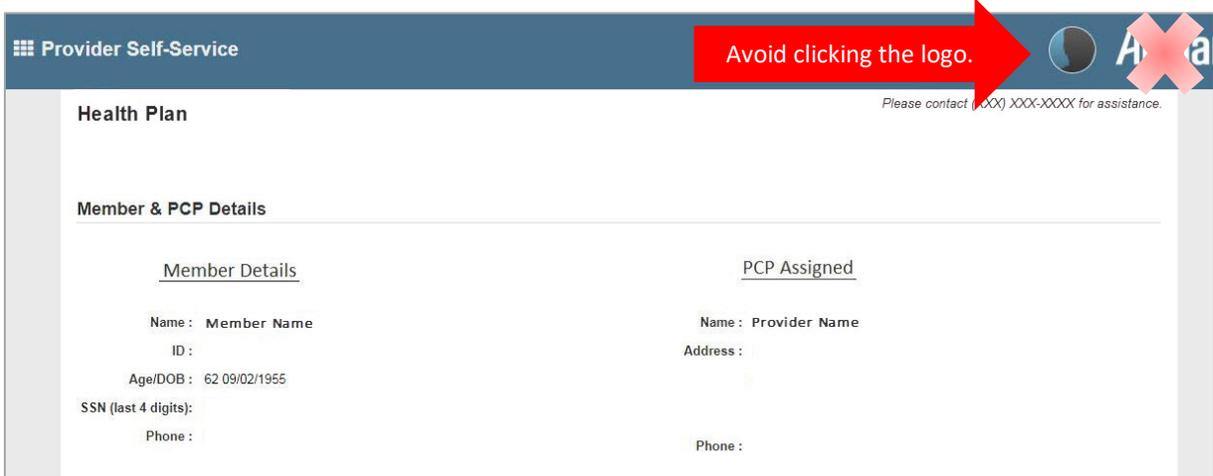
If your *Care Gap Response* is rejected:

- 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.

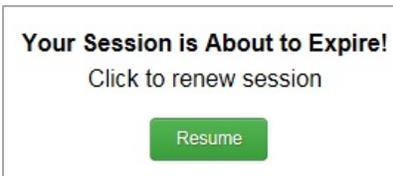
Important notes

- 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, a sidebar menu titled 'Workflows for this Plan' lists various functions. The 'Eligibility and Benefits Inquiry' option is circled in red, and a red arrow points to it. The main content area contains a notice about planned maintenance, a 'Practice/Patient Documents Update' section, and a 'FAQs' section. Below the FAQs, there is a section for training videos, including 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'. On the right side, there are sections for 'Resources' and 'Forms'.

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 heading and a note about Medicaid. Below the note, there is a text input field for 'Member ID' with the value '1111111'. The 'Search by Member ID' label is circled in red. Below the Member ID field, there is an 'OR' separator. Underneath, there is a 'Search by Name' section with input 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 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 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 main header, there is a section for 'AmeriHealth Caritas Louisiana' with a note: 'No additional payer information on file'. A green bar indicates the member is 'Active from 03/01/2012 to 12/31/2199'. To the right of this bar, the 'Member ID: 90585925' and 'Service Date: 04/02/2021' are displayed. A red box highlights a link labeled '1 Clinical Document(s)', with a red arrow pointing to it from the text 'Opens Care Consideration Detail screen where you can work Care Gaps.'. Below the active status bar, there is a 'PROVIDER' section with fields for 'Member Language: English' and 'Identity Card Number:'. The bottom section is titled 'Benefits' and contains a search bar and a list of benefit categories: 'Health Benefit Plan Coverage', 'Brand Name Prescription Drug', 'Chiropractic', 'Dental Care', 'Emergency Services', and 'Generic Prescription Drug'. The 'Health Benefit Plan Coverage' section shows a 'Benefit Status: Active Coverage' and a 'Prior Year History' section with an 'Eligibility Begin Date: 03/01/2012'. A 'View/Print' link is located in the top right corner of the main content area.

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 "Forms" with links for "Provider Forms" and "Contact Us". A central banner area contains a message: "Click on the Providers Filter video below, or click here to access a step-by-step guide, on using the provider filter!". Below this, a section titled "Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for:" lists several categories: "Providers Filter", "Claims Investigation", "ICM", "Care Gaps", and "ADT Alerts". Each category has a corresponding video thumbnail with the NantHealth NaviNet logo. The "Care Gaps" video is highlighted with a blue border.

At the bottom of the page, there is a 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" with a list of menu items. The "Report Inquiry" item is circled in red. A dropdown menu is open for "Report Inquiry", showing several options: "Administrative Reports", "Clinical Reports", "Financial Reports", and "Member Clinical Summary Reports". The "Clinical Reports" option is also circled in red. Below the dropdown menu, 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.

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

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

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*.