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 Background

Before this new Care Gaps Response Form functionality was introduced, providers used the Eligibility and Benefits Inquiry to view pop-up alerts for member Care Gaps. Providers would download and print the Care Gap worksheet, handwrite comments on the worksheet to show that services had been delivered to close the Care Gaps, and fax the completed worksheet to the health plan. This process did not allow providers to submit supporting documentation and increased the paperwork necessary to resolve multiple Care Gaps.

The implementation of the new Care Gaps Response Form functionality will allow providers using the NaviNet portal to enter Care Gap resolution data online, and capture and store this data along with any supporting documentation. Providers will be able to retrieve and report specific Care Gap changes along with supporting documentation. Verified Care Gap resolution updates will be applied real-time in NaviNet to prevent resolved Care Gaps from continuing to appear as alerts.

Before You Begin

User Attestation

New NaviNet providers will be prompted complete the mandatory user attestation. Follow the prompts to complete this process for the billing entities and clinicians you support. This confirms that you are authorized to access the Protected Health Information for the patients of the billing entities and clinicians you select. You can also complete this process by using the My Organization feature, accessed from the Welcome menu in NaviNet. From My Organization you can perform or view your attestations.

Note: NaviNet will show Patient Clinical Documents only for those billing entities that you have attested to support.
Log-In to NaviNet

1. Open your Internet browser.
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 in to NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the Activity tab.

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

In the Summary tab of the Activity window, click on Response Requested or Unread. This opens the Care Consideration Detail screen, which contains detailed information on a patient’s Care Gaps. By default, NaviNet displays the Care Consideration Detail screen for 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

**Toolbar**
- The left side of the toolbar lets you toggle full screen view and shows the file type and title of the current document.
- The right side lets you mark the current document as unread.

**Current Document**
- Here you can see information on the current document, such as the health plan that sent the document, the document category, line of business, document name, and received and expiry dates. Document routing and tag information is also displayed. You can expand the window to see any hidden information.

**Documents**
- Documents you have selected are shown under Documents. Clicking a document row displays the document in the document viewer.
- 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 also click on **Patient Clinical Documents** under the **Workflow** tab to see the list of patients with documents available for you to work.
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.

You can also sort the list by Patient's last name, Payer, and Last Document Received.
You can select any patient’s name to open the **Care Consideration Detail** screen (below) for that patient.

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

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

Any Care Gaps appearing in sections other than **Response required** is informational only.
On the **Care Gap Response Form** (below), you can see Member Details, PCP Assigned, and all the **Response Required** Care Gaps for this member.
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. You can add the Result, if appropriate. The Result field is not mandatory. To verify the service delivery, you will be required to attach one of the documents listed as required for the particular Care Gap. You will not be able to submit the Care Gap Response Form without attaching the supporting document. You can attach a maximum of two documents per Care Gap. Each attachment must be 3 megabytes (3 MB) or less. File formats accepted are .jpg, .pdf, and Word (.doc).

Before submitting, attest that all the information on the form is true and accurate by checking the box below Please Attest Below.
**Requesting an Exclusion**

The provider can request exclusion for Care Gaps such as Breast Cancer Screen, Cervical Cancer Screen and Chlamydia Screen in women. If you are seeing a Care Gap for one of these services and need to request an exclusion, click **Request an exclusion**. Based on the Care Gap, the form will populate with the documentation you must attach to support the exclusion request.
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 you provided and return a status of Approved or Rejected. When your Care Gap Response is approved, you will no longer see any record or alert for that Care Gap in your queue. Any approved record will move to “up-to-date” section in the Care Consideration Screen for that member. Rejected responses will show Rejected in the Response column on the Care Consideration Screen.

You can review the status of a Care Gap 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.

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

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

- After you have completed the Care Gap Response Form, 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. If you do so, the screen will auto-refresh.

If you are inactive in the Care Gap Response Form for more than 60 minutes, you will see the pop-up below warning you that your session is about to expire. If you click Resume within 5 minutes, the Care Gaps Response Form page will reload and you can continue to work the Care Gaps.

If you do not click Resume within 5 minutes, the form will time-out, and you will see the log-in screen pictured below. Please do not attempt to log-in via this pop-up. Instead, close the 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 PCP via the Eligibility and Benefits Inquiry.

After selecting your health plan, enter the member’s ID, or search by combination of name and date of birth.
The resulting **Patient Details** screen will have a section with the Care Gap Alert as **Critical Quality Incentive** for that member. Upon clicking this pop-up alert, you will see the read-only Care Gap Worksheet. You will not be able to write on it or fax it in.

To address any Care Gaps for that member, click on **Clinical Documents**. This link opens the **Care Consideration Detail** screen for the member. This link might take 10 seconds or so to appear on the screen.
Access Care Gap Information via Care Gap Query Reports

Log-in to NaviNet and choose the desired health plan.

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

Select **Care Gap Query** from the dropdown menu, and make appropriate selections on the following screen to get the detailed Care Gap report. The **Care Gap Query Report** will display all the Care Gaps.
Important Notes

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

- HEDIS Improvement Query
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adolescent Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- 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.

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

The **Member Clinical Summary** includes all at-risk, overdue, missing, due soon, and up-to-date Care Gap information for that member.