Plan Central Old vs New

Welcome to NaviNet

This easy-to-use portal provides you with plan updates and information that will help you care for our members. Use the links below to search our provider directory, view prior authorization criteria, download forms, and more.

New! Single Service Care Gap reports are now available on NaviNet.
Your office can now receive a care gap report listing all of the members on your panel in need of the same service. The NaviNet report menu offers a choice for a wide variety of conditions your office may find helpful to target specific patient populations, e.g., all patients missing their HbA1c screening or all adolescents missing an annual well visit. To see this new report, select Report Inquiry > Clinical Reports > Single Service Care Gap.

As a reminder, AmeriHealth Caritas Louisiana reimburses obstetrical delivery and postpartum service must be billed separately using the correct CPT and Obstetric codes. Postpartum service must be billed separately using the correct CPT and Obstetric delivery codes must be billed using the appropriate vaginal or cesarean codes.

FAQs

- How do I change my password?
- I cannot remember my password.
- How do I set up additional Health Plans?
- What are the roles and responsibilities of a Security Officer?
- How do I enable or disable permissions for users in my office?

More

LATEST UPDATES
- Prescription Monitoring Program is now available.
- Register a delegate who can access the Prescription Monitoring Program on your behalf.
- The new and improved Online Provider Directory.
- Read our "Connections" newsletter.

Next Support

Contact your account executive.

Hours of Availability

Mon-Fri: 8:00am - 6:00pm ET
Sat-Sun: 9:00am - 1:00pm ET

Provider Tools

AHC LA NaviNet Support Pages
Prior Authorization
Billing Information
Submitting a Claim
Searchable Provider Directory
Resources
Provider Communications

Forms

Provider Forms

Contact Us

AmeriHealth Caritas Louisiana
PO Box 633560
Baton Rouge, LA 70804

1-800-322-0007
1-888-932-0007
1-800-322-0007 prompt 2
1-888-513-0330

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As a reminder, AmeriHealth Caritas Louisiana reimburses obstetrical delivery and postpartum CPT codes separately. Postpartum service must be billed separately using the correct CPT and Obstetrical deliveries must be billed using the appropriate vaginal or cesarean codes.

NEW FEATURES

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Need Support?
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AmeriHealth Caritas Louisiana Plan Central
Eligibility and Benefits
Eligibility & Benefits Search Screen

Member Eligibility and Benefits Inquiry

Instructions
Select the type of search you would like to perform, enter your search criteria, and click "Search". If more than one member is found, the records will appear in the table below.

* Required Fields:

- **Search Type:**
  - Member ID

- **Member Information:**
  - **Member ID:**

- **Service Information:**
  - **Date of Service:** 03/04/2016

Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. Please submit to other carrier as appropriate. A valid EOB and or evidence of non-coverage of services from primary carriers must be submitted with the claim submission to be considered for payment.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

**Search by Member ID**

- **Member ID:**

**Search by Name**

- **Last Name:**
- **First Name:**
- **Date of Birth:** mm/dd/yyyy
- **Date Of Service:** 02/01/2016

OR

Search
E&B Search Screen

Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. Please submit to other carrier as appropriate. A valid EOB and or evidence of non coverage of services from primary carriers must be submitted with the claim submission to be considered for payment.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

<table>
<thead>
<tr>
<th>Member ID</th>
</tr>
</thead>
</table>

OR

Search by Name

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2016</td>
</tr>
</tbody>
</table>

Search by:
- Member ID
  OR
- Member Last Name
- Member First Name
- Member Date of Birth

Search
Eligibility & Benefits Results Screen

Eligibility Details
As of 03/04/2016

Member Information
Member ID: 5003334
Member Name: DOE, JOHN
Product: Eligibility Status: Active Coverage
Group Number: 389034589
Group Name: CENTRAL SCHOOL DISTRICT
Benefit: Regular Date:

Provider Information
Current PCP: GRIESE, MARK
Address: 901, WASHINGTON AVENUE
PHILADELPHIA, PA, 19135
Phone Number: 215-530-2121

Other Coverage Information

Eligibility and Benefits for JOHN WALKER
Male born on 10/10/1964

Active from 01/06/2015 to 12/31/2019

Benefits
Health Benefit Plan Coverage
Brand Name Prescription Drug
Chiropractic
Dental Care
Emergency Services
Generic Prescription Drug
Hospital
Hospital - Emergency Medical
Hospital - Inpatient
Hospital - Outpatient
Medical Care
Mental Health
Pharmacy

Professional (Physician) Visit - Office

Co-Pay: $0
Authorization: Not Required

Co-Insurance: 0%
Authorization: Not Required

Deductible: $0 per Calendar Year

Benefit Begin Date: 01/01/2013
E&B Result Details

Eligibility and Benefits for JOHN WALKER
Makeborn on 10/10/2004

Active from 01/06/2015 to 12/31/2199
Member ID: Group: GENERIC - BASIC MEDICAL, Service Date: 03/03/2016

INSURANCE DETAILS
Product:

Details Section

Eligibility Status Bar

Services Menu

Professional (Physician) Visit - Office
Set as default benefit view

Co-Pay:
$0
Authorization: Not Required

Co-Insurance:
0%
Authorization: Not Required

Deductible:
$0 per Calendar Year
Individual
Authorization: Not Required

Benefit Begin Date: 01/01/2015

NantHealth
NaviNet
Screen Header
The screen header shows the patient's name, gender, and date of birth. This information is displayed prominently to help users confirm they are looking at details for the correct patient.

Patient Details Window
The user can view more details for the patient by choosing View Patient Details at the top of the screen. This link opens the Patient Details window, which displays patient demographic information and subscriber details.
E&B Result Details

The Eligibility Status Bar prominently displays the most valuable information to the user. The overall coverage status of the patient appears in large font to allow the user to find status quickly. In the following example, the user has an active status. The eligibility date (start date or range) is shown to the right of the eligibility status.
E&B Result Details

- The purpose of this feature is to immediately show the benefit details used the most. Users can set a different default for each health plan.

- Each user in the office can set their own default. This selection is at the user level, not the office level.

**The Details Section** shows all benefit details for the currently selected service type. The header displays the name of the service selected in the Services menu.

**The Services Menu** displays a list of services supported by the health plan. Choosing any other service on the list displays benefit details for the patient for that service in the Details section to the right of the menu. After the Health Benefit Plan Coverage option, the rest of the services are displayed in alphabetical order from top to bottom, and the currently selected service is always highlighted in the Services menu.
Alerts and Alert Attestation

Eligibility and Benefits for Joe Jones
Male born on 01/01/2000

View Patient Details

Member ID: 
Group: 759AD GENERIC - BASIC MEDICAL 
Service Date: 03/15/2016

Active from 01/06/2015 to 12/31/2199

Benefits
- Search...
- Health Benefit Plan Coverage
- Brand Name Prescription Drug
- Chiropractic
- Dental Care
- Emergency Services
- Generic Prescription Drug
- Hospital
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health

Professional

Co-Pay:

Co-Insurance:

Deductible:
- $0 per Calendar Year
- Individual
- Authorization: Not Required

Benefit Begin Date: 01/01/2015

Attest to Member Clinical Summary

Clicking Attest will give you access to reports with sensitive clinical data. If you are not positive that you should have access to this information, do not click Attest.
If you click Attest the system will record your answer and you will be asked this question again after 60 days.

Clicking Cancel will restrict you from viewing reports with sensitive clinical data. If you click Cancel you will be returned to the Details screen.
When you click Cancel, the system will not record your answer so if you try to access clinical information in the future you will again receive this notice.

Patient Alert Details
- Member Lockin for Jones, Joe
- Care Gap for Jones, Joe

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Claim Status Inquiry Enhancements
Claim Status Inquiry Search Screen

Claim Status Inquiry

Select the type of search you would like to perform, enter your search criteria, and click "Search". Claim records will appear in the table below.

Required Fields

<table>
<thead>
<tr>
<th>Type</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search Type</td>
<td>Member ID</td>
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</tbody>
</table>

Provider Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Name</td>
<td>Choose One</td>
</tr>
<tr>
<td>Provider Name</td>
<td></td>
</tr>
</tbody>
</table>

Member Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
<td></td>
</tr>
</tbody>
</table>

Claim Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Start Date</td>
<td>09/04/2015</td>
</tr>
<tr>
<td>Claim Number</td>
<td></td>
</tr>
</tbody>
</table>

Claim Status: Search

Billing Entity

Select Billing Entity...

Patient Details

<table>
<thead>
<tr>
<th>Type</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Optional</td>
</tr>
<tr>
<td>Member ID</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td></td>
</tr>
</tbody>
</table>

Claim Status Details

<table>
<thead>
<tr>
<th>Type</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Start</td>
<td>11/03/2015</td>
</tr>
<tr>
<td>Service End</td>
<td>02/01/2016</td>
</tr>
<tr>
<td>Claim ID</td>
<td>Optional</td>
</tr>
</tbody>
</table>

New! Old
Claim Status Inquiry Search

**Required Search Fields**
- Billing Entity
- Patient Last Name
- Member ID
- Date of Birth
- Claim Service start date
- Claim Service End Date

**Optional Search Fields**
- Patient First Name
- Claim ID
CSI Search Results Screen

**Multiple Claims**
If multiple claims are returned in the health plan response, the user can select the appropriate claim on the Claims Search Results screen.

**Single Claim**
If only one claim is returned in the response, the user is taken directly to the Claim Details screen.

![Table of claims with statuses]

- **Claim ID**
- **Patient**
- **Service Date(s)**
- **Charge Amount**
- **Payment Number**
- **Payment Date**
- **Paid Amount**
- **Status**

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>Patient</th>
<th>Service Date(s)</th>
<th>Charge Amount</th>
<th>Payment Number</th>
<th>Payment Date</th>
<th>Paid Amount</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Richard</td>
<td>01/15/2014</td>
<td>$479.00</td>
<td>01/22/2013</td>
<td>$69.34</td>
<td>Pending</td>
<td></td>
<td></td>
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<tr>
<td>Jones, Richard</td>
<td>01/02/2014</td>
<td>$182.01</td>
<td>01/16/2013</td>
<td>$120.09</td>
<td>Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jones, Jane</td>
<td>01/02/2014</td>
<td>$342.00</td>
<td>--</td>
<td>--</td>
<td>Pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jones, Darvi</td>
<td>01/02/2014</td>
<td>$2,668.49</td>
<td>--</td>
<td>--</td>
<td>Denied</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Claim Status Inquiry Results Screen**

### Claim Detail
**As of 03/04/2016**

**Member Information**
- **Member Name:** DOE, JOHN
- **Member ID:** 2211394455

**Provider Information**
- **Servicing Provider ID:** 226365443

#### Claim Detail
- **Claim Number:** 103344228822
- **Service Date Range:** 11/04/2015 - 11/04/2015
- **Total Amount Billed:** $766.66
- **Total Amount Paid:** $500.00
- **Paid Date:** 12/04/2015
- **Check Number:** 00010006
- **Medical Record Number:** M112233445

<table>
<thead>
<tr>
<th>Date From</th>
<th>Date To</th>
<th>Procedure Cd</th>
<th>Modifiers</th>
<th>Units</th>
<th>Claim</th>
<th>Claim Status</th>
<th>Claim Status Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/04/2015</td>
<td>11/04/2015</td>
<td>73110</td>
<td>1</td>
<td>1</td>
<td>162</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/04/2015</td>
<td>11/04/2015</td>
<td>73130</td>
<td>1</td>
<td>162</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Claim Status Details for JOHN WALKER
- **Claim ID:**
- **Service Dates:** 11/11/2015 to 11/14/2015
- **Total Billed:** $1,200.00
- **Total Paid:** $1,200.00

**Finalized (Claim Status as of 11/23/2015)**

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

For questions about this claim, call Provider Services at 1-844-411-0579.

**Provider(s)**
- **Billing Entity:**
- **NPI:**
- **Tax ID:**
- **Provider ID:**

**Patient's Insurance**
- **Plan:**

**Additional Payment Details**
- **Code:** F1
- **Description:** Finalized/Payment. The claim/line has been paid.

**Claim and Service Line Details:**
- **Service:**
- **Units:**
- **Date(s):**

<table>
<thead>
<tr>
<th>Service</th>
<th>Units</th>
<th>Date(s)</th>
<th>Revenue Code</th>
<th>Status</th>
<th>Billed Amount</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>11/11/2015 to 11/14/2015</td>
<td>0626</td>
<td>Finalized</td>
<td>$1,000.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>11/11/2015 to 11/12/2015</td>
<td>0450</td>
<td>Finalized</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>
CSI Result Details

Claim Status Details for Mary Jane Test
Female born on 10/14/1950

Finalized (Claim Status as of 11/23/2015)
Claim ID: Service Dates: 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).
For questions about this claim, call Provider Services at 1-844-411-0579.

Total Billed: $1,200.00
Total Paid: $1,200.00
Payment Number: 2
(Paid on 11/23/2015)

Provider(s)
Billing Entity:
NPI: Tax ID: Provider ID:

Patient’s Insurance
AmeriHealth Caritas | (Member ID):

Additional Details
Bill Type: 131

Claim and Service Line Details:

<table>
<thead>
<tr>
<th>Service</th>
<th>Units</th>
<th>Date(s)</th>
<th>Revenue Code</th>
<th>Status</th>
<th>Billed Amount</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.0</td>
<td>11/11/2015 to 11/14/2015</td>
<td>0636</td>
<td>Finalized</td>
<td>$1,000.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>2</td>
<td>1.0</td>
<td>11/11/2015 to 11/12/2015</td>
<td>0450</td>
<td>Finalized</td>
<td>$200.00</td>
<td>$200.00</td>
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CSI Result Details

**Screen header** - The Screen header shows the Patient's name and date of birth for the claim. This key information is displayed prominently at the top of the application to help users confirm that they are looking at details for the correct patient.

**Claim Status Bar** - Displays current claim status. Users look for the overall claim status and status details as the first and most important information on the page.

**Claims Summary Section** - Displays the most important details of the claim, including the total charge from the provider and the amount paid by the health plan. The NaviNet Claims Status application presents this information to users in a prominent and highly visible way.
CSI Result Details

**Service Line Details section** - Displays the details of the individual claim service line. Users look for the overall claim status and status details as the first and most important information on the page.

**Additional Payment Details** - Displays the allowed amount, amount applied to member responsibility and explanation of benefits description according to each line item.