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How to Use this Guide

This guide offers step-by-step instructions on how to use NaviNet to complete the Provider Data Information Form (PDIF) and the Louisiana Department of Health (LDH) Patient Acceptance form. The PDIF and the LDH Patient Acceptance form are online forms that allow providers to:

- View current provider information.
- Submit edits and updates to provider information.
- Attest to the accuracy and completeness of current provider information.
- Verify or change patient acceptance status for individual practitioners at each practice location.

In this guide, you will find information on how to:

- Login to NaviNet.
- Access the PDIF and LDH Patient Acceptance form
- Review and attest to existing provider information.
- Make and submit provider information and patient acceptance updates.

Before You Begin

NaviNet Permissions

Check with your NaviNet Security Officer to confirm that you have been granted the appropriate access to the workflows you need. If your NaviNet Security Officer has not enabled the appropriate Document Exchange category “Info Request”, please ask your Security Officer to follow the steps outlined in Appendix A in the “Supplemental Information” section of this guide.
**Step 1. Log-in to NaviNet.**

A. Open your Internet browser.

   *We recommended the use of Internet Explorer browser for NaviNet. Some functionality may not work as expected in Chrome browser versions 61 and higher.*

B. Go to [https://navinet.navimedix.com](https://navinet.navimedix.com).

C. Log-in to NaviNet by entering your **User ID** and **Password** and then clicking **Sign In**.
Step 2: Choose your health plan.

A. In the ‘Workflows’ menu, select **My Health Plans**.

B. Select **AmeriHealth Caritas Louisiana** from the list.
Step 3: Access the Provider Data Information Form (PDIF) and choose a provider group.

A. In the “Workflows for this Plan” menu, select Provider Data Information Form (PDIF).

B. Select a provider group from the Provider Selection dropdown and click Submit.
C. From the next screen, select **PROCEED TO PROVIDER UPDATES** to initiate the PDIF workflow. This will take you to the Provider Data Information Form (PDIF) and will also allow you to complete the LDH Patient Acceptance form.

![Screenshot of Provider Self-Service](image)

D. At the top of the screen, you will see a question asking: **What are you looking to do today?** Respond by checking the appropriate box(es) based on which task(s) you are looking to complete:
   a. PDIF Update – Review, edit, and/or attest to provider demographic information.
   b. LDH Patient Acceptance – Complete a five-question survey about patient acceptance for each practitioner at each practice location.

![Screenshot of LDH Patient Acceptance](image)
Note: If you check both boxes, you will be prompted to complete the PDIF before being directed to complete the LDH Patient Acceptance form. **Throughout the process you will see a progress bar at the top of your screen; this progress bar will show where you are and the steps you have left to complete your activity.**

E. Use the drop-down box to **select the location** for which you want to view the PDIF and/or LDH Patient Acceptance forms.

F. If there are providers associated with the location you’ve selected, the providers will display below your selected location. **Select the provider(s) with demographic and/or patient acceptance information that you would like to review** and then click **NEXT**.

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**Note:** If you select more than one provider at a time, you will be prompted to complete a PDIF and/or LDH Patient Acceptance form for each provider selected. Once you complete and submit the first form, a new form will display for the next provider in the list. As you work through each form, new forms will continue to display until you have completed all forms for all subsequent providers selected. A progress bar at the top of the screen shows where you are in the workflow at any given time.
Step 4: Review, edit, and submit the Provider Data Information Form.

If you opted to complete a LDH Patient Acceptance form only in Step 3, skip to Step 5 for instructions on completing that form.

A. **Review the provider information** by scrolling to see the entire form. Please review all populated provider information.

B. **Input updates/edits** as applicable to make provider information as complete and accurate as possible.

**Note:** All mandatory fields are marked with an asterisk (*) and must be populated in order to submit the form.

Here is an example of how the form displays for review:
**Remit Address**

- **Address Line 1**: [Redacted]
- **City**: Belfast
- **Address Line 2**: [Redacted]
- **State**: ME
- **Address Line 3**: [Redacted]
- **Zip**: 04915-4015
- **Phone Number**: [Redacted]
- **Fax Number**: [Redacted]

**Office Information/Certifications**

- **Provider Gender**: [Redacted]
- **State License Number**: [Redacted]
- **Listed in Directory**: [Redacted]
- **Accepting New Patients**: [Redacted]
- **Hospital Affiliation**: [Redacted]
- **Patient Gender**: [Redacted]
- **Patient Ages Seen**: 0-18

**CLIA and Transportation Details**

- **CLIA Type**: [Redacted]
- **CLIA Effective Date**: [Redacted]
- **CLIA Expiration Date**: [Redacted]
- **CLIA Cert Number**: [Redacted]

**ADA Accessibility**

- **Is the Medical Equipment at your Service location ADA Accessible?**: [Redacted]
- **Is your service location ADA accessible for Blind/Visually impaired patients?**: [Redacted]
- **Is your service location ADA accessible for Deaf or Hard of Hearing patients?**: [Redacted]
- **Are your Exam Rooms ADA compliant?**: [Redacted]
C. Once you have reviewed all information and input any updates, **complete the Confirmation section** of the form by checking the appropriate boxes (check all that apply):

a. **Update/Correction**: Check this box if you are **providing updates or edits to the provider information**. This is to certify that the new or updated information you provided is correct.

   **Note**: If this box is selected, a timestamp will appear at the bottom of the screen to note the date/time of the update.

![Confirmation Image]

b. **Attestation**: Check this box to **attest that all the populated provider information is accurate, complete, and current** as of the date you are reviewing. *AmeriHealth Caritas Louisiana providers may be required to complete this attestation every six months as an obligation of the provider contract.*

   **Note**: If this box is selected, a timestamp and “Attestation User Name” will appear at the bottom of the screen to document who attested to the data and when.

![Confirmation Image]

c. The third and last check box offers the opportunity to **request email confirmation** that your updates have been completed. If you check this box, you will also be prompted to input your email address.

![Confirmation Email Address Image]
D. Once you have checked the appropriate boxes in the **Confirmation** section, and provided your email address, if desired, select **PROCEED** to submit the completed PDIF.

![Confirmation](image)

E. Based on the information you input, you may be prompted to upload applicable CLIA Certification documentation.
   a. If so, select **UPLOAD** to browse to your file or **drag and drop your file** with the CLIA Certification per the screen below. Then choose **NEXT**.
   b. If not, skip to Step F.

![Documents](image)

Note: If you are also completing an LDH Patient Acceptance form in this workflow, you will be prompted to complete that form before you are taken to the Change Summary. Please skip to Step 5. If you are not completing an LDH Patient Acceptance form, you will be taken directly to the Change Summary.

F. A **Change Summary** screen will display to indicate what has been changed for each provider. Items with a + sign on the left under the heading “Field” may be expanded by clicking on the item. You will see the original value as well as the new value you input. **This is your opportunity to review edits and updates for accuracy.**
a. If additional edits are required, select BACK to make additional changes. (Do not use the browser back button.)
b. On this screen you also have the opportunity to input your email address to receive updates about the change(s) you are submitting. To do this, check the box near the upper left corner of the screen where it says “Would you like to receive an email when a data update/correction is completed successfully?” Then, enter your email address into the field that appears below.

c. If you are satisfied with the updates as they appear, select SUBMIT. You will receive a confirmation number to track the attestation/changes you’ve submitted.

d. Upon submission, you will receive a confirmation number to track your PDIF activities. Please retain this number for your records.
Please keep your confirmation number #1074154929 to track your attestations/updates/corrections.

If there are additional provider groups that need attestations/updates/corrections please navigate to NaviNet to perform additional attestations/updates/corrections.

You may now close this window.
Step 5: Complete and submit the LDH Attestation form.

If you opted to complete an LDH Patient Acceptance form, you will need to follow the steps below. If you only opted to complete a PDIF Update, please skip this section.

A. **Review the LDH Patient Acceptance form** where you will be prompted to answer **Yes or No** to the following five questions:
   a. Are you accepting ACLA members as new patients?
   b. Are you accepting ACLA members as established patients?
   c. Are you accepting ACLA as primary insurance?
   d. Are you accepting ACLA as secondary insurance?
   e. Are you accepting ACLA at all locations?

![LDH Patient Acceptance Form]

B. If you answer “No” to question number 5, you will also need to identify **which locations ARE accepting** ACLA members. Select accepting locations by checking the box on the left side of the screen that corresponds with each location.
Note: Once you have completed the LDH Patient Acceptance form, future versions of the form will also display “Locations from previous submission” to remind you what was selected during the previous form submission.

C. To complete the form, provide your Digital Signature by typing:
   a. Backslash
   b. Your first name
   c. Space
   d. Your last name
   e. Another backslash.

   The result should look like this: “/First Last/”. For example, if your name was “Bob Jones”, your Digital Signature would look like:

   `/Bob Jones/`

D. Once you have answered all five questions, selected accepting locations (as needed), and provided your digital signature, click NEXT to submit the form for this practitioner.

   If you selected multiple practitioners at the beginning of your workflow, you will automatically be taken to a blank form for the next practitioner until all forms for all practitioners have been completed.

E. When you complete your workflow for all forms and all practitioners, a Change Summary screen will display to indicate what has been changed for each provider. Items with a + sign on the left under the heading “Field” may be expanded by clicking on the item. You will see the original value as well as the new value you input. This is your opportunity to review edits and updates for accuracy.
a. If additional edits are required, select BACK to make additional changes.

b. On this screen you also have the opportunity to input your email address to receive updates about the change(s) you are submitting. To do this, check the box near the upper left corner of the screen where it says “Would you like to receive an email when a data update/correction is completed successfully?” Then, enter your email address into the field that appears below.

c. If you are satisfied with the updates as they appear, select SUBMIT. You will receive a confirmation number to track the attestation/changes you’ve submitted.

d. Upon submission, you will receive a confirmation number to track your PDIF activities. Please retain this number for your records.
Please keep your confirmation number #1074504929 to track your attestations/updates/corrections.

If there are additional provider groups that need attestations/updates/corrections please navigate to Naviket to perform additional attestations/updates/corrections.

You may now close this window.
Step 6: Attest for access to future “Notifications” when PDIF activities are required.

Once you have attested to provider data for the first time, you can choose to receive “Notifications” via the Activities tab when it’s time to complete the next attestation.

In order to receive future “Notifications” in the Activities tab (workflow in Appendix B), and to access the “Practice Documents” (workflow in Appendix C), you must first complete the mandatory User Attestation for the Billing Entities associated with your practice. This important step confirms that you are authorized to access the data in these workflows.

NaviNet will only display Alerts/Practice Documents for those Billing Entities that you have attested to be authorized to access.

Note: You will automatically be taken to the attestation screen when selecting the “Practice Documents” workflow for the first time. If you have already completed this process to access Practice Documents for other NaviNet functions, you do not need to reattest.

Or, if you still need to attest for access, follow these steps:

1. Once you are logged in to NaviNet, click the drop-down arrow to the right of your name in the upper right corner of the page. Select My Organization.

2. Click on Billing Entities, and check Select All; or select entities individually by Tax ID number and check the appropriate boxes. Then select Save Changes.
3. Once you have attested and saved changes, you can access Practice Documents under Workflows to see the Provider Data Information Form (PDIF) you need to address.
Supplemental Information

Appendix A: (Security Officers) Enabling Document Exchange category “Info Request” for users in your office.

NaviNet Security Officers can follow the steps below to enable the Document Exchange category “Info Request” for users within their office:

1. Click **Administration** from the NaviNet toolbar and then scroll down to select **Manage User Permissions**.

2. From the next screen, select the user whose permissions you want to adjust, and then select **Edit Access**.

3. The next screen is titled “Transaction Management for User ______”. From this screen, select **NaviNet** in the Plan’s drop-down list and select **Document Exchange Categories** in the Group’s drop-down list.
4. Enable “Info Request”.

![Transaction Management for User]

<table>
<thead>
<tr>
<th>Plan/Service</th>
<th>Name</th>
<th>Access?</th>
<th>Last Modified</th>
<th>Modified By</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>Info Request</td>
<td>Enabled</td>
<td></td>
<td></td>
<td>Disable</td>
</tr>
</tbody>
</table>
Appendix B: Alternate Workflow – Notifications via the Activity Tab

About Access

In order to receive future “Notifications” in the Activities tab (as described below), and to access the “Practice Documents” (workflow in Appendix C), you must first complete the mandatory User Attestation for the Billing Entities associated with your practice. This important step confirms that you are authorized to access the data in these workflows. If you have not already done so, please complete Step 5 on page 14 of this guide to enable your access to receive notifications and use Practice Documents.

About Workflows

The steps below describe the Activity tab workflow. Another way to work PDIF requests is via the Practice Documents workflow, as described in Appendix C of this guide.

A. Click on the Activity tab in the upper right corner of the screen, below your user name.
B. When the Activity box displays, use the tab for Settings to select the notifications you want to receive. Checking “Incoming documents requesting a response” means you will receive notifications for PDIF requests. You can also select the frequency of notifications and whether or not you want to receive pop-ups.

C. Once you have set-up your notifications, you can either click on pop-ups as they appear or use the Notifications tab (see “a” below) or use the Summary tab (see “b” below):

a. Click on the Notifications tab to see requests that require your response. Hover over the bottom section of each notification for the option to View/Print.

Once you select View/Print, you will be taken to the individual request record where you can click Provider Data Information Form. Continue completing the form by picking up at Step 3-C on page 7 of this guide.
b. Or, click on the Summary tab to see the total number of responses requested. Click on the Responses Requested or Unread to see a list of requests on the left; then, look in the list for “Provider Data Information Form” requests.

When you select a specific request, you will be taken to the individual request record where you can click Provider Data Information Form. Continue completing the form by picking up at Step 3-C on page 7 of this guide.
Appendix C: Alternate Workflow – Practice Documents

About Access

In order to receive future “Notifications” in the Activities tab (workflow in Appendix B), and to access the “Practice Documents” (as described below), you must first complete the mandatory User Attestation for the Billing Entities associated with your practice. This important step confirms that you are authorized to access the data in these workflows. **If you have not already done so, please complete Step 5 on page 14 of this guide to enable your access to receive notifications and use Practice Documents.**

About Workflows

The steps below describe the “Practice Documents” workflow. Another way to work PDIF requests is by notification, as requests become “due.” Notifications are managed under the Activity tab, as described in Appendix B of this guide.

A. Select Workflows in the upper left of the NaviNet screen.

B. Drop down and select Practice Documents from the list of workflows.

C. Use the enhanced filter and sorting options to look for specific records.

D. To view PDIF requests, filter for Info Request under “Document Category”.

   Or, type Provider Data Request into the “Document Tags” field.

E. Check for a Red Exclamation Point on “Provider Data Information Form” requests to verify if a response is needed.
F. Click on the blue title of a request to view the record. For example, “Provider Data Information Form for SMITH PEDIATRICS”.

G. The screen below will display. Click on **Provider Data Information Form** at the bottom of this box to access the PDIF. Continue completing the form by picking up at Step 3 - C on page 7 of this guide.
Amerihealth Caritas Louisiana

Provider Data Information Form (PDIF)

Group Name: JEFFRY C LITTLETON MD
NPI: 0168054807
NPI ID: 600998820

All providers within a group must provide attestation every 6 months. The attestation due date for this group is: 10/14/2018

Please click here to view Provider Data Information Form