



Provider Guide: How to Use the Online Provider Data Information Form

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www.amerihealthcaritasla.com


AmeriHealth Caritas[™]
Louisiana

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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

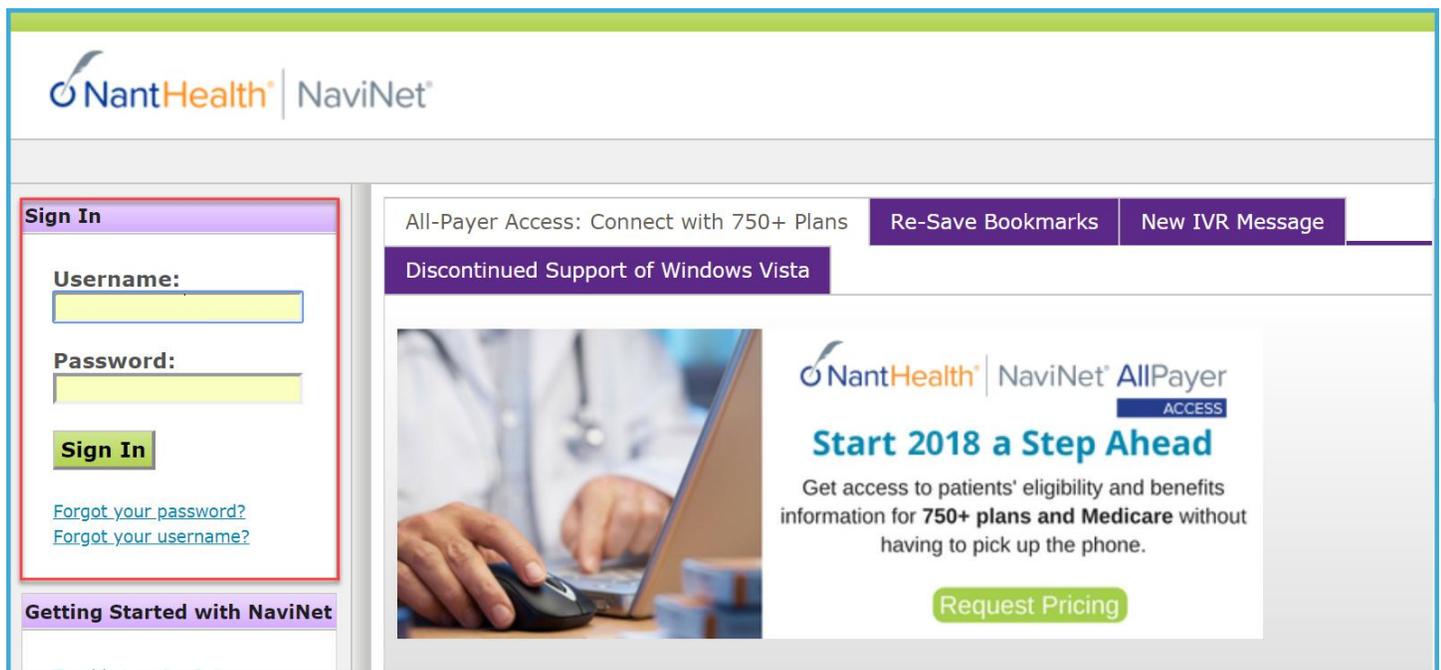
Check with your NaviNet Security Officer to confirm that you have been granted the appropriate access to the workflows you need. If your NaviNet Security Officer has not enabled the appropriate Document Exchange category “Info Request”, please ask your Security Officer to follow the steps outlined in 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.

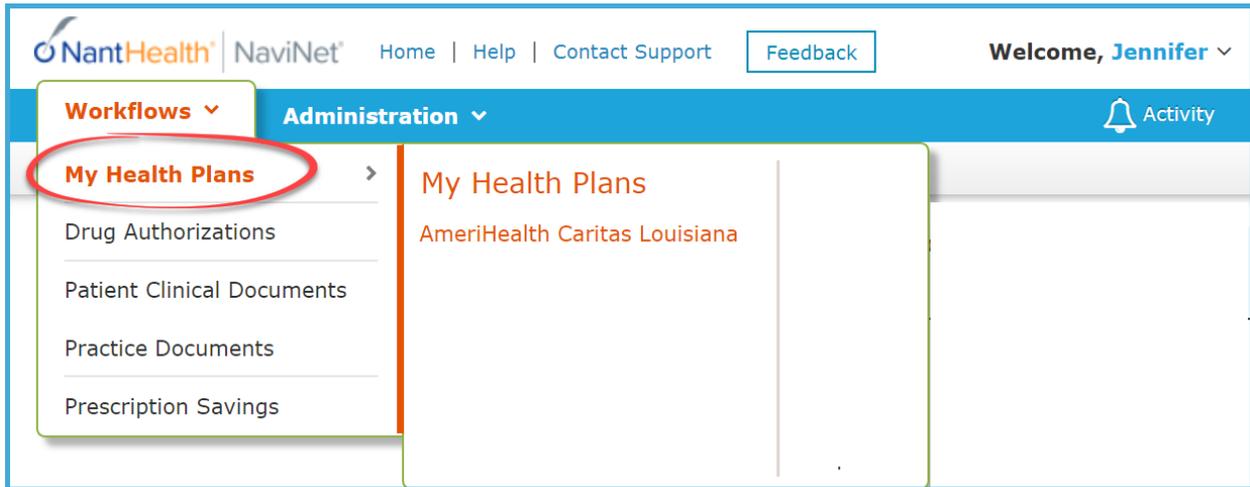
- B. Go to <https://navinet.navimedix.com>.
C. Log-in to NaviNet by entering your **User ID** and **Password** and then clicking **Sign In**.



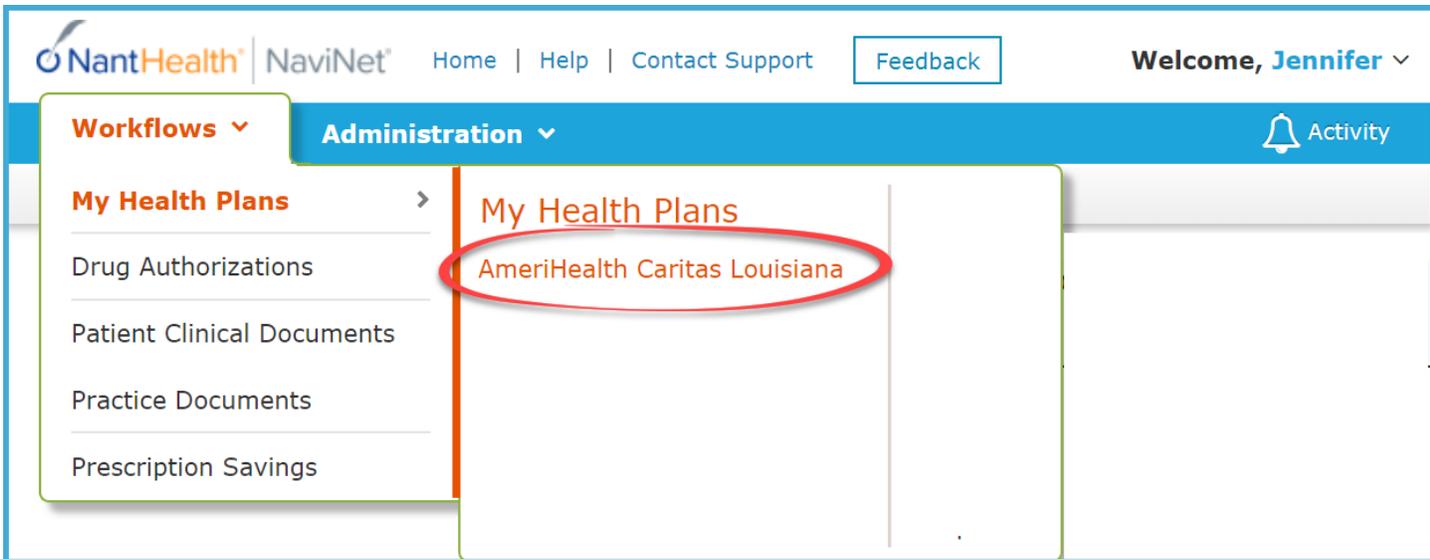
The screenshot shows the NantHealth NaviNet login interface. At the top left is the NantHealth logo and the text "NaviNet". Below the logo is a "Sign In" section with a red border, containing a "Username:" label, a text input field, a "Password:" label, another text input field, a green "Sign In" button, and two links: "Forgot your password?" and "Forgot your username?". To the right of the login form is a navigation bar with three buttons: "All-Payer Access: Connect with 750+ Plans", "Re-Save Bookmarks", and "New IVR Message". Below the navigation bar is a purple banner that reads "Discontinued Support of Windows Vista". The main content area features a large image of a doctor's hands on a laptop. To the right of the image is a promotional banner for "NantHealth NaviNet AllPayer ACCESS" with the headline "Start 2018 a Step Ahead". The banner text says: "Get access to patients' eligibility and benefits information for 750+ plans and Medicare without having to pick up the phone." At the bottom of the banner is a green "Request Pricing" button. Below the login form is a section titled "Getting Started with NaviNet".

Step 2: Choose your health plan.

- A. In the 'Workflows' menu, select **My Health Plans**.

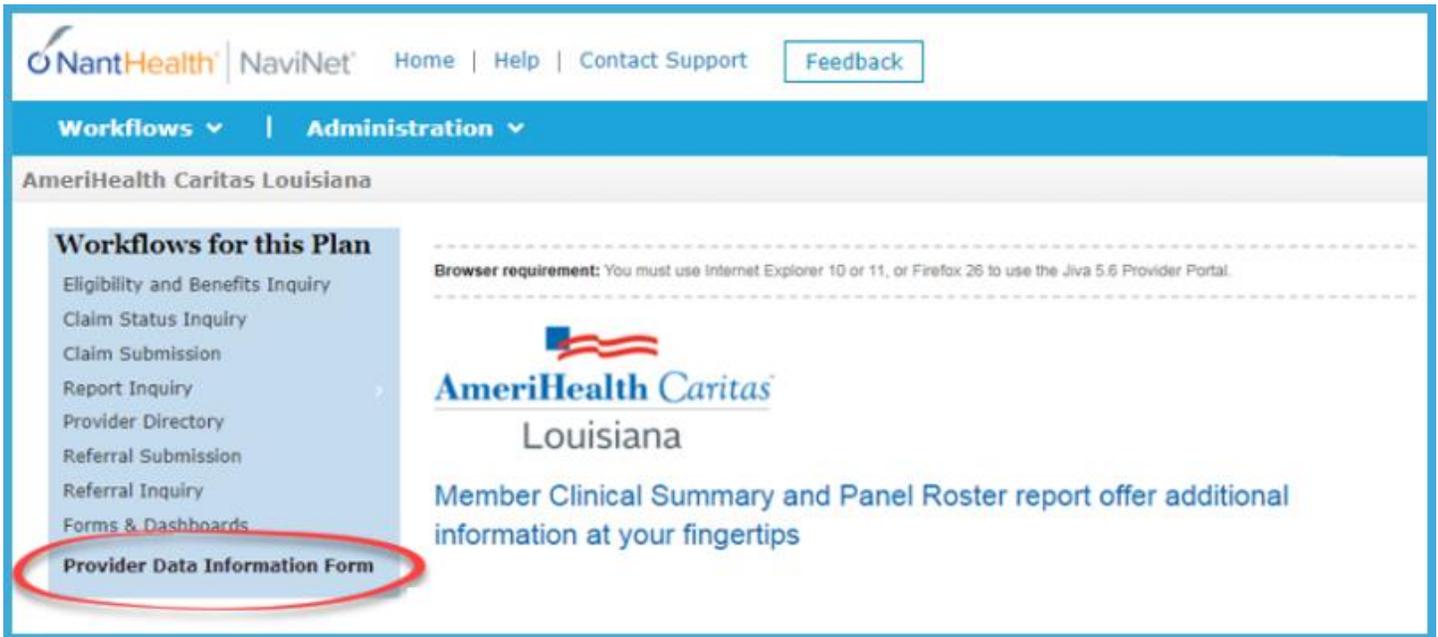


- B. Select **AmeriHealth Caritas Louisiana** from the list.



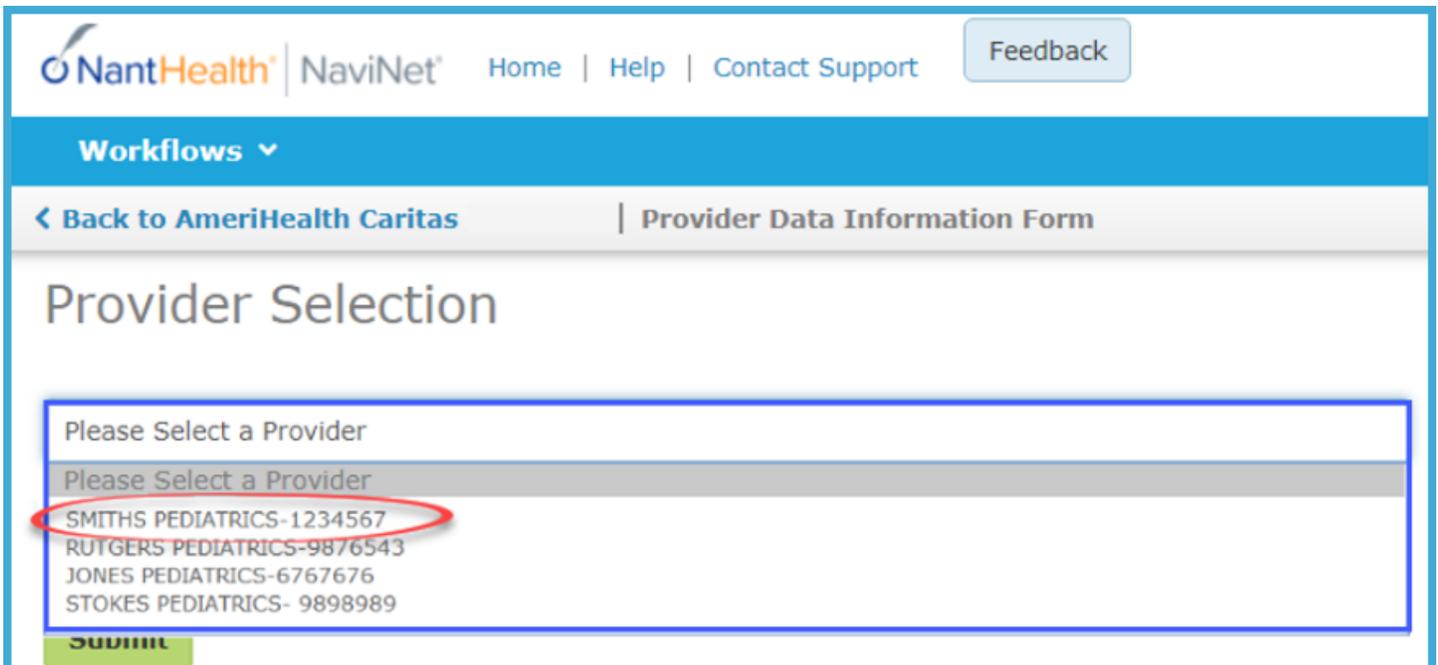
Step 3: Access the Provider Data Information Form (PDIF) and choose a provider group.

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



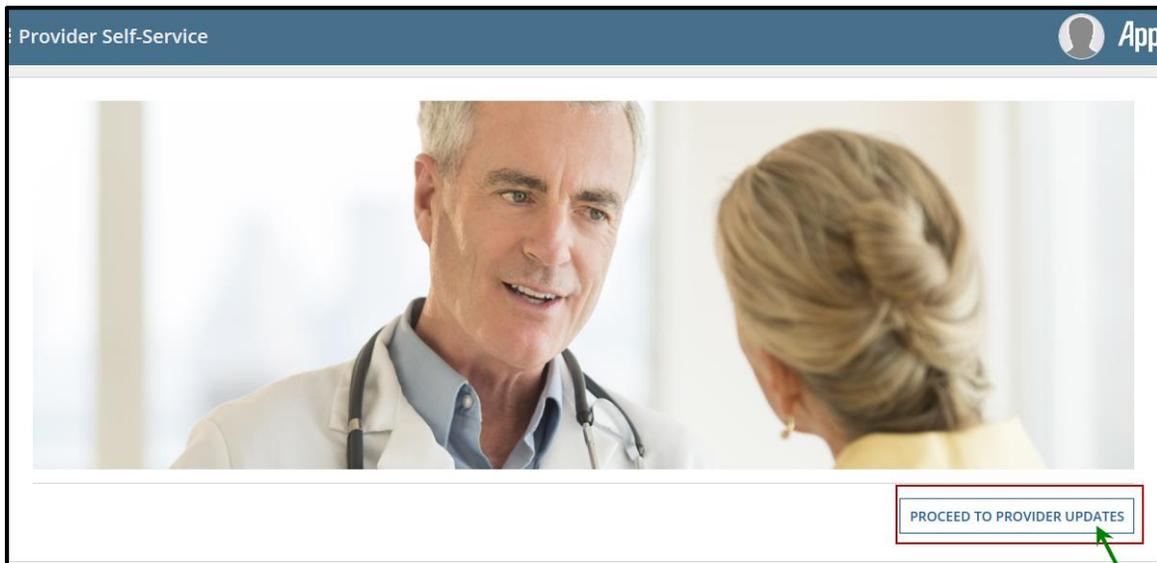
The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and links for 'Home', 'Help', 'Contact Support', and a 'Feedback' button. Below this is a blue header with 'Workflows' and 'Administration' dropdown menus. The main content area is titled 'AmeriHealth Caritas Louisiana'. On the left, a 'Workflows for this Plan' menu is open, listing various options: 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Claim Submission', 'Report Inquiry', 'Provider Directory', 'Referral Submission', 'Referral Inquiry', 'Forms & Dashboards', and 'Provider Data Information Form'. The 'Provider Data Information Form' option is circled in red. To the right of the menu, there is a 'Browser requirement' notice and the AmeriHealth Caritas Louisiana logo. Below the logo, it says 'Member Clinical Summary and Panel Roster report offer additional information at your fingertips'.

B. Select a provider group from the **Provider Selection** dropdown and click **Submit**.



The screenshot shows the NantHealth NaviNet interface at the 'Provider Selection' step. The top navigation bar is the same as in the previous screenshot. Below the header, there are navigation links: '< Back to AmeriHealth Caritas' and 'Provider Data Information Form'. The main heading is 'Provider Selection'. Below this is a dropdown menu with the text 'Please Select a Provider'. The dropdown is open, showing a list of provider options: 'SMITHS PEDIATRICS-1234567', 'RUTGERS PEDIATRICS-9876543', 'JONES PEDIATRICS-6767676', and 'STOKES PEDIATRICS- 9898989'. The first option, 'SMITHS PEDIATRICS-1234567', is circled in red. At the bottom left of the dropdown area, there is a green 'Submit' button.

- 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.



- 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:
- PDIF Update – Review, edit, and/or attest to provider demographic information.
 - LDH Patient Acceptance – Complete a five-question survey about patient acceptance for each practitioner at each practice location.

Provider Selection | LDH Patient Acceptance | Request Summary

What are you looking to do today?*

PDIF Update

LDH Patient Acceptance

Location *

Please select 1 or more Providers to continue

Providers

| <input type="checkbox"/> | Title | Provider First Name | Provider Last Name | Primary Speciality | PAR |
|--------------------------|-------|---------------------|--------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
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| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |

< 1 - 10 of 35 >

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**.

Location *

Select Location

Please select 1 or more Providers to continue

Providers

| <input type="checkbox"/> | Title | Provider First Name | Provider Last Name | Primary Speciality | PAR |
|--------------------------|-------|---------------------|--------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | CRNA | Bob | Jones | CRNA-Cert Reg Nurse Anesthetists | <input checked="" type="checkbox"/> |

1 - 10 of 35

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.

Provider Selection PDIF Update LDH Patient Acceptance Request Summary

What are you looking to do today? *

PDIF Update

LDH Patient Acceptance

Location *

--Select Location--

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:

Details of Provider [REDACTED]

AmeriHealth Caritas Louisiana has the following Provider Demographic information listed below. Please update accordingly if any discrepancy is noted.

Fields in (*) asterisk are mandatory

Provider Termination?

▼ Provider Demographics

| | |
|--|---|
| <p>Facility Name</p> <p>Individual Practitioner Name [REDACTED]</p> <p>Individual NPI [REDACTED]</p> <p>Tax ID [REDACTED]</p> <p>Practice/Group Email Address * [REDACTED]</p> <p>Web Address [REDACTED]</p> <p>PCP *</p> | <p>Group Name [REDACTED]</p> <p>Provider ID [REDACTED]</p> <p>Group NPI [REDACTED]</p> <p>Primary Language * English</p> <p>Secondary Languages</p> <p>Medicaid ID Number * [REDACTED]</p> <p><small>Please enter the 7-digit Louisiana Medicaid Number</small></p> |
|--|---|

| | |
|---|--|
| <p>Individual NPI [REDACTED]</p> <p>Tax ID [REDACTED]</p> <p>Practice/Group Email Address * [REDACTED]</p> <p>Web Address [REDACTED]</p> <p>PCP * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Taxonomy * [REDACTED]</p> <p><small>Multiple Taxonomy are seperated by semicolon</small></p> <h4>▼ Primary Address</h4> <p>Address Line 1 * [REDACTED]</p> <p>Address Line 2 [REDACTED]</p> <p>Address Line 3</p> | <p>Group NPI [REDACTED]</p> <p>Primary Language * English</p> <p>Secondary Languages</p> <p>Medicaid ID Number * [REDACTED]</p> <p><small>Please enter the 7-digit Louisiana Medicaid Number</small></p> <p>Primary Parish * St. Tammany</p> <p>City * [REDACTED]</p> <p>State * LA</p> <p>Zip *</p> |
|---|--|

▼ Remit Address

Address Line 1 *

City *

Address Line 2

State *

Address Line 3

Zip *

Phone Number *

Fax Number *

▼ Office Information/Certifications

Provider Gender *

Listed in Directory *

Yes No

State License Number *

Accepting New Patients *

Yes No

Multiple State License Number are separated by semicolon

Hospital Affiliation *

Patient Gender *

Patient Ages Seen *

Multiple Hospital Affiliation are separated by semicolon

Specialty Type

PED-Pediatrics

Enter the values in the given format Minimum Age-Maximum Age

▼ CLIA and Transportation Details

CLIA Type *

Is your practice located on a Public Transportation Route ? *

Yes No

CLIA Effective Date *

CLIA Expiration Date *

CLIA Cert Number *

ADA Accessibility

Is the Medical Equipment at your Service location ADA Accessible ? *

Yes No

Is your service location ADA accessible for Blind/Visually impaired patients ? *

Yes No

Is your service location ADA accessible for Deaf or Hard of Hearing patients ? *

Yes No

Are your Exam Rooms ADA compliant ? *

Yes No

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.

The screenshot shows the 'Confirmation' section of a form. Under the heading 'Confirmation', there are two main sections: 'Update/Correction *' and 'Attestation'. In the 'Update/Correction *' section, the checkbox 'I certify that the updated/corrected information in the documents are correct and current as of this date' is checked. Below this, the 'Attestation' section has an unchecked checkbox: 'I certify that the responses in this attestation and all information in the documents are accurate, complete, and current as of this date.' A green box at the bottom left displays the text 'Update/Correction Completed on 06/06/2018 11:46 AM EDT'. At the bottom right, there is an unchecked checkbox: 'Do you like to receive email when data update/correction is completed successfully?'.

- 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.*

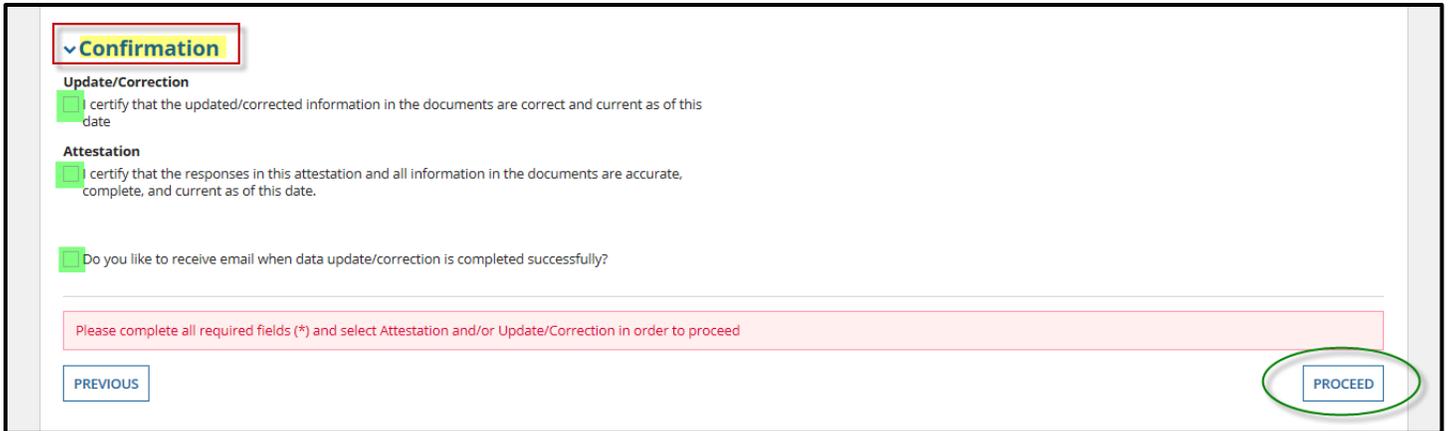
Note: If this box is selected, a timestamp and “Attestation User Name” will appear at the bottom of the screen to document who attested to the data and when.

This screenshot shows the 'Confirmation' section with both checkboxes selected. The 'Update/Correction *' checkbox is checked, and the 'Attestation' checkbox is also checked. A green box now displays 'Attestation User Name: Caroline Hemler (PRINT Name of signature)' and 'Attestation Completed on 06/06/2018 11:47 AM EDT'. The 'Do you like to receive email...' checkbox remains unchecked.

- 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.

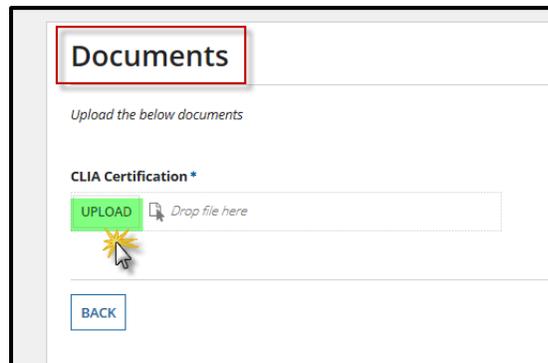
This screenshot shows the 'Confirmation' section with all three checkboxes selected. The 'Update/Correction *' and 'Attestation' checkboxes are checked, and the 'Do you like to receive email when data update/correction is completed successfully?' checkbox is also checked. A green box displays 'Attestation User Name: Caroline Hemler (PRINT Name of signature)' and 'Attestation Completed on 06/06/2018 11:47 AM EDT'. A red box highlights the 'Confirmation Email Address *' field, which contains the email address 'chemier@amerihealthcaritas.com'.

- 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 PDFIF.



The screenshot shows a web form titled "Confirmation" with a dropdown arrow. Below the title are three sections: "Update/Correction" with a checked checkbox and text "certify that the updated/corrected information in the documents are correct and current as of this date"; "Attestation" with a checked checkbox and text "certify that the responses in this attestation and all information in the documents are accurate, complete, and current as of this date."; and a question "Do you like to receive email when data update/correction is completed successfully?" with an unchecked checkbox. A red error message bar reads "Please complete all required fields (*) and select Attestation and/or Update/Correction in order to proceed". At the bottom are "PREVIOUS" and "PROCEED" buttons, with the "PROCEED" button circled in green.

- E. Based on the information you input, you may be prompted to upload applicable CLIA Certification documentation.
- 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**.
 - If not, skip to Step F.



The screenshot shows a web form titled "Documents" with a red box around the title. Below the title is the instruction "Upload the below documents". Underneath is a section for "CLIA Certification*" with a green "UPLOAD" button and a "Drop file here" area. A mouse cursor is hovering over the "UPLOAD" button. At the bottom is a "BACK" button.

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.**

▼ Change Summary for [REDACTED]

| Field | Original Value | New Value | Modified By | Modified Date |
|---|----------------|------------|-----------------|-----------------------|
| + ADA Accessibility | | | | |
| - CLIA and Transport Details | | | | |
| CLIA Type | | Waiver | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| CLIA Effective Date | | 06/01/2018 | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| CLIA Expiration Date | | 06/30/2018 | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| Is your practice located on a Public Transportation Route ? | | Yes | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| CLIA Cert Number | | 1234567890 | Caroline Hemler | 6/6/2018 11:52 AM EDT |
| Bus ? | | Yes | Caroline Hemler | 6/6/2018 11:52 AM EDT |
| Rail ? | | Yes | Caroline Hemler | 6/6/2018 11:52 AM EDT |

- If additional edits are required, select **BACK** to make additional changes. (Do not use the browser back button.)
- 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.

Would you like to receive an email when a data update/correction is completed successfully?

Confirmation Email Address *

youremail@mail.com

- 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.

▼ Change Summary for [REDACTED]

| Field | Original Value | New Value | Modified By | Modified Date |
|----------------------------------|----------------|-----------|-------------|---------------|
| + [REDACTED] PRI - Work Hours Su | | | | |
| + [REDACTED] PRI - Work Hours S | | | | |
| + CLIA and Transport Details | | | | |
| + ADA Accessibility | | | | |

BACK



SUBMIT



- 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 #1074104929 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:
- Are you accepting ACLA members as new patients?
 - Are you accepting ACLA members as established patients?
 - Are you accepting ACLA as primary insurance?
 - Are you accepting ACLA as secondary insurance?
 - Are you accepting ACLA at all locations?

Provider Selection LDH Patient Acceptance Request Summary

LDH Patient Acceptance

Please complete this form to help us keep correct information for our members and your patients.

Provider's Name: _____ Provider's NPI: _____
Business/Facility Name: _____ Federal Tax ID#: _____

How you answer the following questions will determine how you are listed in the AmeriHealth Caritas Louisiana (ACLA) Provider Directory.

| | | |
|---|---|---|
| 1 | Are you accepting ACLA members as new patients? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2 | Are you accepting ACLA members as established patients? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 3 | Are you accepting ACLA as primary insurance? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 4 | Are you accepting ACLA as secondary insurance? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 5 | Are you accepting ACLA at all locations? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Locations Locations from previous submission

Address #1 _____ Address #1 _____

* Digital Signature Date Date of Form Completion
Name Your Name Here Username Your User Name

- 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.

How you answer the following questions will determine how you are listed in the AmeriHealth Caritas Louisiana (ACL) Provider Directory.

| | | |
|---|---|---|
| 1 | Are you accepting ACLA members as new patients? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2 | Are you accepting ACLA members as established patients? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 3 | Are you accepting ACLA as primary insurance? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 4 | Are you accepting ACLA as secondary insurance? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 5 | Are you accepting ACLA at all locations? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Please select the locations that do accept ACLA
 Address #1
 Address #2

Locations from previous submission

- ✖ Address #1 - Marked as NOT ACCEPTING upon last submission.
- ✔ Address #2 - Marked as ACCEPTING upon last submission.

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:

*** Digital Signature**

Digital Signature requires /First name Last Name/

Name 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.**

▼ Change Summary for [REDACTED]

| Field | Original Value | New Value | Modified By | Modified Date |
|---|----------------|------------|-----------------|-----------------------|
| + ADA Accessibility | | | | |
| - CLIA and Transport Details | | | | |
| CLIA Type | | Waiver | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| CLIA Effective Date | | 06/01/2018 | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| CLIA Expiration Date | | 06/30/2018 | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| Is your practice located on a Public Transportation Route ? | | Yes | Caroline Hemler | 6/6/2018 11:51 AM EDT |
| CLIA Cert Number | | 1234567890 | Caroline Hemler | 6/6/2018 11:52 AM EDT |
| Bus ? | | Yes | Caroline Hemler | 6/6/2018 11:52 AM EDT |
| Rail ? | | Yes | Caroline Hemler | 6/6/2018 11:52 AM EDT |

- If additional edits are required, select **BACK** to make additional changes.
- 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.

Would you like to receive an email when a data update/correction is completed successfully?

Confirmation Email Address *

youremail@mail.com

- 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.

▼ Change Summary for [REDACTED]

| Field | Original Value | New Value | Modified By | Modified Date |
|----------------------------------|----------------|-----------|-------------|---------------|
| + [REDACTED] PRI - Work Hours]Su | | | | |
| + [REDACTED] PRI - Work Hours]S | | | | |
| + CLIA and Transport Details | | | | |
| + ADA Accessibility | | | | |

BACK



SUBMIT



- 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 #1074104929 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 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.

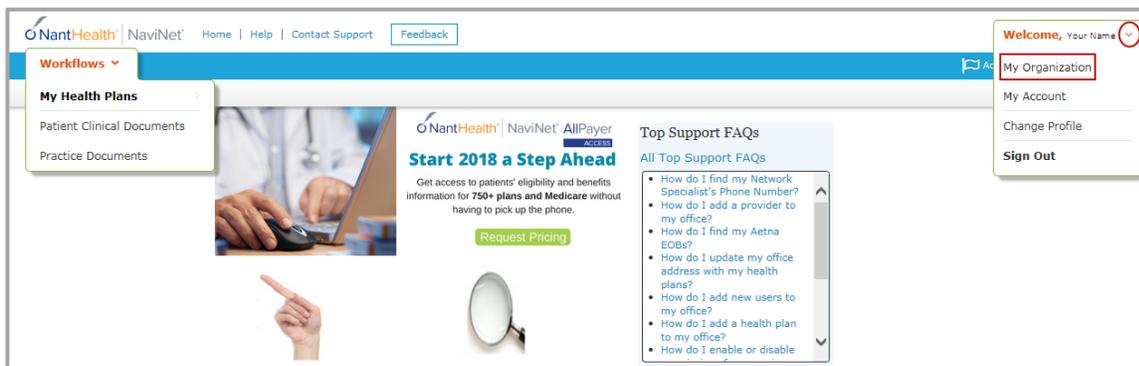
In order to receive future “Notifications” in the **Activities** tab (workflow in Appendix B), and to access the “Practice Documents” (workflow in Appendix C), you must first complete the mandatory *User Attestation* for the Billing Entities associated with your practice. This important step confirms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

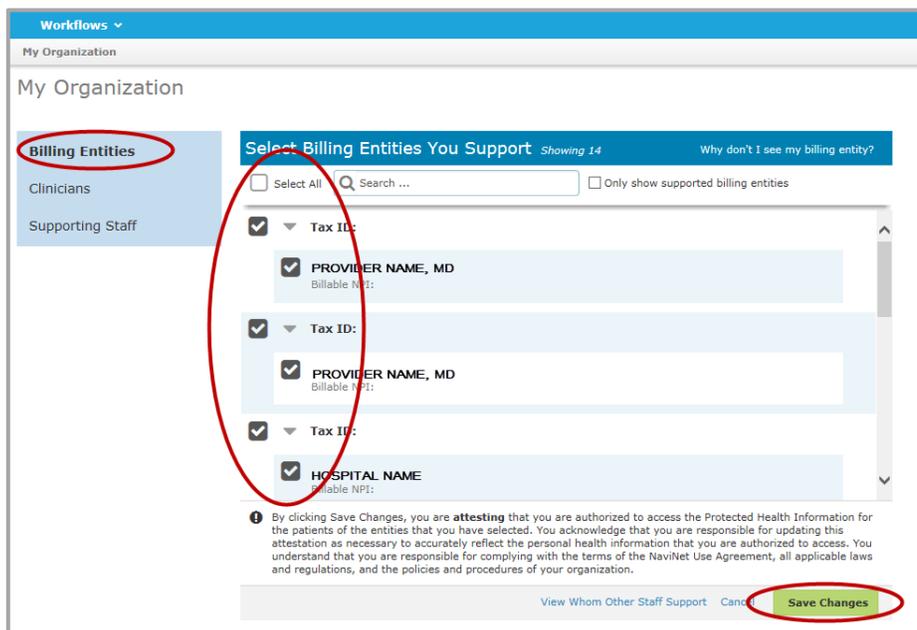
Note: You will automatically be taken to the attestation screen when selecting the “Practice Documents” workflow for the first time. If you have already completed this process to access Practice Documents for other NaviNet functions, you do not need to reattest.

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

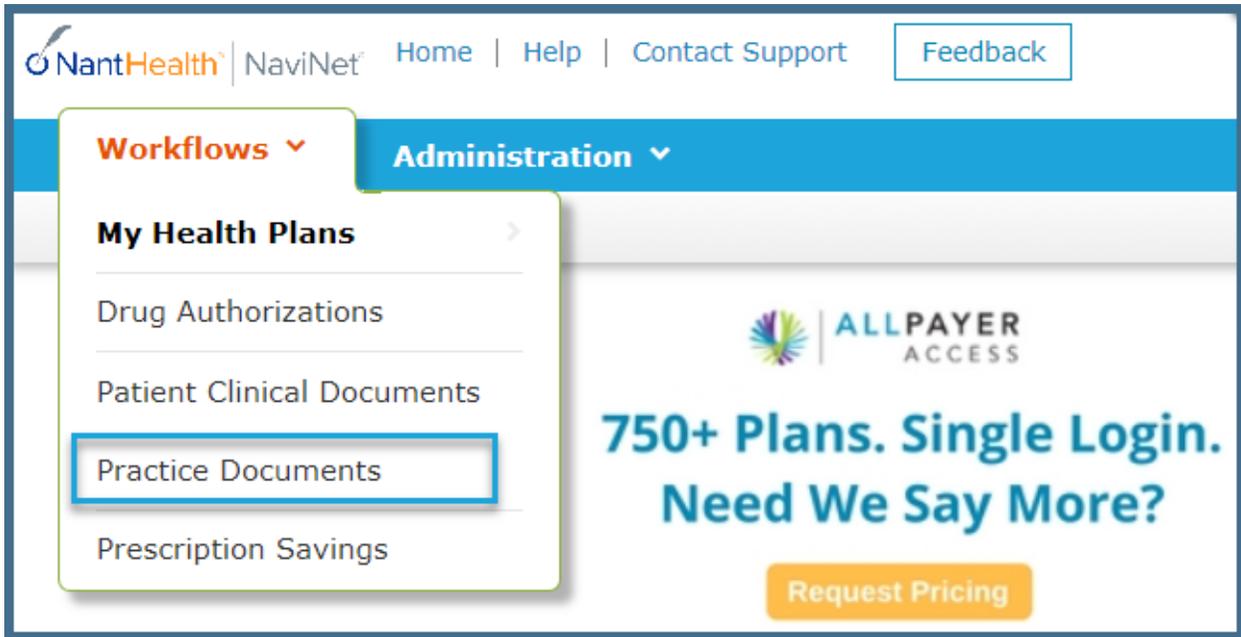
1. Once you are logged in to NaviNet, click the drop-down arrow to the right of your name in the upper right corner of the page. Select **My Organization**.



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.

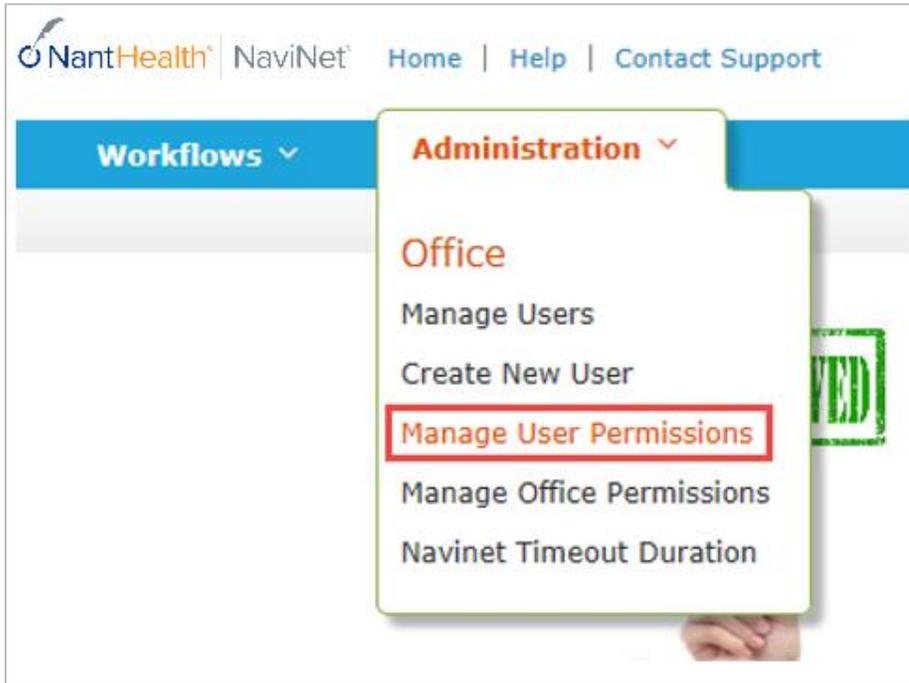


Supplemental Information

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**.

User Search

Search for a user. Then, if desired, select a user and click **Edit Access** to change transaction access for that user. [Tell me more...](#)

Last Name: First Name:
Username: User Status:
New User?: Combined User Status: [What is this?](#)

[Hide Search Criteria](#)

| | Name ▲ | Username | Status | Last Login | Status Change | Security Officer? | New User? |
|----------------------------------|------------|-----------|--------|------------|----------------------|-------------------|-----------|
| <input checked="" type="radio"/> | Laci Smith | lsmith999 | Active | 03/19/2018 | Expires in 28 day(s) | | |

3. The next screen is titled “Transaction Management for User _____”. From this screen, select **NaviNet** in the Plan’s drop-down list and select **DocumentExchangeCategories** in the Group’s drop-down list.

4. Enable "Info Request".

Transaction Management for User Laci Smith

Username: lsmith999

Security Officer? No

Office: Rutgers Pediatrics

[Go to Office Transaction Management for this office](#)

To change this user's access to a transaction, click **Enable** or **Disable** next to that transaction. If you do not see an **Enable** or **Disable** button, you cannot manage this transaction. [Tell me more...](#)

| All Plans | DocumentExchangeCategories | Enable All | Disable All | | |
|---------------|------------------------------|------------|---------------|-------------|---------|
| Plan/Service▲ | Name | Access? | Last Modified | Modified By | |
| Health Plan | Info Request | Enabled | | | Disable |

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.**

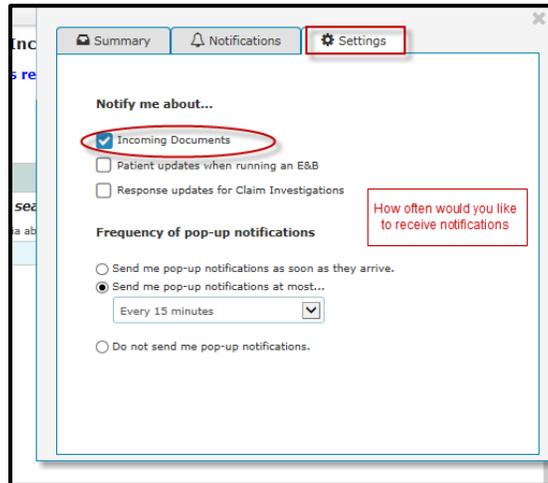
About Workflows

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.

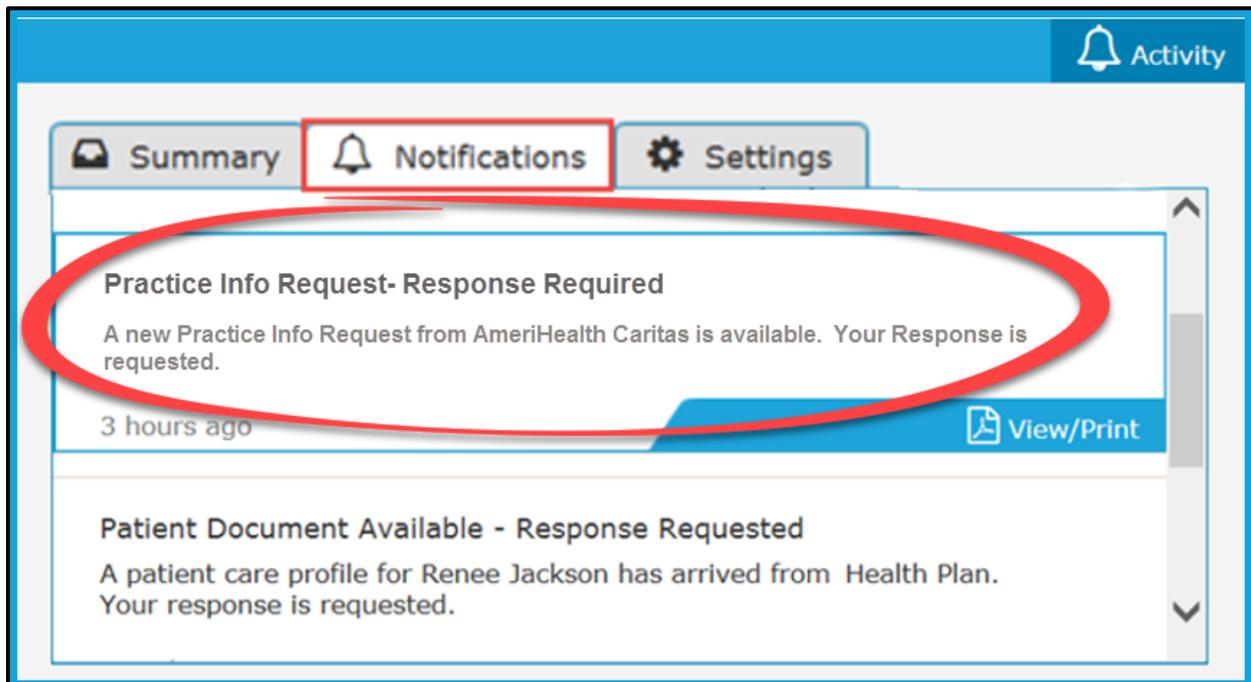


- B. When the Activity box displays, use the tab for **Settings** to select the notifications you want to receive. **Checking “Incoming documents requesting a response”** means you will receive notifications for PDF requests. You can also **select the frequency of notifications** and whether or not you 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):
- 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.



Provider Data Information Form for SMITHS PEDIATRICS

AmeriHealth Caritas
Provider Demographic Intake Form (PDF)

Group Name SMITHS PEDIATRICS
Tax ID 012345678
Facets ID 6543217

All providers within a group must provide attestation every 6 months.
 The attestation due date for this group is October 13th 2018.

Please click here to view [Provider Data Information Form](#)

Provider Data Information Form for STONES PEDIATRICS
 Program Enrollment Report Tax ID: 012345678 Received: 08/01/2017
 Health Plan Name Group NPI: 123344455 Expires: 10/10/2017

- 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.

Summary Notifications Settings

Practice Documents

27 Response Requested
 21 Unread

Appendix C: Alternate Workflow – Practice Documents

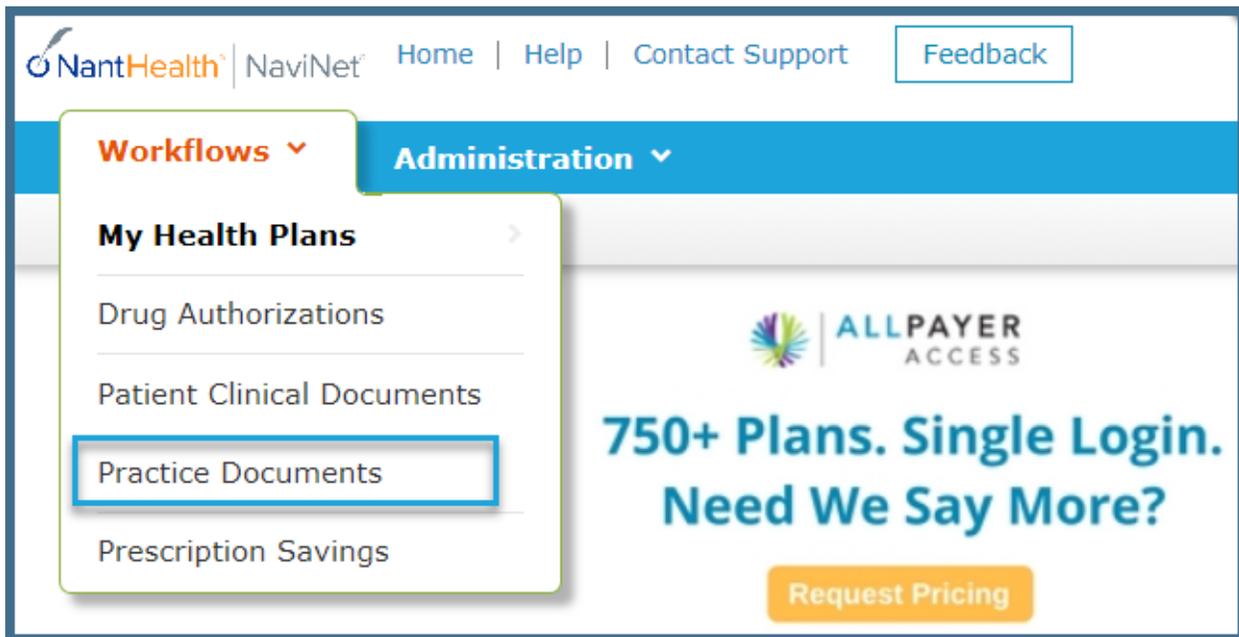
About Access

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.

Navigating the Practice Documents Screen

A blue bar and text indicates that a document is unread.

A red exclamation point indicates that a response is requested for this document.

The exclamation point will not be displayed if a response has already been submitted for this document.

Users can select a number of documents in the list and then click View to open the selected documents in the Document Viewer.

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 PDF. Continue completing the form by picking up at Step 3 - C on page 7 of this guide.

Call Provider Services: **1-888-922-0007**.

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