

**Provider Guide:  
Care Gaps Response Form**

**Table of Contents**

Care Gaps Response Form.....2  
Before You Begin ..... 2  
Log-In to NaviNet ..... 2  
Submit Care Gap Response Information via Patient Clinical Documents Workflow .....3  
Access Care Gap Information via Eligibility and Benefits Inquiry .....14  
Access Care Gap Information via Care Gap Query Reports.....16  
Access Care Gap Information via the Member Clinical Summary Report .....19

Please note that this guide contains fictitious member and provider data for illustrative purposes.

## 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.

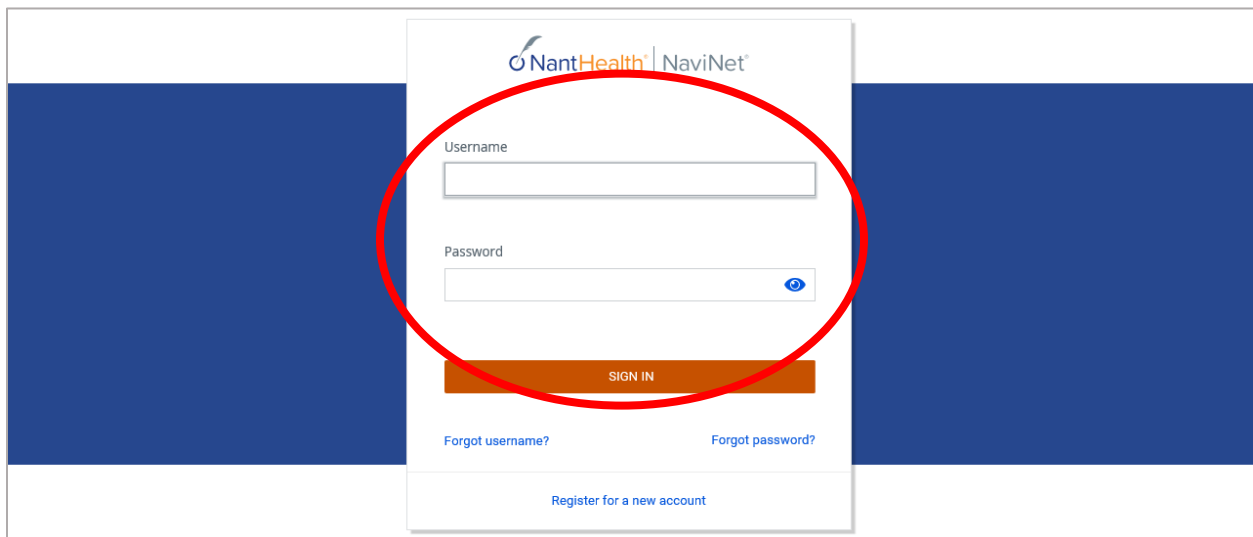
### Before You Begin

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 your access options, please log into NaviNet and visit <https://support.nanthhealth.com/health-plans/navinet-open/user-guide/provider-filter>.

### Log-In to NaviNet

1. Open your Internet browser.
2. Go to <https://navinet.navimedix.com>.
3. Log-in to NaviNet by entering your **Username** and **Password** and then clicking **Sign In**.



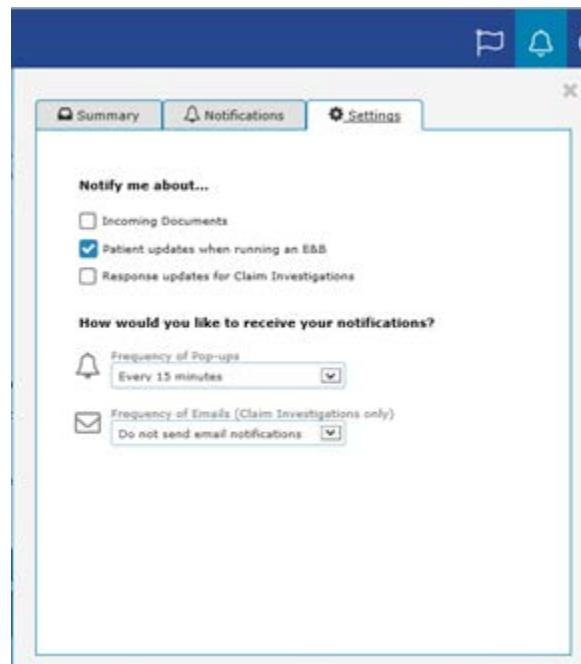
## Submit Care Gap Response Information via Patient Clinical Documents Workflow

Once you are successfully logged into NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.



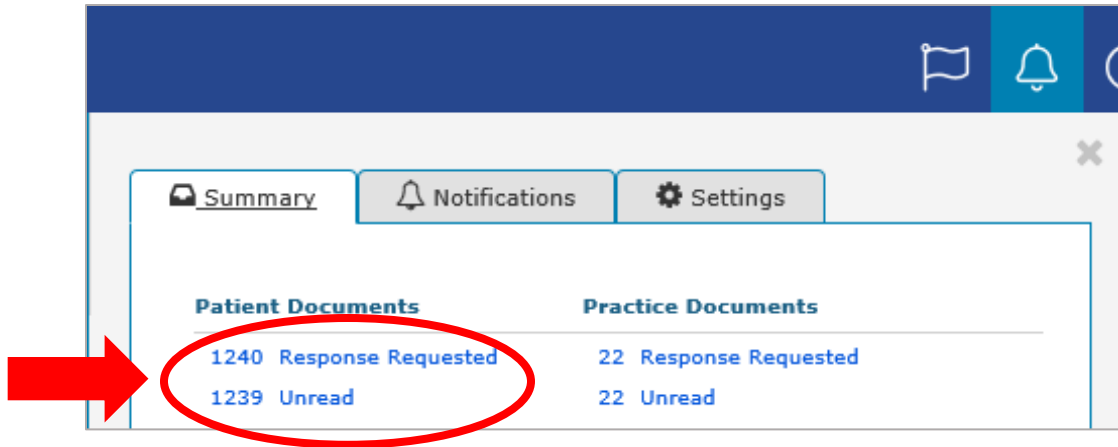
The screenshot shows the NantHealth NaviNet dashboard. The top navigation bar includes the NantHealth logo, 'NaviNet', and menu items for 'WORKFLOWS' and 'HEALTH PLANS'. On the right side of the navigation bar, there are icons for a document, a bell (notifications), a question mark, and a user profile. 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 with items like 'Eligibility and Benefits Inquiry' and 'Claim Submission'. The central area contains a 'Practice/Patient Documents Update' section with text about maintenance and an enhanced provider filter. Below this is a section for training videos with a table of video thumbnails for 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'. A 'Resources' sidebar on the right lists 'Billing', 'HEDIS MY 2020/2021', and 'Documentation and Coding Guidelines'. A 'Forms' sidebar at the bottom right lists 'Provider Forms' and 'Contact Us'.

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

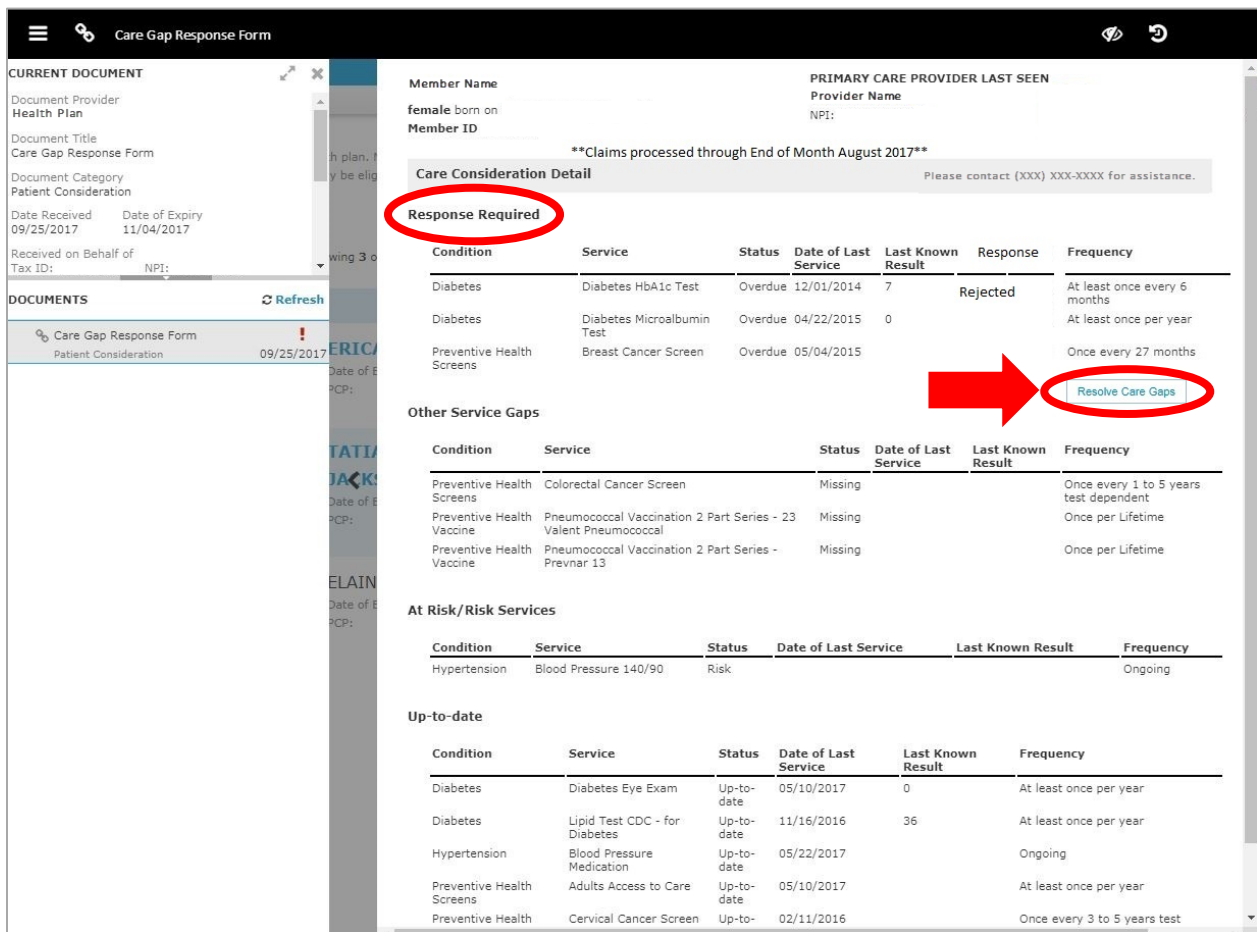


The screenshot shows a 'Settings' dialog box for notifications. It has three tabs: 'Summary', 'Notifications', and 'Settings', with 'Settings' selected. Under the heading 'Notify me about...', there are three checkboxes: 'Incoming Documents' (unchecked), 'Patient updates when running an E&B' (checked),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

**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** | Document List | Refresh

Care Gap Response Form - Patient Consideration - 09/25/2017  
**Response Required**

**Member Name:** female born on  
**Member ID:**  
**PRIMARY CARE PROVIDER LAST SEEN:** Provider Name, NPI:

**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

**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 - 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 will allow 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
- You can 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.

You can click on **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:

## 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.

**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

You can also sort the list 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><b>Member Name</b></p> <p>Date of Birth: 10/17/1999</p> <p>PCP: <a href="#">Provider Name</a></p> </div>	1	Sep 27, 2017
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>Member Name</b></p> <p>Date of Birth: 03/27/1998</p> <p>PCP: <a href="#">Provider Name</a></p> </div>	1	Sep 24, 2017
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>Member Name</b></p> <p>Date of Birth: 10/26/1953</p> <p>PCP: <a href="#">Provider Name</a></p> </div>	1	Sep 24, 2017
<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Member Name</b></p> <p>Date of Birth: 01/03/2014</p> <p>PCP: <a href="#">Provider Name</a></p> </div>	1	Sep 29, 2017

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's name and number. If no Care Manager is assigned to the patient, you will see a phone number to call to participate in the "Let Us Know program" and receive support with reaching 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** 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 can see Member Details, PCP Assigned, and all the **Response Required** Care Gaps for this member.

Provider Self-Service
 Appia

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**Health Plan** Please contact (XXX) XXX-XXXX for assistance.

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**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	

Close
Save for now
Submit

### 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, and you can add the **Result**, if appropriate. The **Result** field is not mandatory. To verify the service delivery for a specific Care Gap you will be required to attach one of the documents listed.

Note that:

- 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 will 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 are 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 will 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

Once you have submitted 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 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 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.

The screenshot shows the 'Care Consideration Detail' screen for a member. At the top, it displays member information: Member Name (female born on 09/02/1955, 62 yrs old), Member ID, and Primary Care Provider Last Seen (Provider Name, NPI). A note indicates claims processed through the end of August 2017. Below this is a table titled 'Response Required' with columns: Condition, Service, Status, Date of Last Service, Last Known Result, Response, and Frequency. The 'Response' column for the first two rows is circled in red and contains the word 'Rejected'. A 'Resolve Care Gaps' button is located at the bottom right.

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

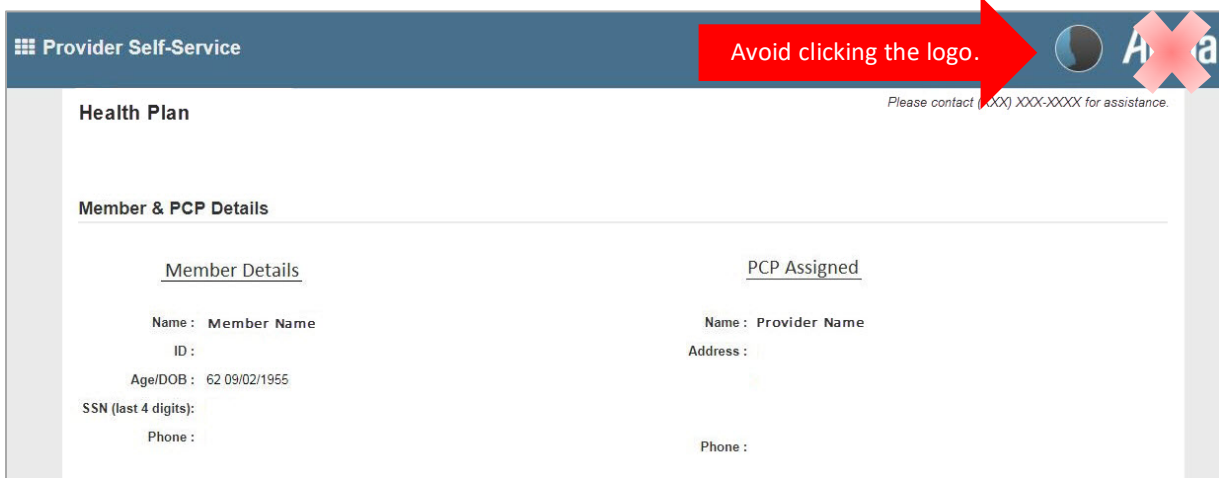
If your Care Gap Response is rejected:

- You 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.

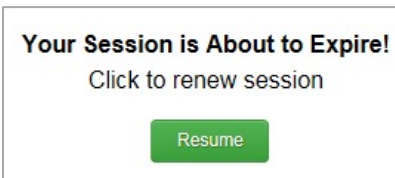
## Important Notes

- 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** as this will cause the 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.' A red 'X' is placed over the Appian 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.'

- When the **Care Gap Response Form** remains inactive for more than 60 minutes, a pop-up warning will appear to notify you that your session is about to expire. To remain active, select **Resume** within 5 minutes of the notification to continue to work the Care Gaps.



**Your Session is About to Expire!**  
Click to renew session  
[Resume](#)

- The form will time-out within 5 minutes if you do not click **Resume**. The log in screen below will appear once you have timed out. You will need to close this window and instead log into NaviNet.

## Access Care Gap Information via Eligibility and Benefits Inquiry

Alert-related information on a member will be available to the PCP via the **Eligibility and Benefits Inquiry**.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with 'WORKFLOWS' and 'HEALTH PLANS' dropdown menus, and icons for a flag, notifications, help, and user profile. On the left, a sidebar menu titled 'Workflows for this Plan' lists various options. The 'Eligibility and Benefits Inquiry' option is circled in red, and a red arrow points to it. Below this menu is an 'FAQs' section with several questions. The main content area features a 'Practice/Patient Documents Update' section with text about billing entities and an enhanced provider filter. Below that is a 'Training Videos' section with a list of videos: Providers Filter, Claims Investigation, ICM, Care Gaps, and ADT Alerts. On the right side, there are sections for 'Resources' (Billing, HEDIS MY 2020/2021, Documentation and Coding Guidelines), 'Forms' (Provider Forms), and 'Contact Us'.

After selecting your 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 title and a paragraph explaining that Medicaid is the payer of last resort. Below this, there is a text box for 'Member ID #' with the value '11111111' entered. A red circle highlights the 'Search by Member ID' label. Below the Member ID field, there is an 'OR' separator. Underneath, there is a 'Search by Name' section with two input fields for 'Last Name' and 'First Name', and a 'Date of Birth' field 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 will not be available on this worksheet.

Click on **Clinical Documents** to address any Care Gaps for that member. This link will open **the Care Consideration Detail** screen for that member. This link may take some time to appear due to the amount of data located under **the Care Consideration Detail**.

The screenshot shows the NantHealth NaviNet interface for the 'Eligibility & 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 displays 'Eligibility and Ben' with a red arrow pointing to a 'Patient Alert Details' pop-up window. This window contains two items: 'Care Gap for' and 'PCP History for'. A second red arrow points from a '1 Clinical Document(s)' link to a 'Health Benefit Plan Coverage' section. This section shows 'Benefit Status: Active Coverage' and 'Eligibility Begin Date: 03/01/2012'. A 'Benefits' sidebar on the left lists various coverage options like 'Brand Name Prescription Drug', 'Chiropractic', 'Dental Care', 'Emergency Services', and 'Generic Prescription Drug'. The page is viewed on 04/02/2021.

## Access Care Gap Information via Care Gap Query Reports

Login to NaviNet and choose the desired health plan.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with 'NantHealth | NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below the navigation bar is a search bar with a magnifying glass icon and a placeholder text: 'Can't see the plan you want? Use search to find your plan'. The main content area is titled 'My Plans' and displays a grid of health plans. The plans listed are:

AmeriHealth Caritas Delaware	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus	PerformCare
AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina
AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices	
AmeriHealth Caritas New Hampshire	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	
AmeriHealth Caritas North Carolina	Blue Cross Complete of Michigan	New Jersey Children's System of Care, Contracted System Administrator - PerformCare	

Below the 'My Plans' section, there is a 'Forms' sidebar on the right with 'Provider Forms' and 'Contact Us'. In the center, there is a section for training videos with the heading: 'Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for : Claims Adjustment Inquiries; Intensive Case Management; Care Gap Response Forms; ADT alerts'. The videos are categorized into 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'. A 'View Important Provider Updates.' button is located at the bottom of the page.

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

The screenshot shows the 'Workflows for this Plan' section of the NantHealth NaviNet interface. The left-hand pane lists various workflows, with 'Report Inquiry' circled in red. A dropdown menu is open for 'Report Inquiry', showing options: 'Administrative Reports', 'Clinical Reports' (circled in red), 'Financial Reports', and 'Member Clinical Summary Reports'. The main content area displays a message about planned maintenance to the Care Gaps and Intensive Case Management platforms. At the bottom, there is a 'Practice/Patient Documents Update:' section.



### Clinical Report Inquiry

Select Report:

- Admit Report
- Admit Report RollUp
- Care Gap Query
- Care Gap Query RollUp
- Care Manager Report
- Discharge Report
- Discharge Report RollUp
- ER Utilization Report
- HEDIS Improvement Campaign 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
- QEP Perinatal Report
- QEP Report Card
- QEP Specialty Usage Report
- Single Service Care Gap Query

Please note, to request CSV or Excel report file you must have the MS Excel application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer. If you do not have MS Excel on your computer, you will have the option to simply save the report as a PDF file.

Select **Care Gap Query** from the dropdown menu and make appropriate selections on the following screen to receive the detailed Care Gap report. The **Care Gap Query Report** will display all of that member's Care Gaps.

Clinical Reports Inquiry | Report Selection | Report Search [Print page](#)

### Care Gap Query v. 1.0.4

**Instructions**  
Please enter your search criteria, and click "Search". \* Indicates Required Fields.  
NOTE: if your browser has an active popup blocker you may need to turn it off to receive the report.

**Provider/Member Information**

\* Choose a Provider Group

Choose a Provider

**Report Criteria**

Conditions

Status  Missing, Non-Compliant, Overdue and At Risk  
 Missing  
 Non-Compliant  
 Overdue  
 At Risk  
 Due Soon  
 Series Incomplete  
 Up-to-date  
 Alert  
 Risk

Age Ranges  All  
 < 12 yrs  
 12 - 21 yrs  
 > 21 yrs

Select Report Type  PDF  
 Excel or CSV (Downloadable)

Select Sort Options  
\*

Last Update: 05/14/2020 v.1.0.4

### 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

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.

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'. Below this, a 'Workflows for this Plan' sidebar is visible, with 'Eligibility and Benefits Inquiry' highlighted and circled in red. Other options in the sidebar include Claim Status Inquiry, Claim Submission, Report Inquiry, Provider Directory, Referral Submission, Referral Inquiry, Pre-Authorization Management, Forms & Dashboards, and Provider Data Information Form. To the right of the sidebar, there is a notice about planned maintenance to the Care Gaps and Intensive Case Management platforms. At the bottom of the page, there is a 'Practice/Patient Documents Update:' section.

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

The screenshot shows the 'Eligibility and Benefits for' page in NantHealth NaviNet. The page header includes the NantHealth logo, 'NaviNet', and navigation options. Below the header, there is a breadcrumb trail: '< Back to Patient Search | Eligibility & Benefits: AmeriHealth Caritas Louisiana'. The main content area shows 'Eligibility and Benefits for' with a 'View Patient Details' link. A 'Patient Alert Details' box is visible, containing 'Care Gap for' and 'PCP History for'. Below this, there is a section for 'AmeriHealth Caritas Louisiana' with a note: 'No additional payer information on file'. A green bar indicates 'Active from 03/01/2012 to 12/31/2199' with 'Member ID: 90585925' and 'Service Date: 04/02/2021'. The 'INSURANCE DETAILS' section shows 'Product:' and 'Type: Medicaid'. The 'PRIMARY CARE PROVIDER' section is empty. The 'Member Language: English' and 'Identity Card Number:' are also visible. A link 'View Member Clinical Summary - Attestation Required' is circled in red. Below this, there is a 'Benefits' section with a search bar and a list of services: Health Benefit Plan Coverage, Brand Name Prescription Drug, Chiropractic, Dental Care, Emergency Services, and Generic Prescription Drug. The 'Health Benefit Plan Coverage' section shows 'Benefit Status: Active Coverage' and 'Prior Year History: Eligibility Begin Date: 03/01/2012'. A 'Set as default benefit view' link is also present.

The **Member Clinical Summary** will show Care Gap statuses as *compliant* and *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

**Please Note:** Perform RX care gaps will show additional statuses of *Up-to-date*, *Series Incomplete*, or *Missing*.