



A product of AmeriHealth Caritas Florida, Inc.

## **Care Gap Response Form Provider Guide**

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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.

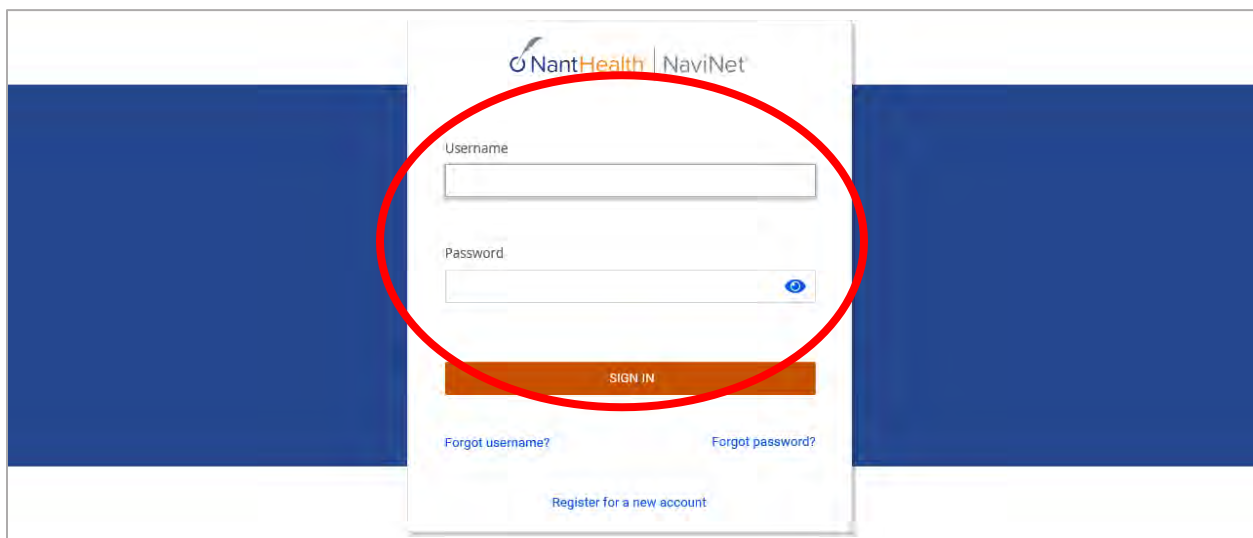
## Before You Begin

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.nanthealth.com/health-plans/navinet-open/user-guide/provider-filter>.

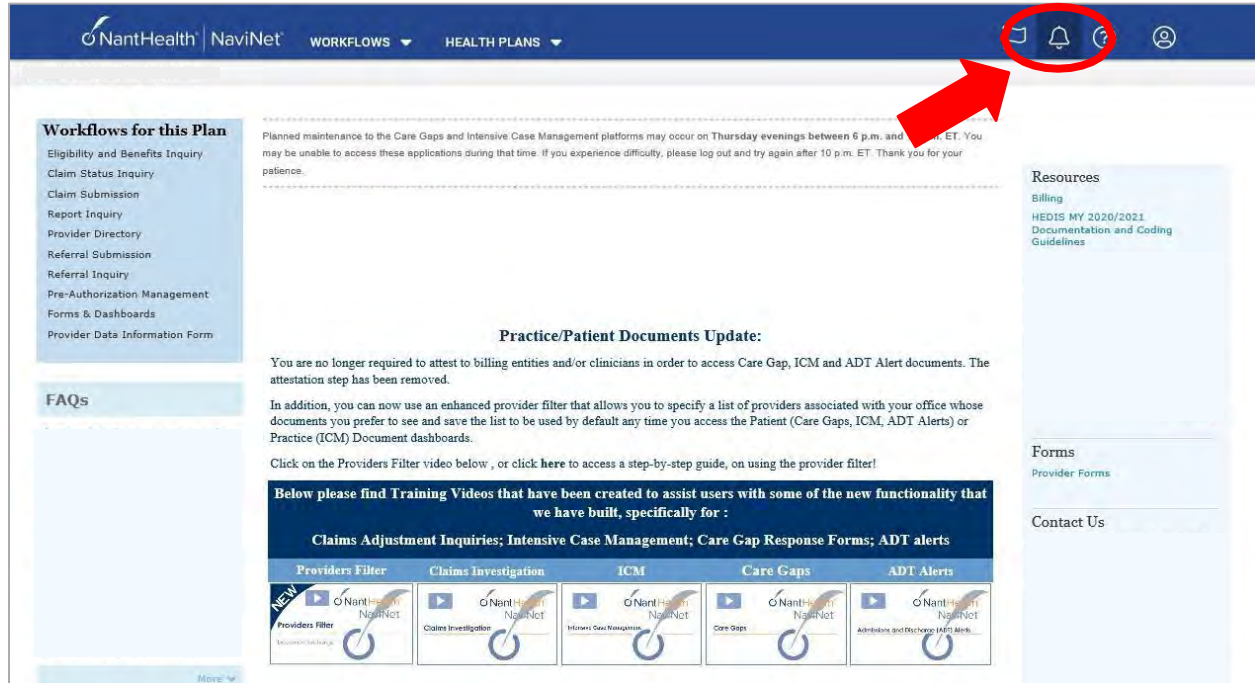
## Log-In to NaviNet

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

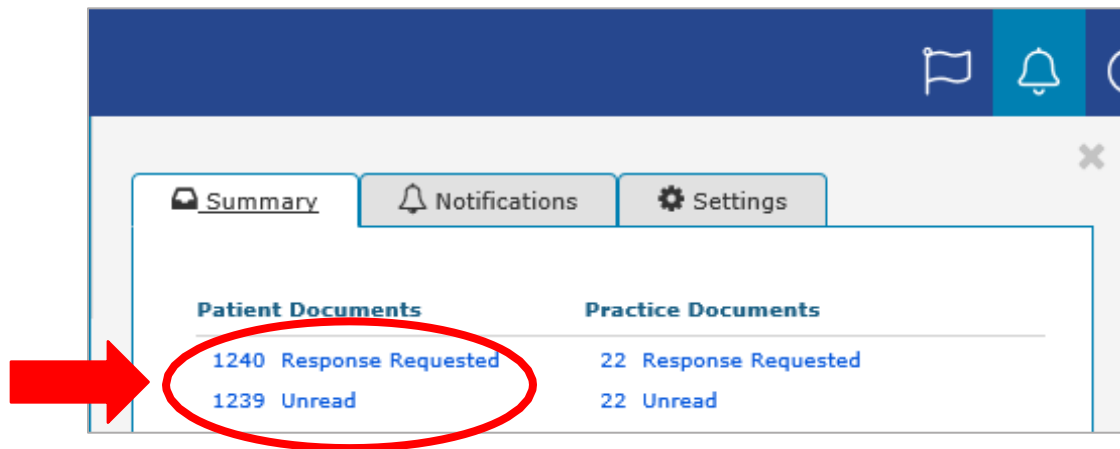
Once you are successfully logged into NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.



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



In the Summary tab of the Activity window, click on **Response Requested** or **Unread**. This opens the **Care Consideration Detail** screen. 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**.

**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: NPI: Tax ID:

**DOCUMENTS** Refresh

Care Gap Response Form Patient Consideration 09/25/2017

**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 (303) 333-3333 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	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-date	02/11/2016		Once every 3 to 5 years test

**Resolve Care Gaps**

## Navigating the Screen

**Toggle full-screen view**

**Expand**

**Mark Unread** **View History** **Close Viewer**

**Response Required**

**Click to Resolve Care Gaps** **Resolve Care Gaps**

**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: NPI: [redacted]

**DOCUMENTS** **Document List** **Refresh**

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 NPI: [redacted]

**Care Consideration Detail** 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
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**At Risk/Risk Services**

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
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**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-date	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

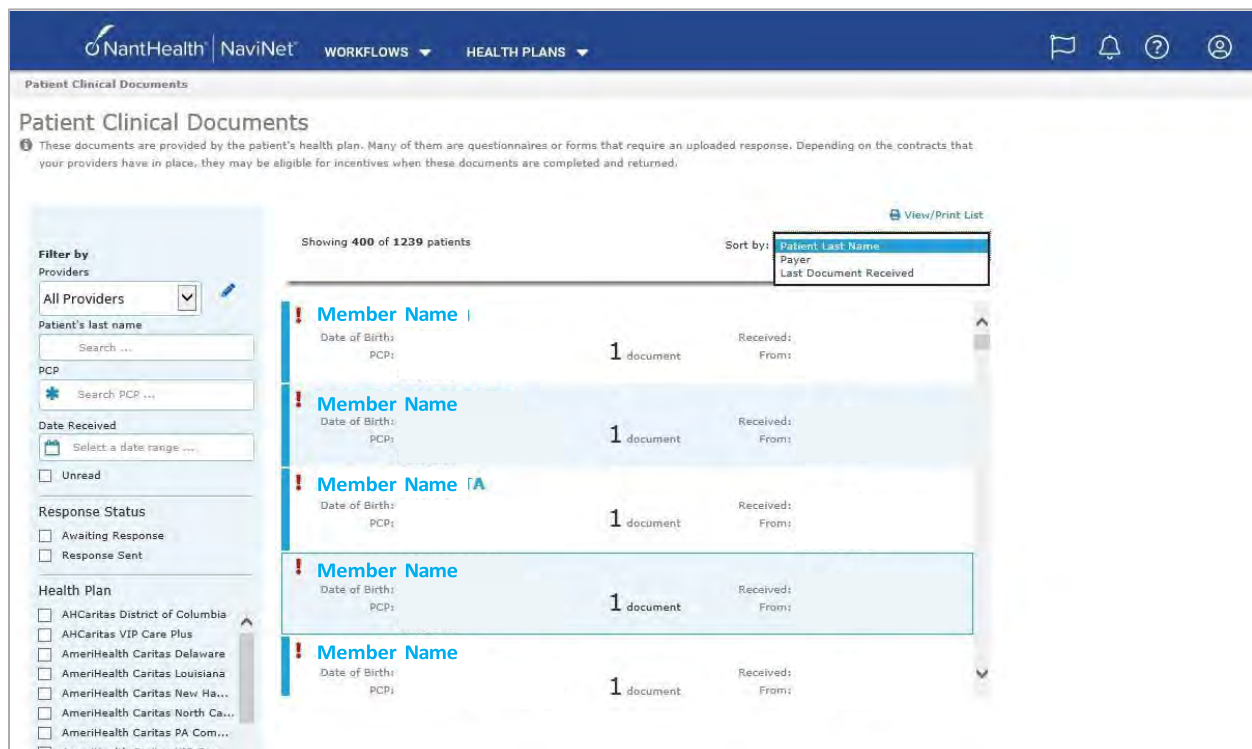
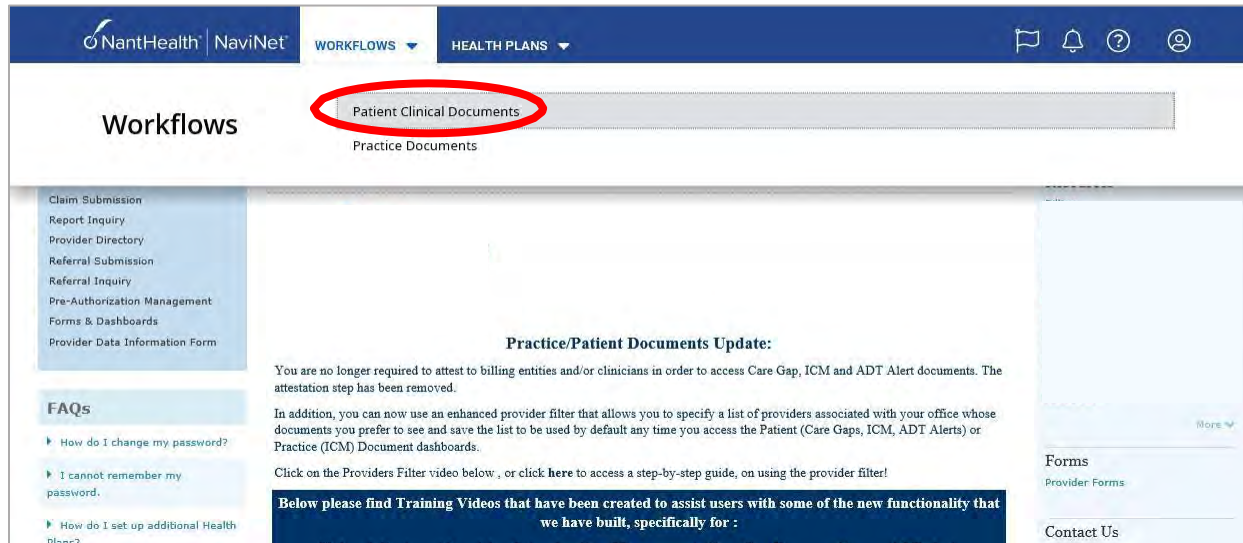
- This section on the left side of the screen will allow you to view information such as:
  - Health Plan that sent the document
  - Document title
  - Document category
  - Line of business
  - Document name
  - Received and expiry dates
  - Documentation routing
  - Tag information
- You can expand 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.



## 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

Search...

PCP

Search PCP...

Date Received

Select a date range ...

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

Type here to search tags...

No tags selected

You can also sort the list by Patient's last name, Payer, and Last Document Received.

Showing 14 of 14 patients

Sort by: Patient Last Name

View/Print List

Clinical Documents		
Member Name Date of Birth: 10/17/1999 PCP: Provider Name	1	Sep 27, 2017
Member Name Date of Birth: 03/27/1998 PCP: Provider Name	1	Sep 24, 2017
Member Name Date of Birth: 10/26/1953 PCP: Provider Name	1	Sep 24, 2017
Member Name Date of Birth: 01/03/2014 PCP: Provider Name	1	Sep 29, 2017



Any Care Gaps appearing in sections other than **Response required** are informational only.

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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**

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

**Member & PCP Details**

Member Details

PCP Assigned

Name : Member Name  
ID :  
Age/DOB :  
SSN (last 4 digits):  
Phone :

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/Print 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\***

☐ I 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	bkaurs	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 at 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.

Member Name  
female born on 09/02/1955 (62 yrs old)  
Member ID

PRIMARY CARE PROVIDER LAST SEEN  
Provider Name  
NPI:

\*\*Claims processed through End of Month August 2017\*\*

Care Consideration Detail 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

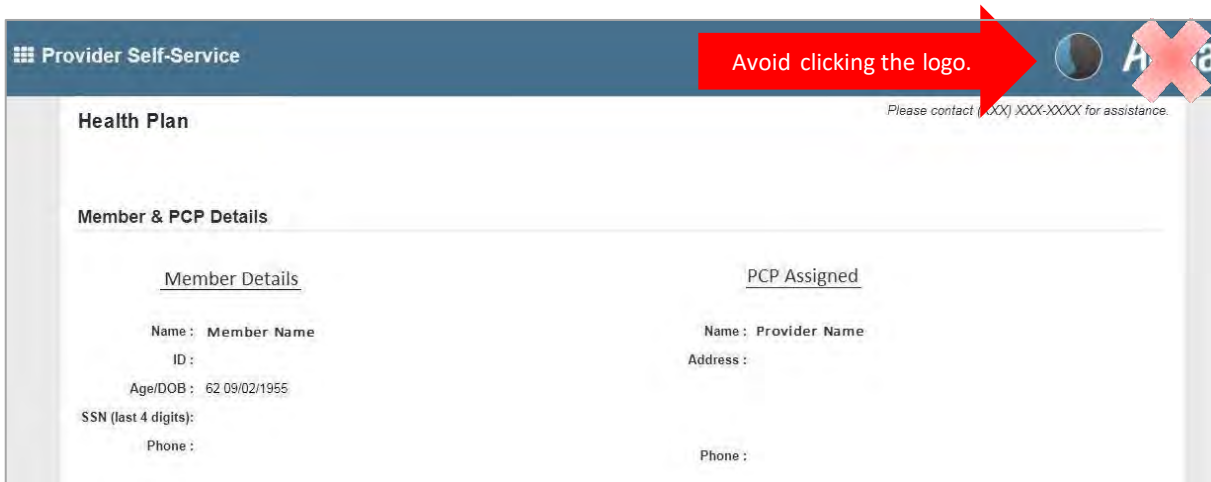
If your Care Gap Response is rejected:

- 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. Below it, there's a 'Health Plan' section with a note: 'Please contact (XXX) XXX-XXXX for assistance.' The main content area is titled 'Member & PCP Details' and is divided into two columns: 'Member Details' and 'PCP Assigned'.

Member Details	PCP Assigned
Name : Member Name	Name : Provider Name
ID :	Address :
Age/DOB : 62 09/02/1955	
SSN (last 4 digits):	
Phone :	Phone :

- 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.



- 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. The top navigation bar includes the NantHealth logo, 'NaviNet', and tabs for 'WORKFLOWS' and 'HEALTH PLANS'. On the left, a sidebar lists 'Workflows for this Plan', with 'Eligibility and Benefits Inquiry' circled in red and a red arrow pointing to it. Other workflows listed include Claim Status Inquiry, Claim Submission, Report Inquiry, Provider Directory, Referral Submission, Referral Inquiry, Pre-Authorization Management, Forms & Dashboards, and Provider Data Information Form. Below this is a 'FAQs' section with questions about password changes, security officer roles, and permissions. The main content area features a 'Practice/Patient Documents Update' section, followed by a 'Training Videos' section with links to 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'. On the right, there are 'Resources' (Billing, HEDIS MY 2020/2021, Documentation and Coding Guidelines) and 'Forms' (Provider Forms) sections.

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. It includes a header with the title and a paragraph explaining that Medicaid is the payer of last resort. Below this, a text box prompts the user to enter the member ID, contract #, social security #, Medicaid ID #, Medicare ID #, or HICN #. The 'Search by Member ID' section is highlighted with a red circle. Below this, there is a 'Search by Name' section with fields for 'Last Name', 'First Name', and 'Date of Birth' (formatted as 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. At the top, there's a navigation bar with 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below this, a breadcrumb trail shows 'Back to Patient Search' and 'Eligibility & Benefits'. The main content area is titled 'Eligibility and Benefits' and includes a red callout box with the text 'Opens read-only Care Gap Worksheet.' pointing to a 'Patient Alert Details' pop-up window. This window lists 'Care Gap for' and 'PCP History for'. Below the main title, there's a section for 'AmenHealth Caritas Louisiana' with a note 'No additional payer information on file'. A green status bar indicates 'Active from 03/01/2012 to 12/31/2199'. To the right, it shows 'Member ID: 90585925' and 'Service Date: 04/02/2021'. A red callout box with the text 'Opens Care Consideration Detail screen where you can work Care Gaps.' points to a link labeled '1 Clinical Documents'. Below this, there's a 'Benefits' section with a search bar and a list of categories: '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 'View/Print' link is visible in the top right corner.

## 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's 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'. Under the 'My Plans' section, there's a grid of health plans including AmeriHealth Caritas Delaware, AmeriHealth Caritas District of Columbia (ACDC), AmeriHealth Caritas Louisiana, AmeriHealth Caritas New Hampshire, AmeriHealth Caritas North Carolina, AmeriHealth Caritas PA Community HealthChoices, AmeriHealth Caritas VIP Care, AmeriHealth Caritas VIP Care Plus, AmeriHealth PA Medical Assistance Plan, Blue Cross Complete of Michigan, First Choice VIP Care Plus, Keystone First, Keystone First Community HealthChoices, Keystone First VIP Choice, New Jersey Children's System of Care, Contracted System Administrator - PerformCare, PerformCare, and Select Health of South Carolina. Below the grid, there's a section for training videos with a title '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'. There are five video thumbnails: 'Providers Filter', 'Claims Investigation', 'ICM', 'Care Gaps', and 'ADT Alerts'. The 'Providers Filter' video is highlighted with a red circle. To the right of the videos, there's a 'Forms' section with links to 'Provider Forms' and 'Contact Us'. At the bottom, there's a blue button that says 'View Important Provider Updates'.

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

The screenshot shows the NantHealth NaviNet interface. At the top, there's a navigation bar with 'NantHealth | NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below the navigation bar, there's a section titled 'Workflows for this Plan'. On the left, there's a list of workflows: 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Claim Submission', 'Report Inquiry', 'Provider Directory', 'Referral Submission', 'Referral Inquiry', 'Pre-Authorization Management', 'Forms & Dashboards', and 'Provider Data Information Form'. The 'Report Inquiry' option is highlighted with a red circle. To the right of the list, there's a dropdown menu with the following options: 'Administrative Reports', 'Clinical Reports', 'Financial Reports', and 'Member Clinical Summary Reports'. The 'Clinical Reports' option is highlighted with a red circle. Below the dropdown menu, there's a section titled 'Practice/Patient Documents Update:'.

### Clinical Report Inquiry

**Select Report:**

Please note, to request a report 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 to request the report in a different format.

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

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 to request the report in a different format.

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.

NantHealth NaviNet WORKFLOWS HEALTH PLANS

Print page

Clinical Reports Inquiry Report Selection Report Search

### 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 Group Name - PIN

Choose a Provider Provider Name - PIN

**Report Criteria**

Conditions All

**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**

\* Member Last Name

Last Update: 05/14/2020 v.1.0.4

Search
Exit
Clear

## 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 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below this, on the left, is a 'Workflows for this Plan' menu. The 'Eligibility and Benefits Inquiry' option is circled in red. Other options in the menu 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 menu, there is a message about planned maintenance to the Care Gaps and Intensive Case Management platforms. At the bottom right, 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' screen in the NantHealth NaviNet interface. The page displays information for a member, including their status (Active from 03/01/2012 to 12/31/2199), Member ID (90585925), and Service Date (04/02/2021). There is a 'Patient Alert Details' box with a red border and a close button. Below this, there is a 'View Patient Details' link. The main content area is divided into sections for 'INSURANCE DETAILS', 'PRIMARY CARE PROVIDER', and 'Benefits'. The 'Benefits' section is highlighted, and the 'View Member Clinical Summary - Attestation Required' link is circled in red. The 'Health Benefit Plan Coverage' section shows 'Benefit Status: Active Coverage' and 'Prior Year History' with an 'Eligibility Begin Date: 03/01/2012'.

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*.