Provider Guide:
Care Gaps Response Form

Table of Contents

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

Care Gaps Response Form Background

Before this new Care Gaps Response Form functionality was introduced, providers used the **Eligibility and Benefits Inquiry** to view pop-up alerts for member Care Gaps. Providers would download and print the Care Gap worksheet, handwrite comments on the worksheet to show that services had been delivered to close the Care Gaps, and fax the completed worksheet to the health plan. This process did not allow providers to submit supporting documentation and increased the paperwork necessary to resolve multiple Care Gaps.

The implementation of the new Care Gaps Response Form functionality will allow providers using the NaviNet portal to enter Care Gap resolution data online, and capture and store this data along with any supporting documentation. Providers will be able to retrieve and report specific Care Gap changes along with supporting documentation. Verified Care Gap resolution updates will be applied real-time in NaviNet to prevent resolved Care Gaps from continuing to appear as alerts.

Before You Begin: User Attestations

New NaviNet providers will be prompted complete the mandatory User Attestations. This important step confirms that you are authorized to access the Protected Health Information for the patients of the **Billing Entities** and **Clinicians** you select.

You must complete the mandatory User Attestation for both the **Billing Entities** and **Clinicians** associated with your practice to see Care Gaps for corresponding patients.

Note: NaviNet will show Patient Clinical Documents only for those billing entities that you have attested to be authorized to access.

You can complete this process by using the **My Organization** feature, accessed from the Welcome menu in NaviNet.
1. Once you are logged in to NaviNet, click the dropdown arrow to the right of your name in the upper right corner of the page. Click **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 click **Save Changes**.
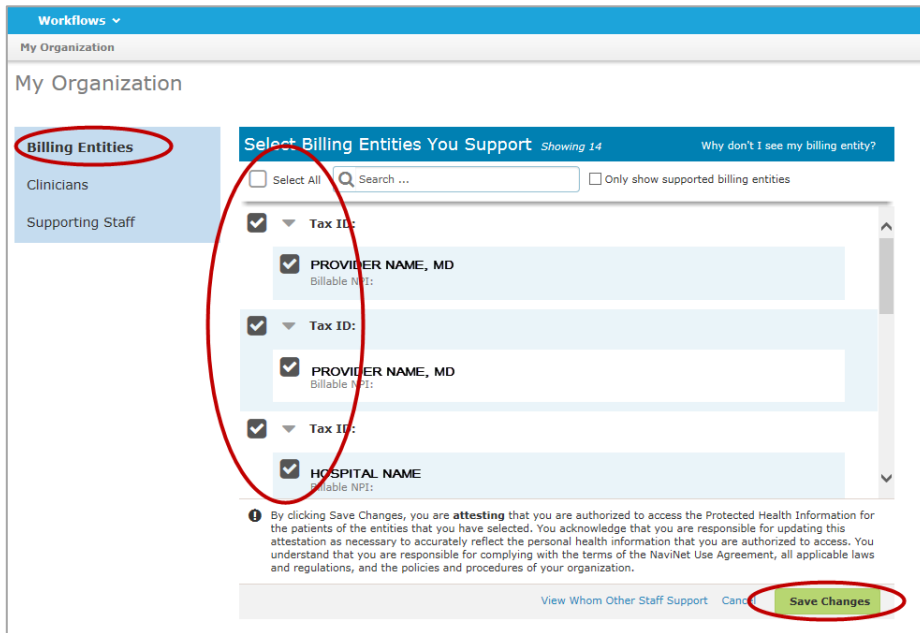
3. Click on **Clinicians**, and check **Select All**; or select clinicians individually and check the appropriate boxes. Then click **Save Changes**.
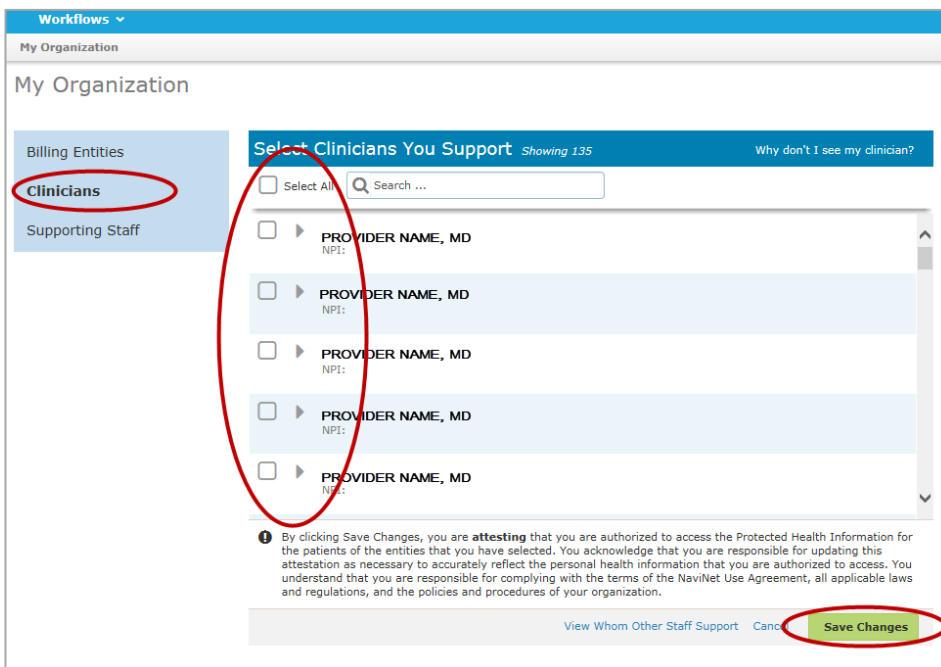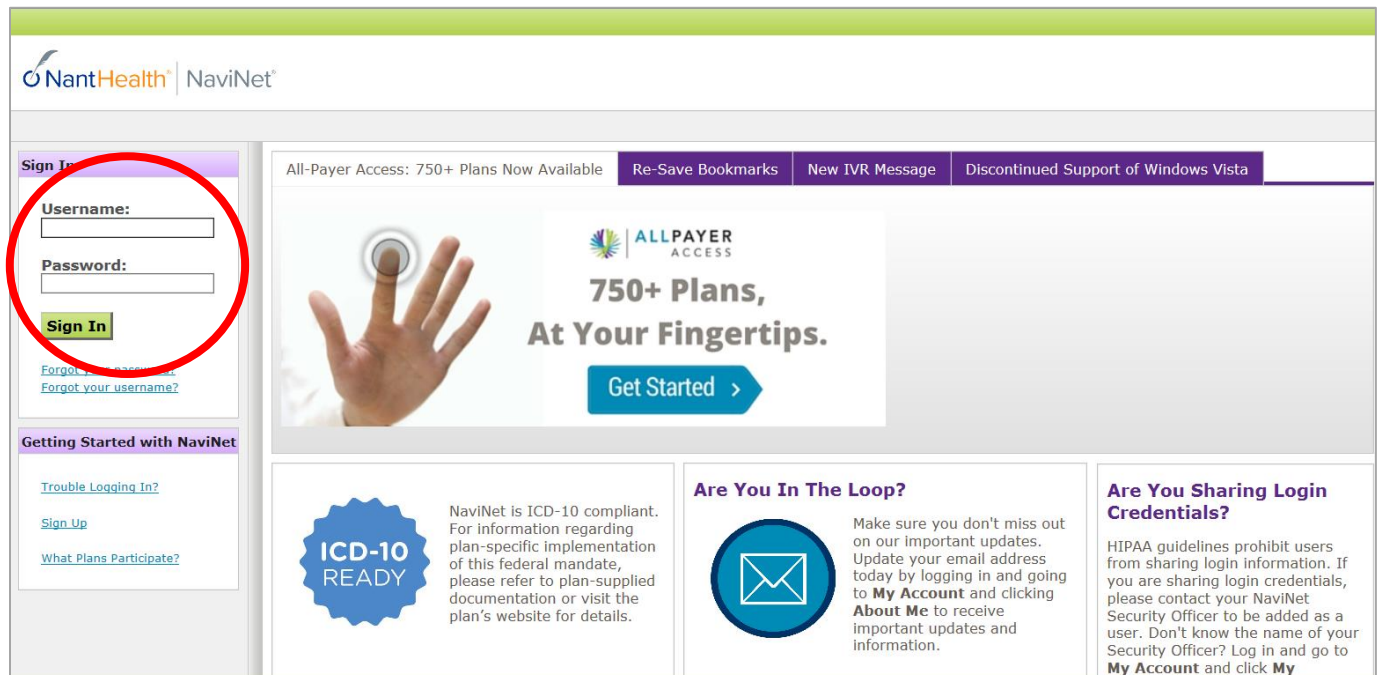
4. Once you have attested and saved changes, you can click **Patient Clinical Documents** under **Workflows** to access the Care Gaps you need to resolve.
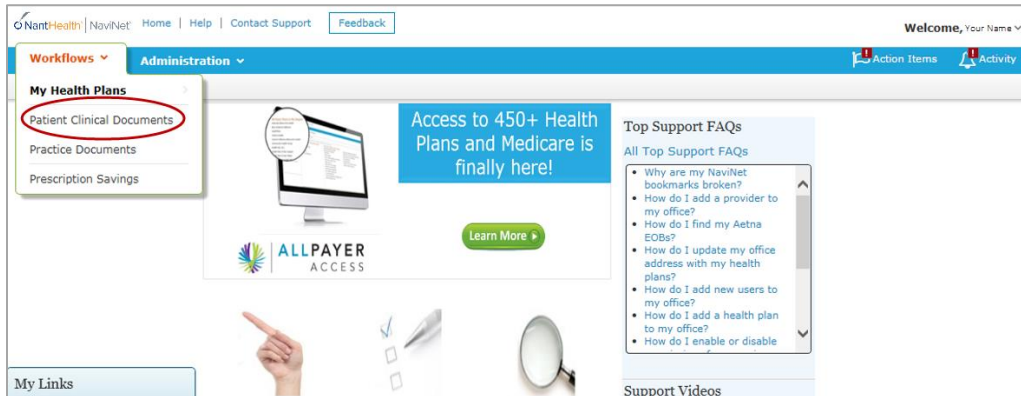
Log-In to NaviNet

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 in to 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.
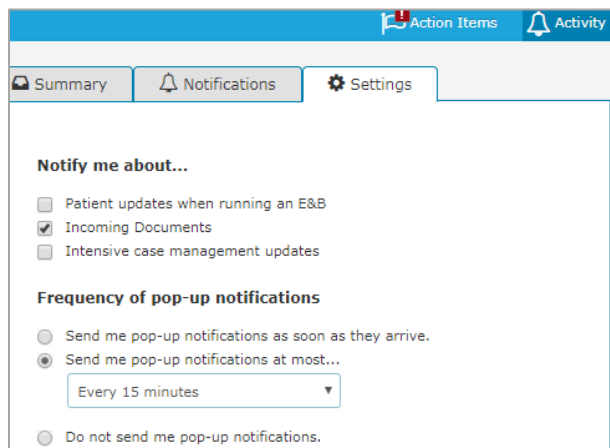
In the Summary tab of the Activity window, click on **Response Requested** or **Unread**. This opens the **Care Consideration Detail** screen, which contains detailed information on a patient's Care Gaps. By default, NaviNet displays the **Care Consideration Detail** screen for the first member on the list.
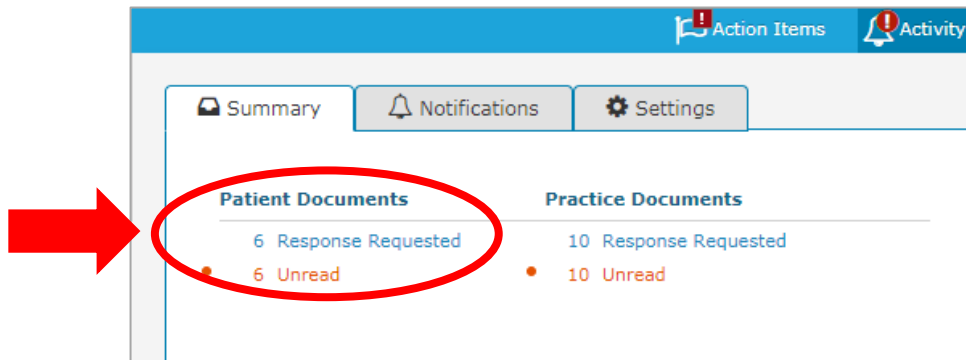
Review the **Care Consideration Detail** screen, and click on **Resolve Care Gaps** to work on the actionable items under **Response Required**.

Navigating the Screen

Toolbar

- The left side of the toolbar lets you toggle full screen view and shows the file type and title of the current document.
- The right side lets you mark the current document as unread.

Current Document

- Here you can see information on the current document, such as the health plan that sent the document, the document category, line of business, document name, and received and expiry dates. Document routing and tag information is also displayed. You can expand the window to see any hidden information.

Documents

- Documents you have selected are shown under Documents. Clicking a document row displays the document in the document viewer.
- 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 also 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.

🖨 View/Print List

Showing **14 of 14** patients

Sort by: Patient Last Name ▼
  Patient Last Name
  Payer
  Last Document Received

	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

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 name and number. (If no Care Manager is assigned to the patient, you will see the phone number to call to participate in the Let Us Know program and receive support with reaching to 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** is informational only.

On the **Care Gap Response Form** (below), you can see Member Details, PCP Assigned, and all the
Response Required Care Gaps for this member.

Health Plan

Please contact (XXX) XXX-XXXX for assistance.

Member & PCP Details

Member Details

PCP Assigned

Name : Member Name

ID :

Age/DOB : 62 09/02/1955

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

	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
☐	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
☐	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
☐	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. You can add the **Result**, if appropriate. The **Result** field is not mandatory. To verify the service delivery, you will be required to attach one of the documents listed as required for the particular Care Gap. You will not be able to submit the **Care Gap Response Form** without attaching the supporting document. You can attach a maximum of two documents per Care Gap. Each attachment must be 3 megabytes (3 MB) or less. File formats accepted are .jpg, .pdf, and Word (.doc).

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

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☐	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
☐	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

Service: Diabetes - Diabetes Microalbumin Test

Date Complete *
[M/d/yyyy]

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 docmenting 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

[Choose File] No file chosen

[Upload Document]

Before submitting, attest that all the information on the form is true and accurate 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

12

Requesting an Exclusion

The provider can request exclusion for Care Gaps such as Breast Cancer Screen, Cervical Cancer Screen and Chlamydia Screen in women. If you are seeing a Care Gap for one of these services and need to request an exclusion, click **Request an exclusion.** Based on the Care Gap, the form will populate with the documentation you must attach to support the exclusion request.

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 you provided and return a status of Approved or Rejected. When your Care Gap Response is approved, you will no longer see any record or alert for that Care Gap in your queue. Any approved record will move to "up-to-date" section in the **Care Consideration Screen** for that member. Rejected responses will show Rejected in the **Response** column on the **Care Consideration Screen**.

You can review the status of a Care Gap 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.

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.
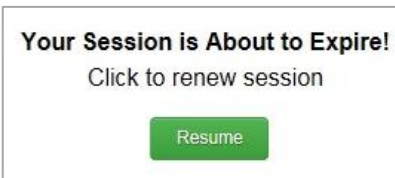- The Care Gap will not be removed from your list until approved by the Quality Reviewer.

Important Notes

- After you have completed the **Care Gap Response Form**, 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**. If you do so, the screen will auto-refresh.

- If you are inactive in the **Care Gap Response Form** for more than 60 minutes,you will see the pop-up below warning you that your session is about to expire. If you click **Resume** within 5 minutes, the **Care Gaps Response Form** page will reload and you can continue to work the Care Gaps.

- If you do not click **Resume** within 5 minutes, the form will time-out, and you will see the log-in screen pictured below. Please **do not** attempt to log-in via this pop-up. Instead, close the window and log-in to NaviNet again.

Access Care Gap Information via Eligibility and Benefits Inquiry

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

After selecting your health plan, enter the member's ID, or search by combination of name and date of birth.

The resulting **Patient Details** screen will have a section with the Care Gap Alert as **Critical Quality Incentive** for that member. Upon clicking this pop-up alert, you will see the read-only Care Gap Worksheet. You will not be able to write on it or fax it in.

To address any Care Gaps for that member, click on **Clinical Documents**. This link opens **the Care Consideration Detail** screen for the member. This link might take 10 seconds or so to appear on the screen.
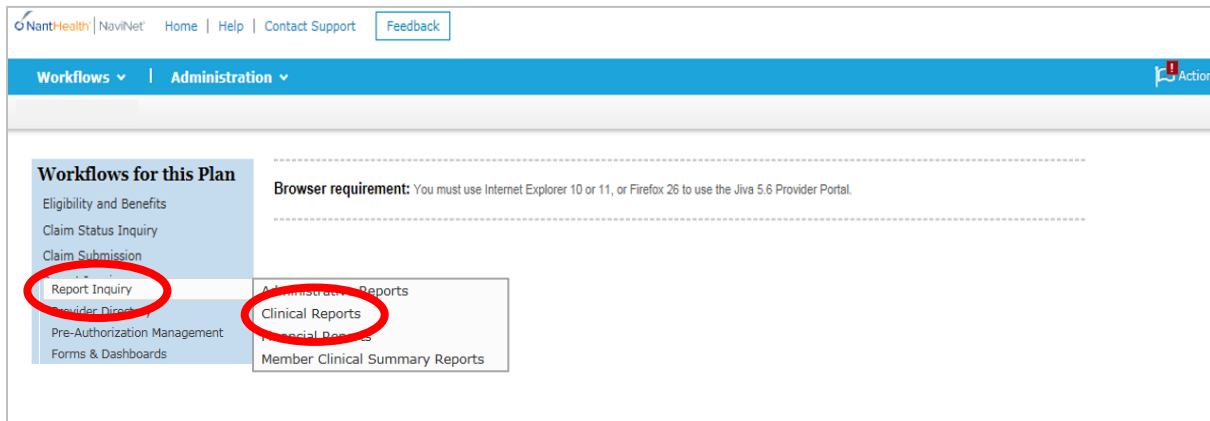
Access Care Gap Information via Care Gap Query Reports
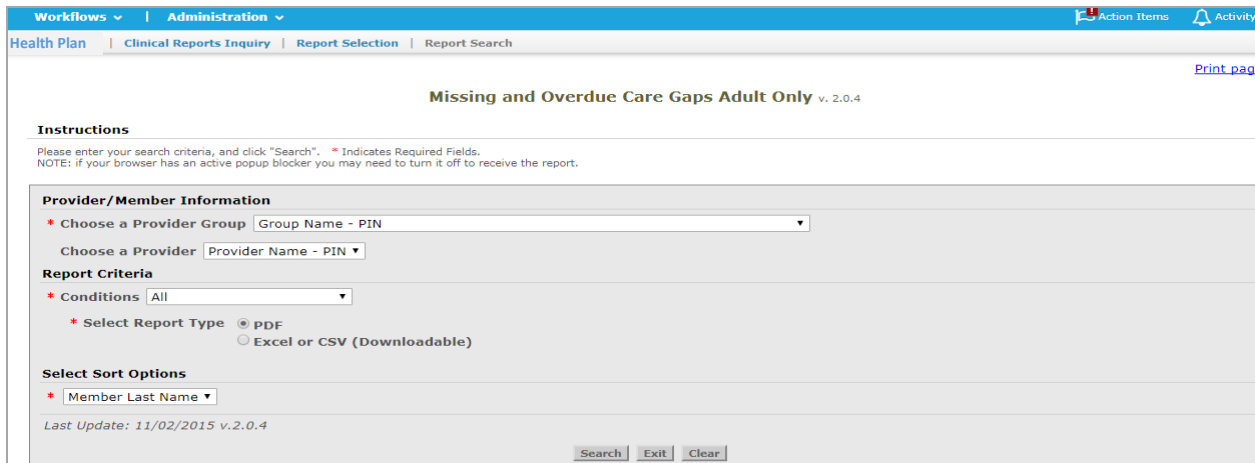
Log-in to NaviNet and choose the desired health plan.
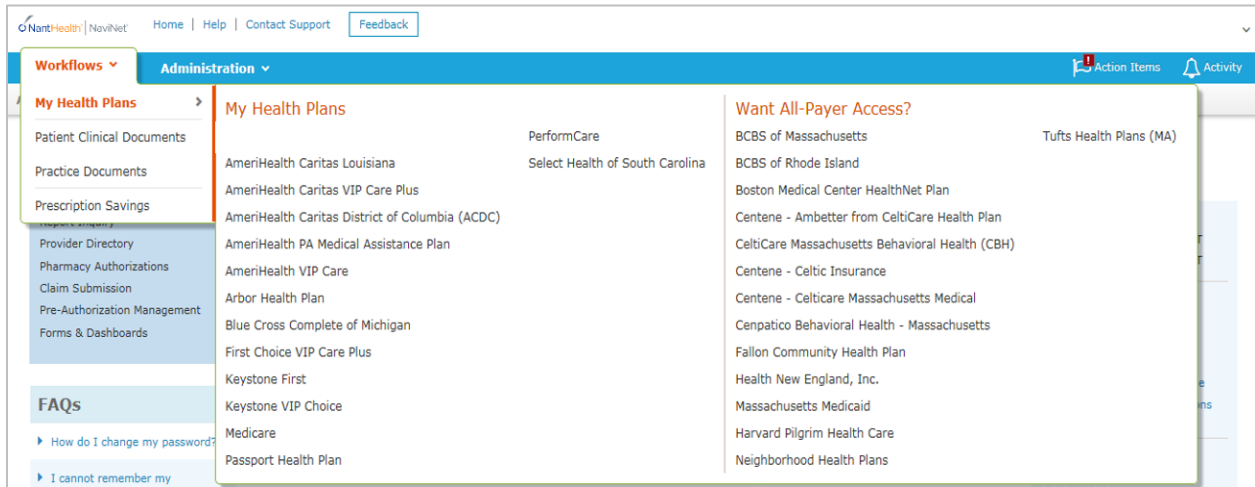
Select **Report Inquiry** from the left hand pane, and choose **Clinical Reports** from the dropdown menu.

Select **Care Gap Query** from the dropdown menu, and make appropriate selections on the following screen to get the detailed Care Gap report. The **Care Gap Query Report** will display all the Care Gaps.

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
- 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
- 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.
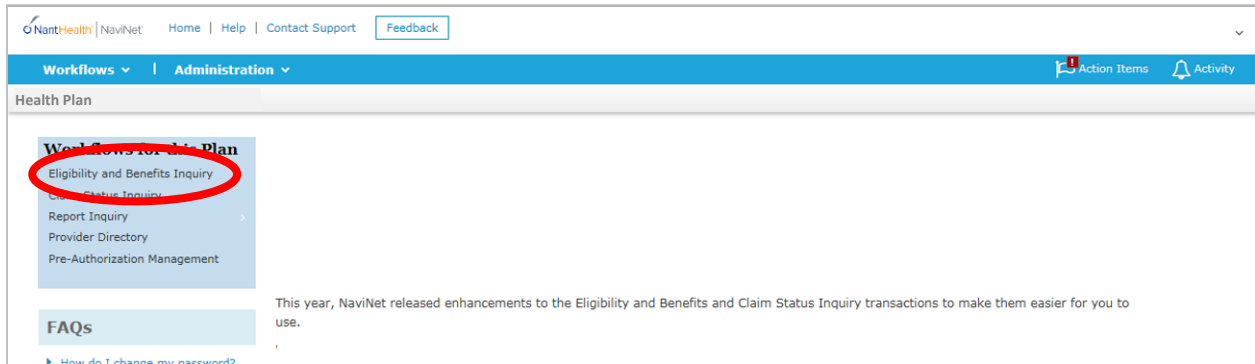
Enter the Member ID. On the following screen, click on **View Member Clinical Summary**.
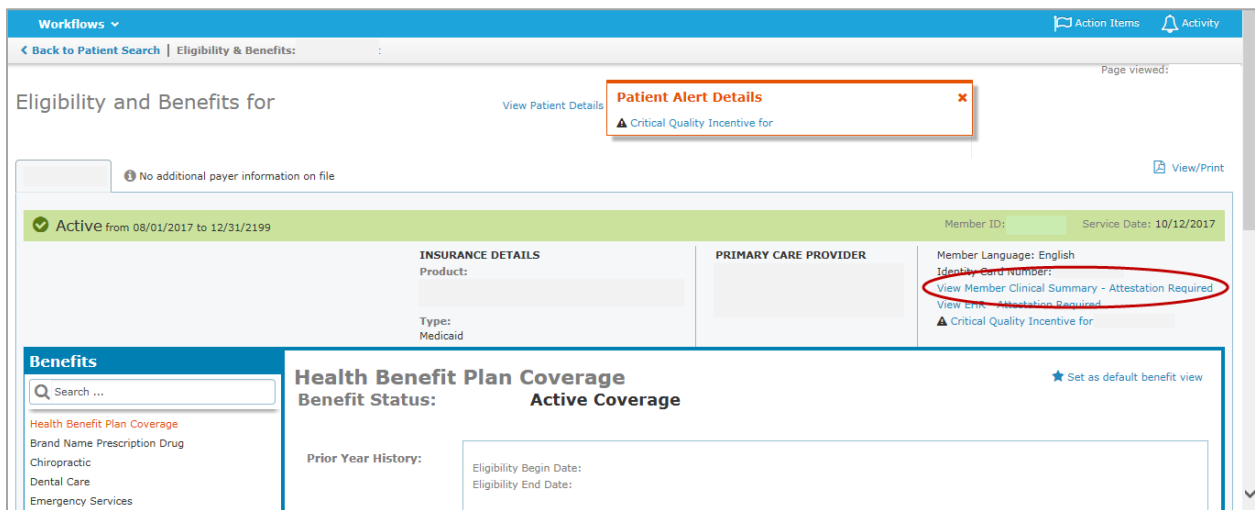
The **Member Clinical Summary** includes all at-risk, overdue, missing, due soon, and up-to-date Care Gap information for that member.

Gaps in Care					
Condition	Service	Status	Last Service	Next Service	Rule
Hypertension	Blood Pressure 140/90	Risk			Ongoing
Hypertension	Blood Pressure Medication	Up-to-date	3/18/2017		Ongoing
Preventive Health Screens	Colorectal Cancer Screen	Missing			Once every 1 to 5 years test dependent