

**Provider Guide:  
Care Gaps Response Form**

**Table of Contents**

Care Gaps Response Form Background ..... 2  
Before You Begin ..... 2  
Log-In to NaviNet ..... 3  
Submit Care Gap Response Information via Patient Clinical Documents Workflow ..... 4  
Access Care Gap Information via Eligibility and Benefits Inquiry ..... 15  
Access Care Gap Information via Care Gap Query Reports ..... 17  
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 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 Attestation

New NaviNet providers will be prompted complete the mandatory user attestation. Follow the prompts to complete this process for the billing entities and clinicians you support. This confirms that you are authorized to access the Protected Health Information for the patients of the billing entities and clinicians you select. You can also complete this process by using the **My Organization** feature, accessed from the **Welcome** menu in NaviNet. From **My Organization** you can perform or view your attestations.

**Note: NaviNet will show Patient Clinical Documents only for those billing entities that you have attested to support.**

## 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**.

NantHealth | NaviNet

Sign In

Username:

Password:

**Sign In**

[Forgot your password?](#)  
[Forgot your username?](#)

Getting Started with NaviNet

[Trouble Logging In?](#)  
[Sign Up](#)  
[What Plans Participate?](#)

All-Payer Access: 750+ Plans Now Available | [Re-Save Bookmarks](#) | [New IVR Message](#) | [Discontinued Support of Windows Vista](#)

**ALL PAYER ACCESS**  
**750+ Plans, At Your Fingertips.**  
**Get Started >**

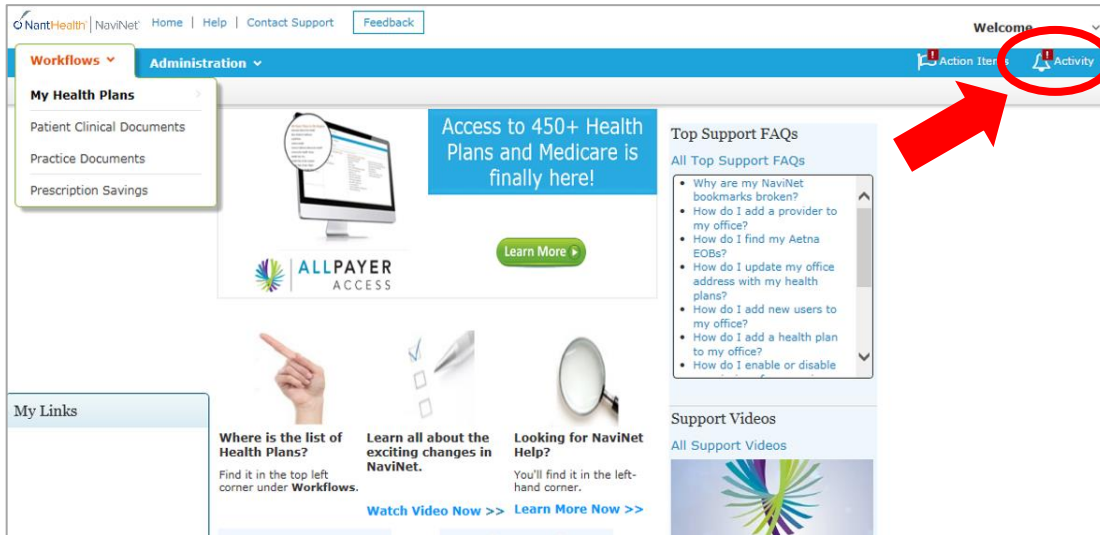
**ICD-10 READY**  
NaviNet is ICD-10 compliant. For information regarding plan-specific implementation of this federal mandate, please refer to plan-supplied documentation or visit the plan's website for details.

**Are You In The Loop?**  
Make sure you don't miss out on our important updates. Update your email address today by logging in and going to **My Account** and clicking **About Me** to receive important updates and information.

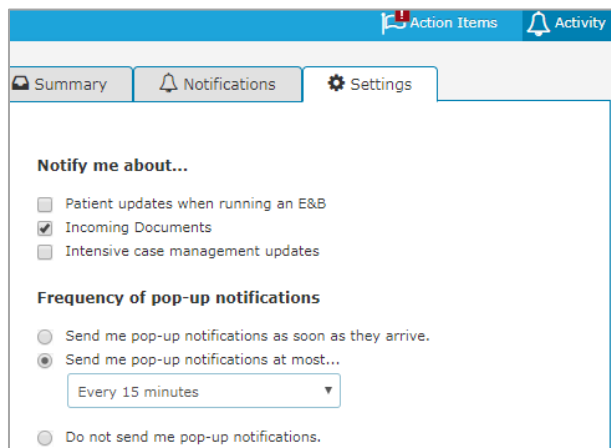
**Are You Sharing Login Credentials?**  
HIPAA guidelines prohibit users from sharing login information. If you are sharing login credentials, please contact your NaviNet Security Officer to be added as a user. Don't know the name of your Security Officer? Log in and go to **My Account** and click **My**

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

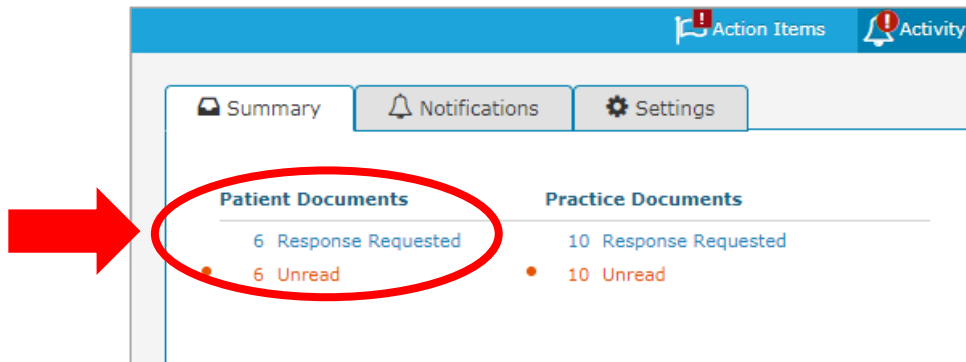
Once you are successfully logged in to NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.



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**.

☰
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**    🔄 Refresh

🔍 Care Gap Response Form

Patient Consideration    09/25/2017

**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](#)

**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 - Plevnar 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

## Navigating the Screen

The screenshot displays a healthcare application interface with several key sections and highlighted features:

- Toolbar:** Located at the top, it includes a hamburger menu icon (labeled "Toggle full-screen view"), a refresh icon, and a close icon.
- Current Document:** A sidebar on the left shows document details such as "Document Provider Health Plan", "Document Title Care Gap Response Form", and "Document Category Patient Consideration". A red box labeled "Expand" points to the document title.
- Documents:** A list of documents is shown below the current document, with one document "Care Gap Response Form Patient Consideration" highlighted in blue and marked with a red exclamation point. A red box labeled "Response Required" points to this document.
- Member Information:** The main content area shows member details: "Member Name female born on 09/02/1955 (62 yrs old)", "Member ID", and "PRIMARY CARE PROVIDER LAST SEEN".
- Care Consideration Detail:** A section with a warning message: "Please contact (XXX) XXX-XXXX for assistance." Below it is a "Response Required" table.
- Other Service Gaps:** A table listing various health services that are overdue or missing.
- At Risk/Risk Services:** A table listing services that are at risk, such as "Hypertension Blood Pressure 140/90 Risk".
- Up-to-date:** A table listing services that are up-to-date, such as "Diabetes Diabetes Eye Exam Up-to-date".
- Action Buttons:** A red box labeled "Click to Resolve Care Gaps" points to a "Resolve Care Gaps" button.
- Document Actions:** In the top right corner, there are buttons for "Mark Unread", "View History", and "Close Viewer".

### 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.

The screenshot shows the NantHealth NaviNet Administration interface. At the top, there are navigation links for Home, Help, Contact Support, and Feedback. The 'Workflows' dropdown menu is expanded, showing 'Patient Clinical Documents' circled in red. Below the menu, there's a banner for 'ALLPAYER ACCESS' with a 'Learn More' button. To the right, there's a 'Top Support FAQs' section with a list of questions. Below that, there's a 'Support Videos' section. At the bottom, there are three informational cards: 'Where is the list of Health Plans?', 'Learn all about the exciting changes in NaviNet.', and 'Looking for NaviNet Help?'. The 'My Links' section is empty.

The screenshot shows the 'Patient Clinical Documents' page in NantHealth NaviNet. The page title is 'Patient Clinical Documents'. Below the title, there's a note: '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.' There's a 'View/Print List' link. The page shows 'Showing 14 of 14 patients' and is sorted by 'Patient Last Name'. A table lists the clinical documents for each patient. The table has columns for Member Name, Date of Birth, PCP, and Last Document Received. The 'Patient Consideration' filter is selected in the left sidebar.

Member Name	Date of Birth	PCP	Last Document Received
Member Name	10/17/1999	Provider Name	Sep 27, 2017
Member Name	03/27/1998	Provider Name	Sep 24, 2017
Member Name	10/26/1953	Provider Name	Sep 24, 2017
Member Name	01/03/2014	Provider Name	Sep 29, 2017

## 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		
Member Name	Count	Date Received
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.

**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

**DOCUMENTS**

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

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

**Resolve Care Gaps**

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

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### Health Plan

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

---

### Member & PCP Details

Member Details

Name : Member Name  
 ID :  
 Age/DOB : 62 09/02/1955  
 SSN (last 4 digits):  
 Phone :

PCP Assigned

Name : Provider Name  
 Address :  
 Phone :

\*\* Claims Processed Through End of Month August 2017 \*\*

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### 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. 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						
<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

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
---------------	---------------

## 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.

 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	<input type="button" value="X"/>

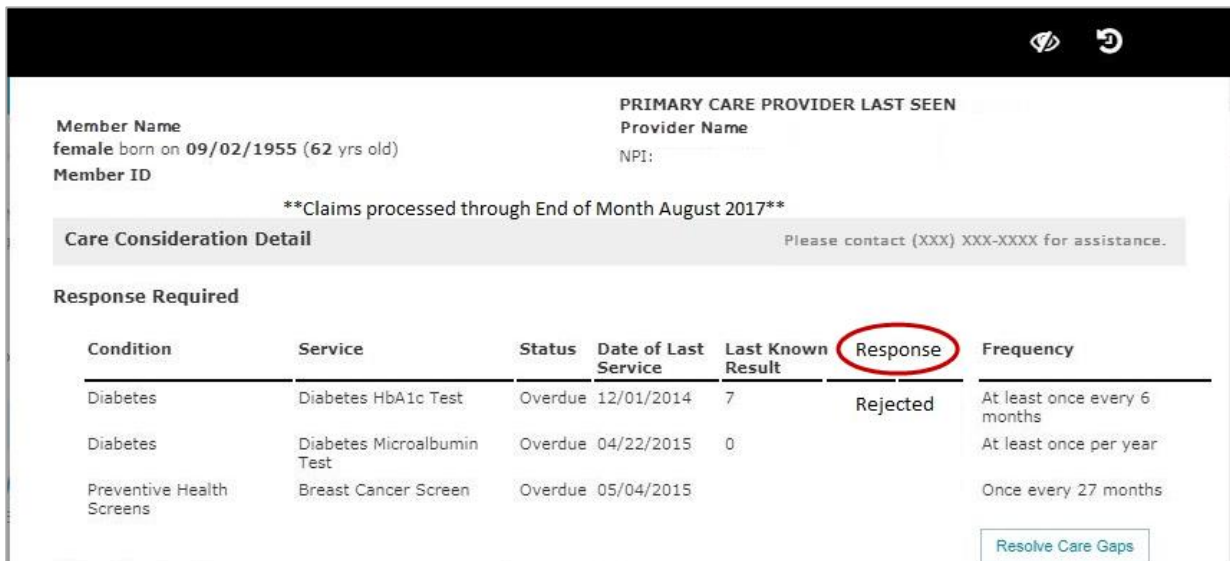
1 item

## 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 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.



The screenshot shows the 'Care Consideration Detail' screen for a member. At the top, it displays member information: Member Name (female, born 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.

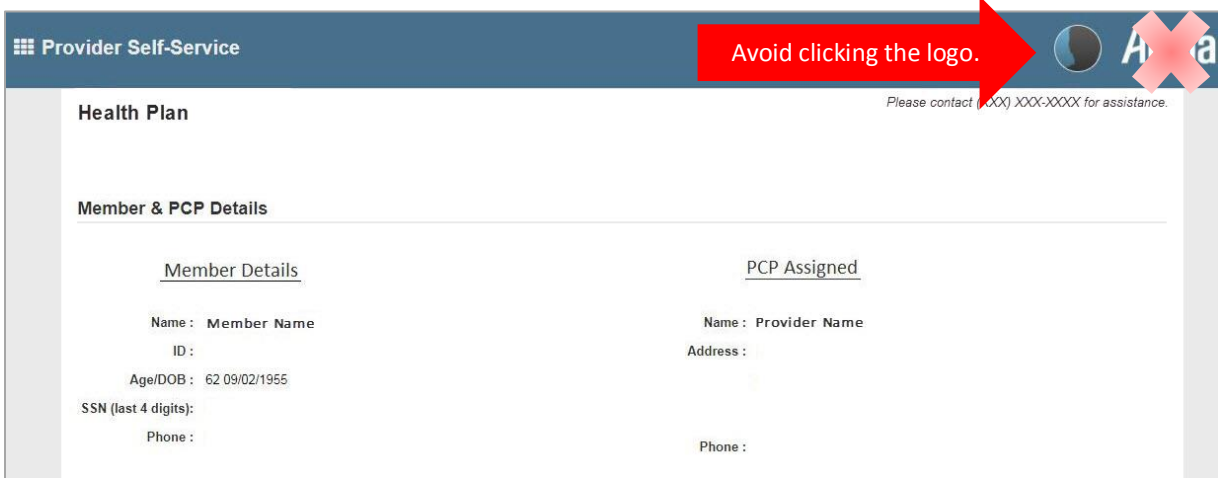
Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	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

- 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.



The screenshot shows the 'Provider Self-Service' header. A red arrow points to the Appian logo with the text 'Avoid clicking the 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.'

- 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.



**Your Session is About to Expire!**  
Click to renew session

- 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.



AmeriHealth Caritas  
Family of Companies

Username

Password

Remember me on this computer

## 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**.

NantHealth | NaviNet | Home | Help | Contact Support | Feedback

Workflows

Health Plan

**Eligibility and Benefits Inquiry**

Claim Status Inquiry

Claim Submission

Report Inquiry

Provider Directory

Pre-Authorization Management

Forms & Dashboards

**FAQs**

- How do I change my password?
- I cannot remember my password.
- How do I set up additional Health Plans?
- What are the roles and responsibilities of a Security Officer?

**Browser requirement:** You must use Internet Explorer 10 or 11, or Firefox 26 to use the Java 5.6 Provider Portal.

**More information at your fingertips: additions to the Member Clinical Summary and Panel Roster report**

We've added new elements to the Member Clinical Summary. This valuable report now includes the following information about your patients:

- Care Manager name and contact information.
- Observation stays.
- Member restriction information.
- Dental visits.

**The Panel Roster now includes:**

- Member restriction information.

**Provider Tools**

- Provider manual and forms
- Provider directory
- Pharmacy directory
- Formulary
- Claims and billing
- Provider training and education

**Forms**

- Provider manual and forms

**Contact Us**

Keystone First  
200 Stevens Drive  
Philadelphia, PA 19113

1-800-521-6007  
provider.communications@k...  
www.keystonefirstpa.com

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

NantHealth | NaviNet | Home | Help | Contact Support | Feedback

Workflows

< Back to Health Plan | Eligibility & Benefits: Health Plan

### Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

**Search by Member ID**

Member ID  
1111111

OR

**Search by Name**

Last Name  
First Name  
Date of Birth  
mm/dd/yyyy

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.

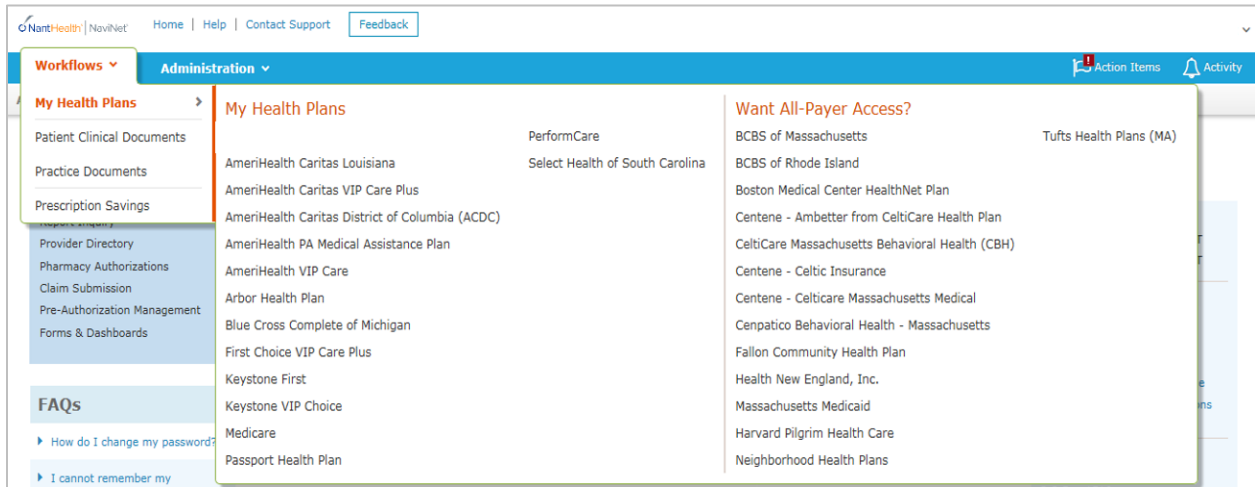
To address any Care Gaps for that member, click on **Clinical Documents**. This link opens **the Care Consideration Detail** screen for the member. This link might take 10 seconds or so to appear on the screen.

The screenshot shows a web interface for patient management. At the top, there are navigation tabs for 'Workflows' and 'Administration'. Below this, a breadcrumb trail reads '< Back to Patient Search | Eligibility & Benefits: Health Plan'. The main heading is 'Eligibility and Benefits'. A red arrow points from the text 'Opens read-only Care Gap Worksheet.' to a 'Patient Alert Details' pop-up window. The pop-up window contains the text 'Critical Quality Incentive for John Doe'. Below the main heading, there is a section for 'Health Plan' with a note: 'No additional payer information on file'. A green bar indicates the member is 'Active from 11/26/2014 to 12/31/2199'. A red box highlights a link that says '1 Clinical Document(s)'. A red arrow points from the text 'Opens Care Consideration Detail screen where you can work Care Gaps.' to this link. To the right, there is a 'PRIMARY CARE PROVIDER' section with fields for 'Phone:' and 'NPI:'. Further right, there is a 'Member ID:' field and a 'Service Date: 09/26/2017' field. Below these, there are links for 'View Member Clinical Summary', 'View EHR', and 'Critical Quality Incentive for Coleman, Patricia'. The page footer indicates 'Page viewed: 09/26/2017'.

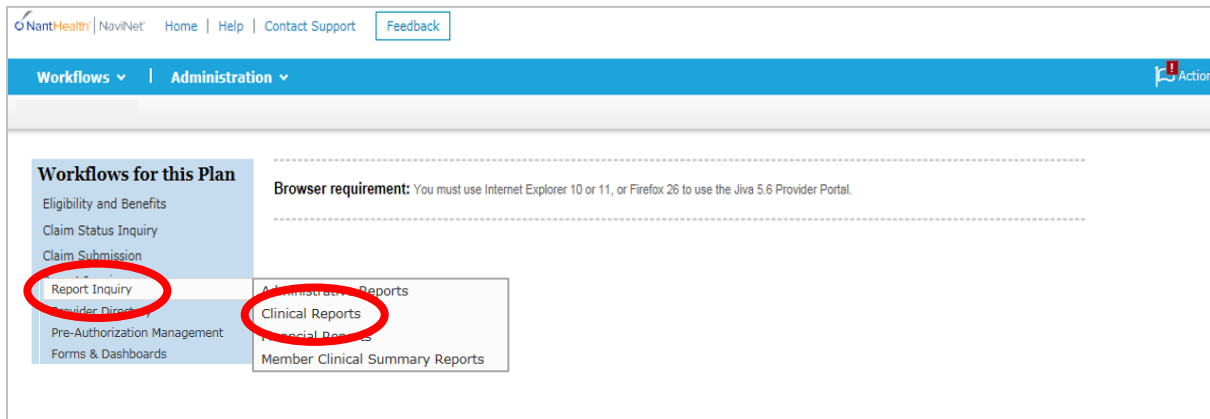


## Access Care Gap Information via Care Gap Query Reports

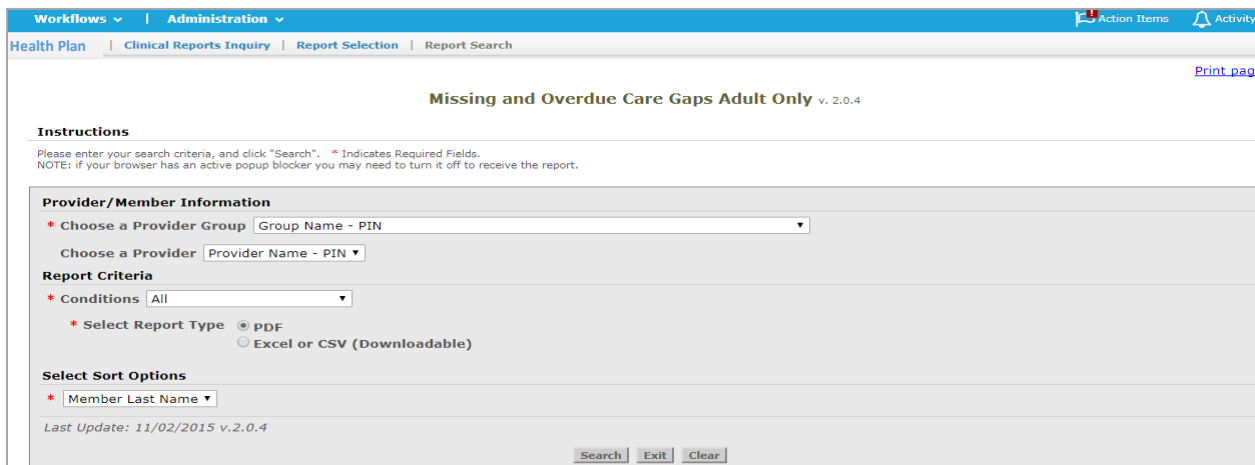
Log-in to NaviNet and choose the desired health plan.



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.

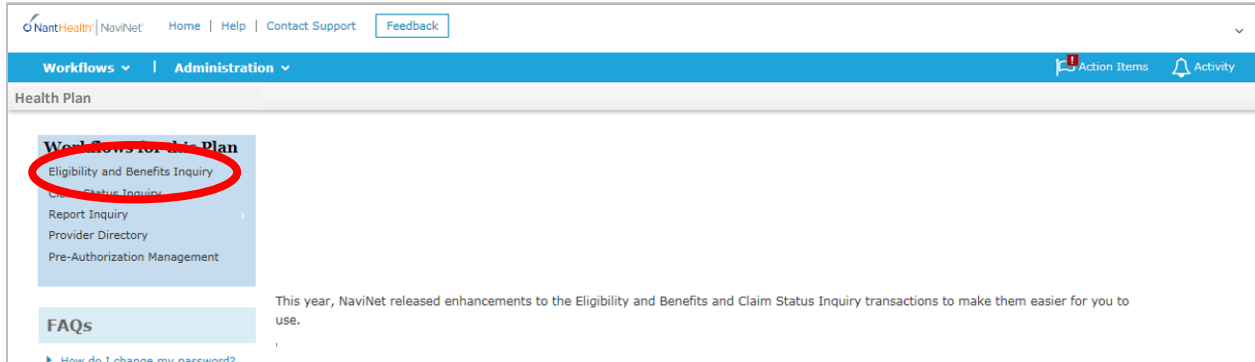
- HEDIS Improvement Query
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adolescent Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- Single Care Gap Query

Each of these reports displays the following columns:

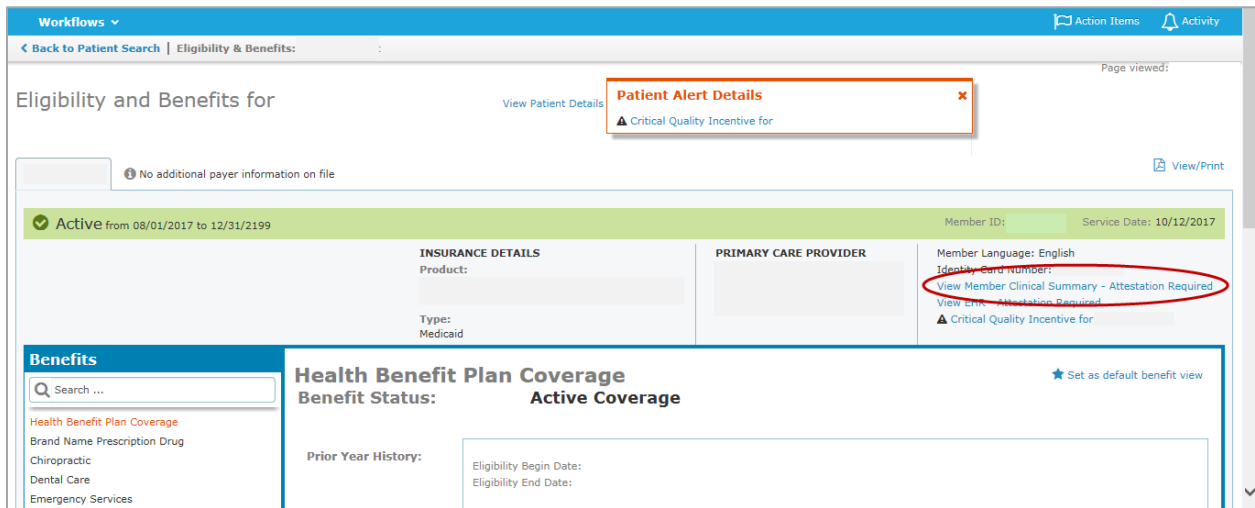
- Provider ID
- Member ID
- Date of Birth
- Member Information
- Service, Status
- Rule of Frequency
- Last Service Date
- Care Gap Update Status

## 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