

Provider Guide: Care Gaps Response Form

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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.

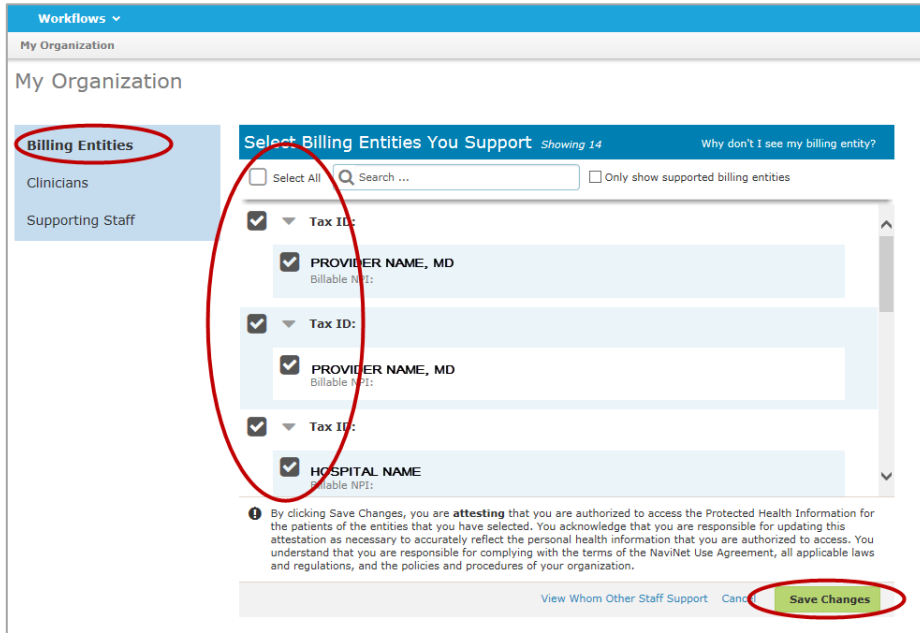
Note: NaviNet will show Patient Clinical Documents only for those billing entities that you have attested to be authorized to access.

You can complete this process by using the **My Organization** feature, accessed from the Welcome menu in NaviNet.

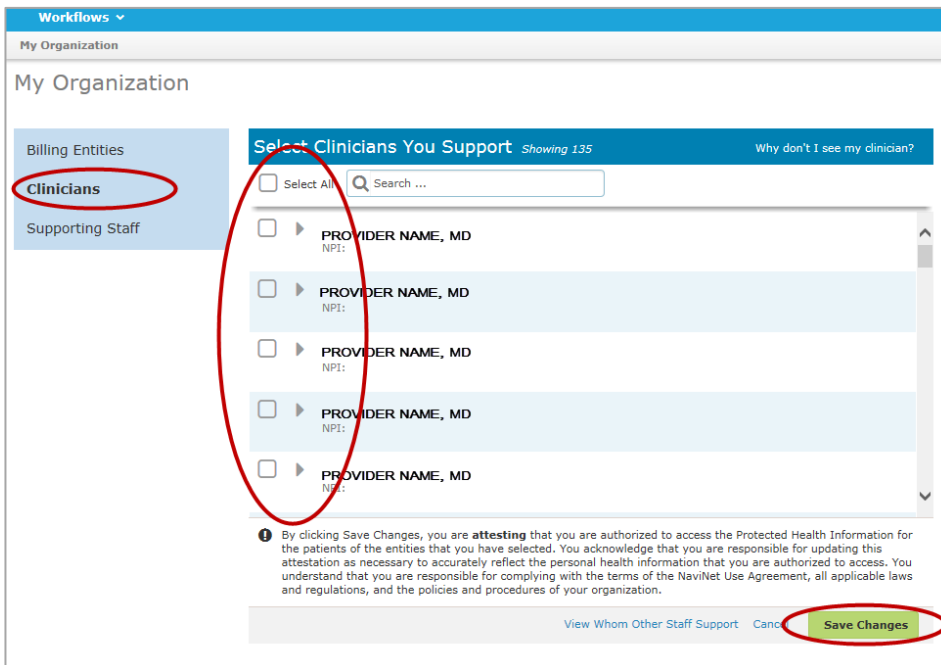
1. Once you are logged in to NaviNet, click the dropdown arrow to the right of your name in the upper right corner of the page. Click **My Organization**.



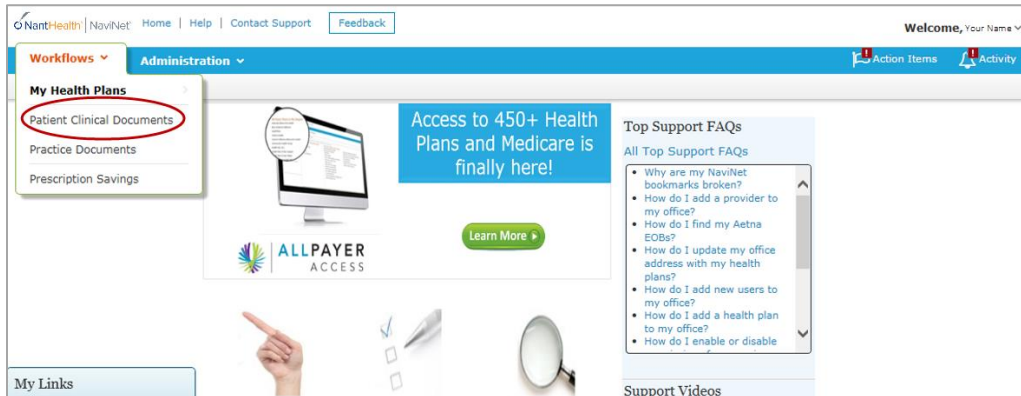
2. Click on **Billing Entities**, and check **Select All**; or select entities individually by Tax ID number and check the appropriate boxes. Then click **Save Changes**.



3. Click on **Clinicians**, and check **Select All**; or select clinicians individually and check the appropriate boxes. Then click **Save Changes**.

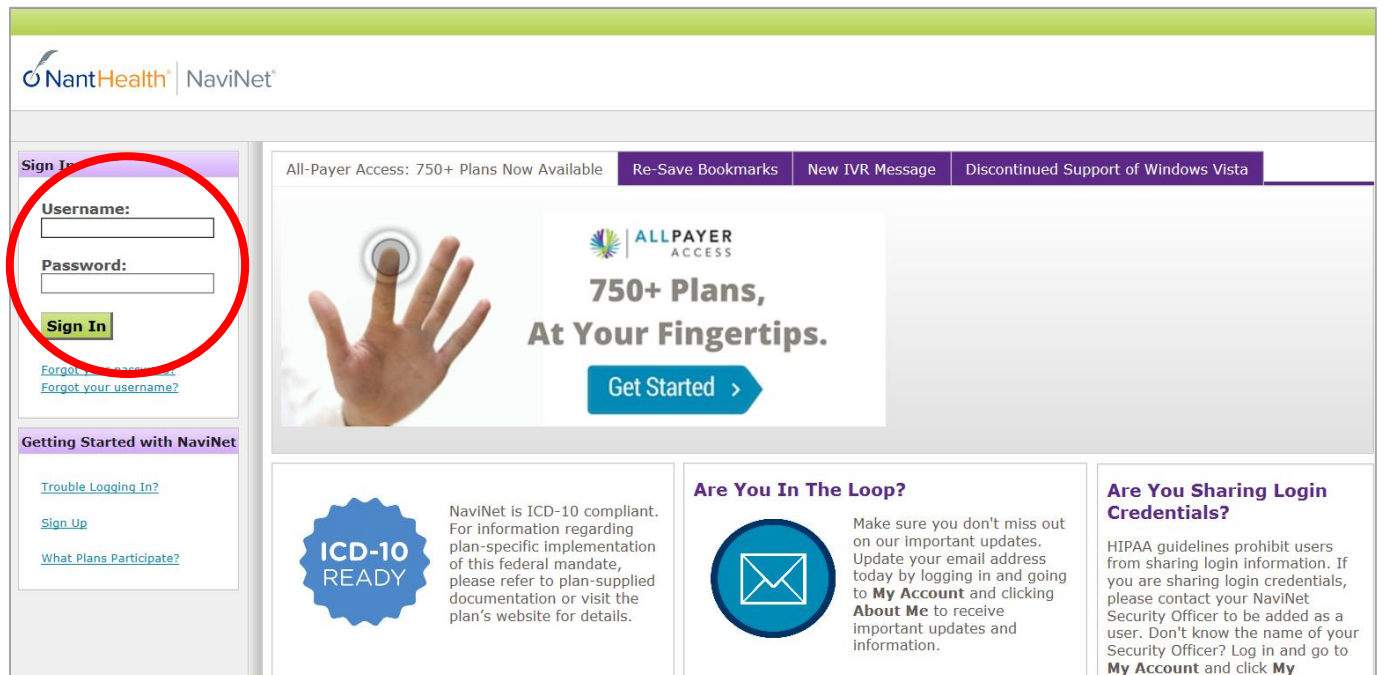


- Once you have attested and saved changes, you can click **Patient Clinical Documents** under **Workflows** to access the Care Gaps you need to resolve.



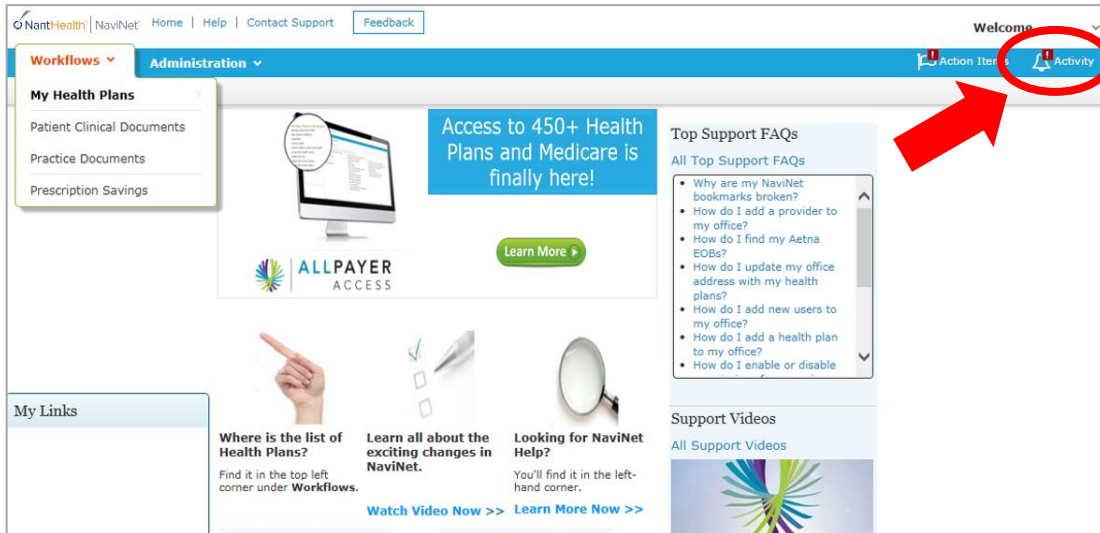
Log-In to NaviNet

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

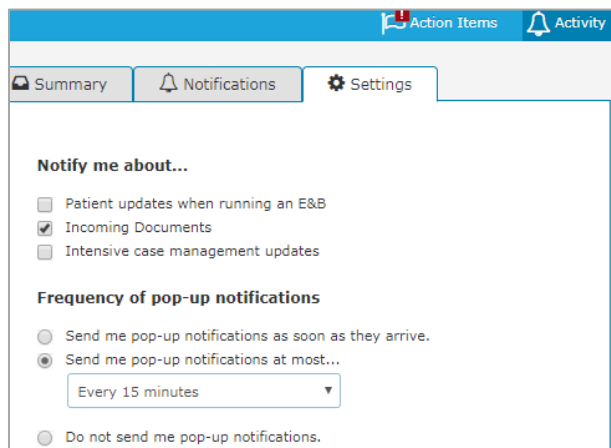


Submit Care Gap Response Information via Patient Clinical Documents Workflow

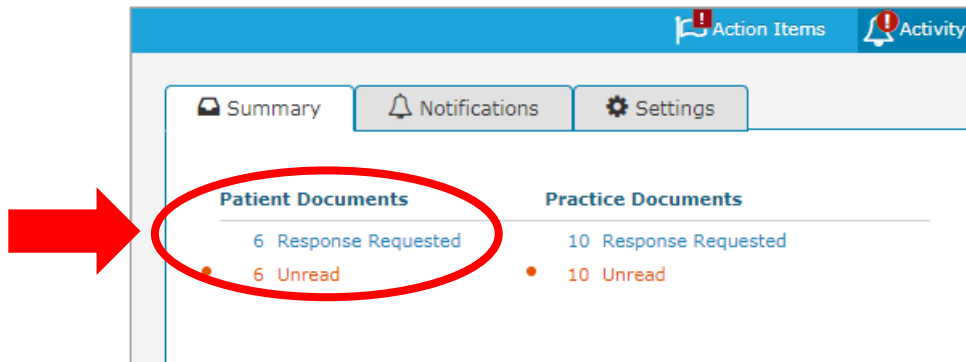
Once you are successfully logged in to NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.



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**.

☰ 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 - 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

Navigating the Screen

Toggle full-screen view

Expand

Response Required

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

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 **Document List** **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:

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
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Other Service Gaps

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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

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

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 dashboard. At the top, there is a navigation bar with 'Home', 'Help', 'Contact Support', and 'Feedback'. Below this is a blue header with 'Workflows' and 'Administration' tabs. A dropdown menu for 'Workflows' is open, with 'Patient Clinical Documents' circled in red. Other options in the menu are 'Practice Documents' and 'Prescription Savings'. The main content area features a banner for 'ALLPAYER ACCESS' with the text 'Access to 450+ Health Plans and Medicare is finally here!' and a 'Learn More' button. To the right, there are sections for 'Top Support FAQs' and 'Support Videos'. 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 screenshot shows the 'Patient Clinical Documents' page in NantHealth NaviNet. The page title is 'Patient Clinical Documents' and includes 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 is a 'View/Print List' link. The page shows 'Showing 14 of 14 patients' and is sorted by 'Patient Last Name'. A table of clinical documents is displayed with the following data:

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

On the left side, there is a 'Filter by' section with various filters: 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), and Document Tags (Type here to search tags...).

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>Member Name</p> <p>Date of Birth: 10/17/1999</p> <p>PCP: Provider Name</p> </div>	1	Sep 27, 2017
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Member Name</p> <p>Date of Birth: 03/27/1998</p> <p>PCP: Provider Name</p> </div>	1	Sep 24, 2017
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Member Name</p> <p>Date of Birth: 10/26/1953</p> <p>PCP: Provider Name</p> </div>	1	Sep 24, 2017
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Member Name</p> <p>Date of Birth: 01/03/2014</p> <p>PCP: Provider Name</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 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: [REDACTED]

PRIMARY CARE PROVIDER LAST SEEN
 Provider Name: [REDACTED]
 NPI: [REDACTED]

Claims processed through End of Month August 2017

Care Consideration Detail

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 - 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-date	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

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 **

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"/>

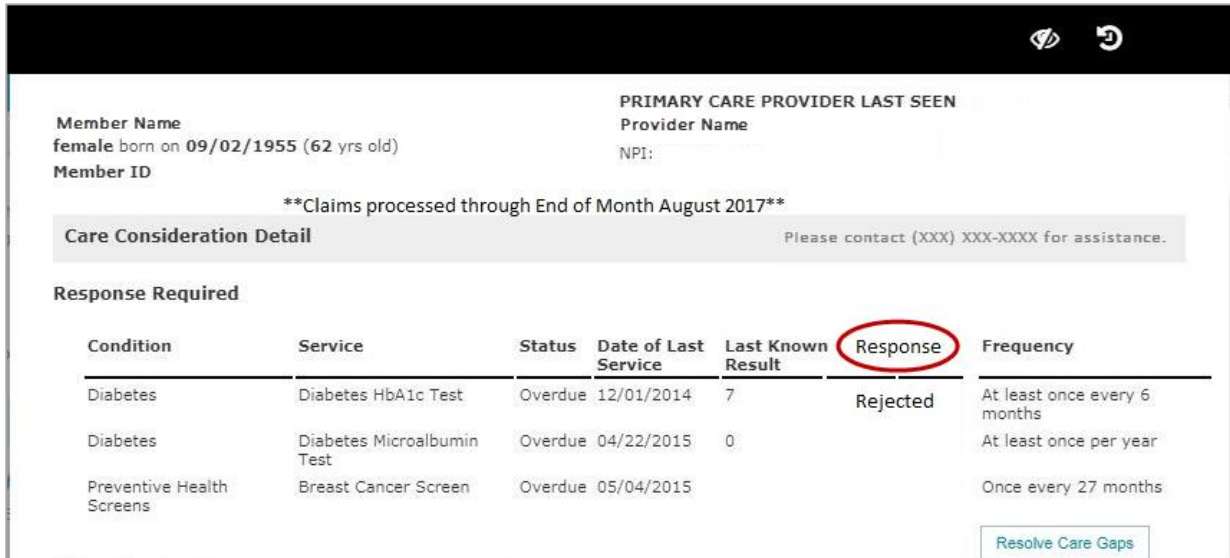
1 item

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 on 09/02/1955 (62 yrs old)', 'Member ID', 'PRIMARY CARE PROVIDER LAST SEEN', and 'Provider Name'. Below this, it states '**Claims processed through End of Month August 2017**'. The main section is titled 'Care Consideration Detail' with a note 'Please contact (XXX) XXX-XXXX for assistance.' Below this is a section titled 'Response Required' containing a table of care gaps. The table has columns for 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 of the table.

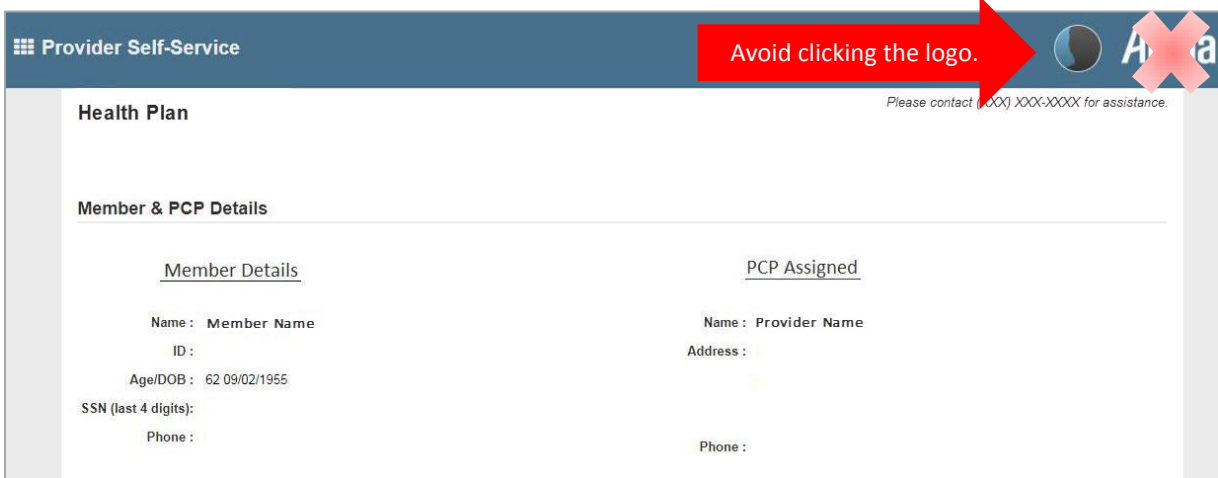
Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue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

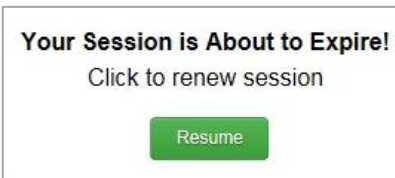
Important Notes

- 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 note 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

OR

Search by Name

Last Name

First Name

Date of Birth

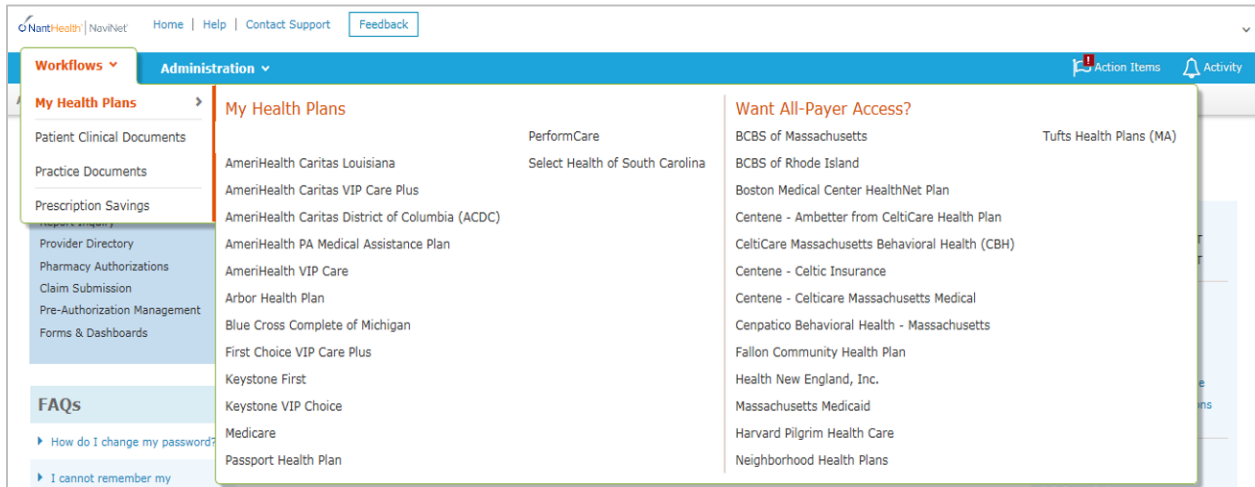
The resulting **Patient Details** screen will have a section with the Care Gap Alert as **Critical Quality Incentive** for that member. Upon clicking this pop-up alert, you will see the read-only Care Gap Worksheet. You will not be able to write on it or fax it in.

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.

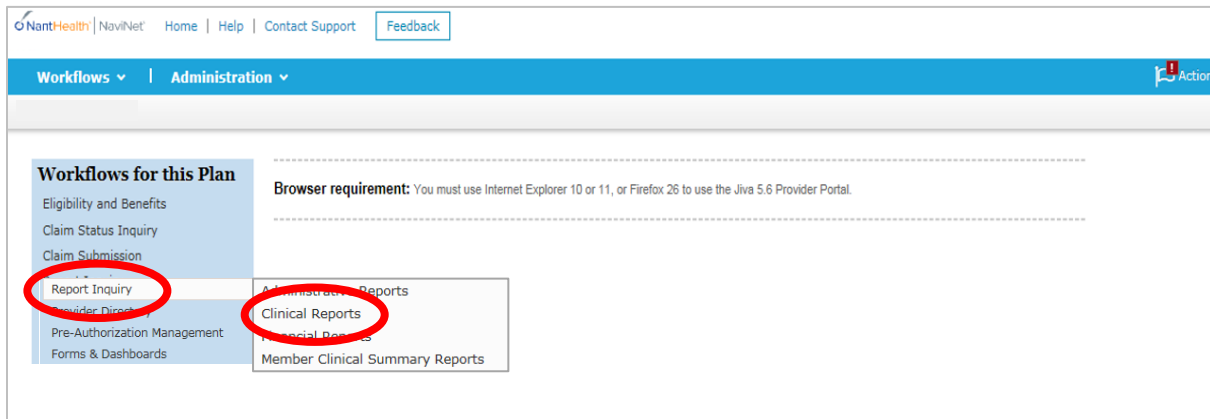
The screenshot shows a web interface for patient management. At the top, there are navigation tabs for 'Workflows' and 'Administration'. Below this, a breadcrumb trail reads '< Back to Patient Search | Eligibility & Benefits: Health Plan'. The main heading is 'Eligibility and Benefits'. A red arrow points from the text 'Opens read-only Care Gap Worksheet.' to a 'Patient Alert Details' pop-up window. The pop-up 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 'Member ID', 'Service Date: 09/26/2017', 'Member Language: English', 'Identity Card Number', 'View Member Clinical Summary', 'View EHR', and 'Critical Quality Incentive for Coleman, Patricia'. The page footer shows 'Page viewed: 09/26/2017'.

Access Care Gap Information via Care Gap Query Reports

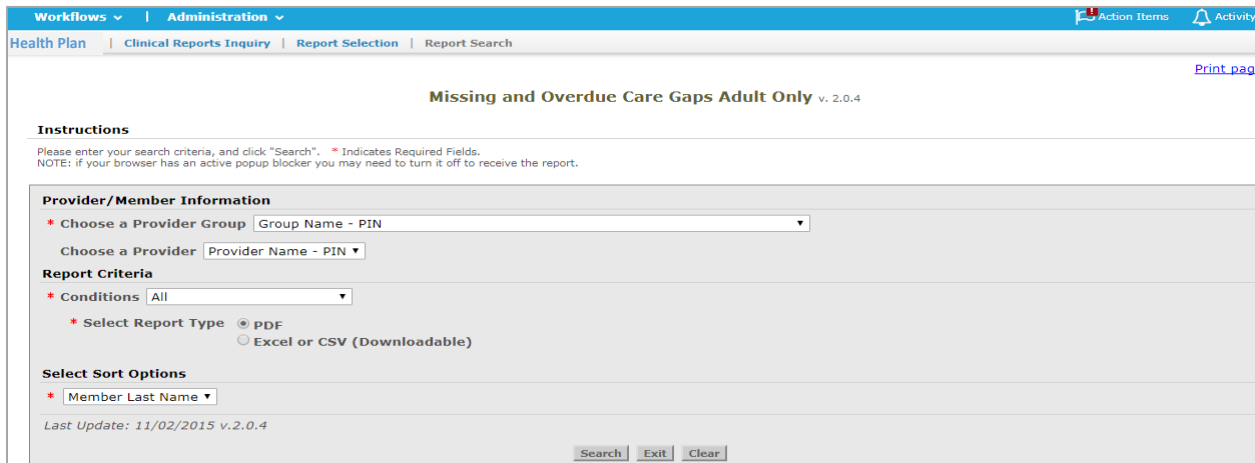
Log-in to NaviNet and choose the desired health plan.



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.

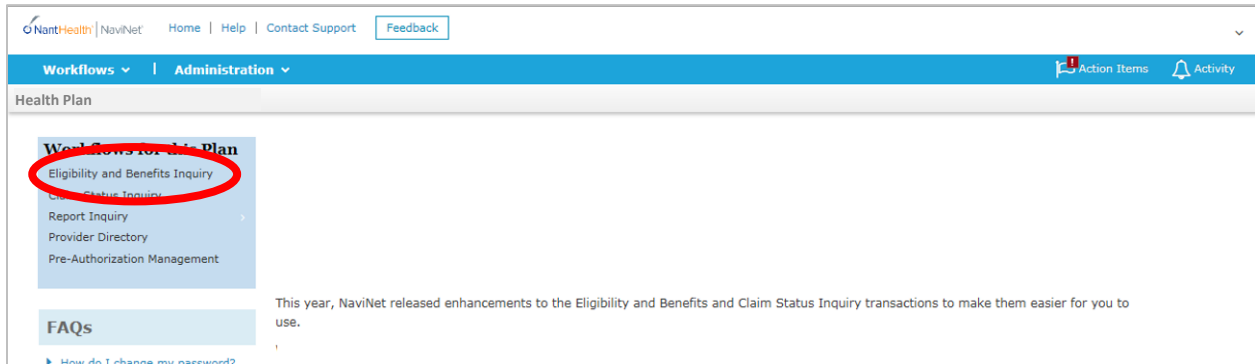
- HEDIS Improvement Query
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adolescent Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- Single Care Gap Query

Each of these reports displays the following columns:

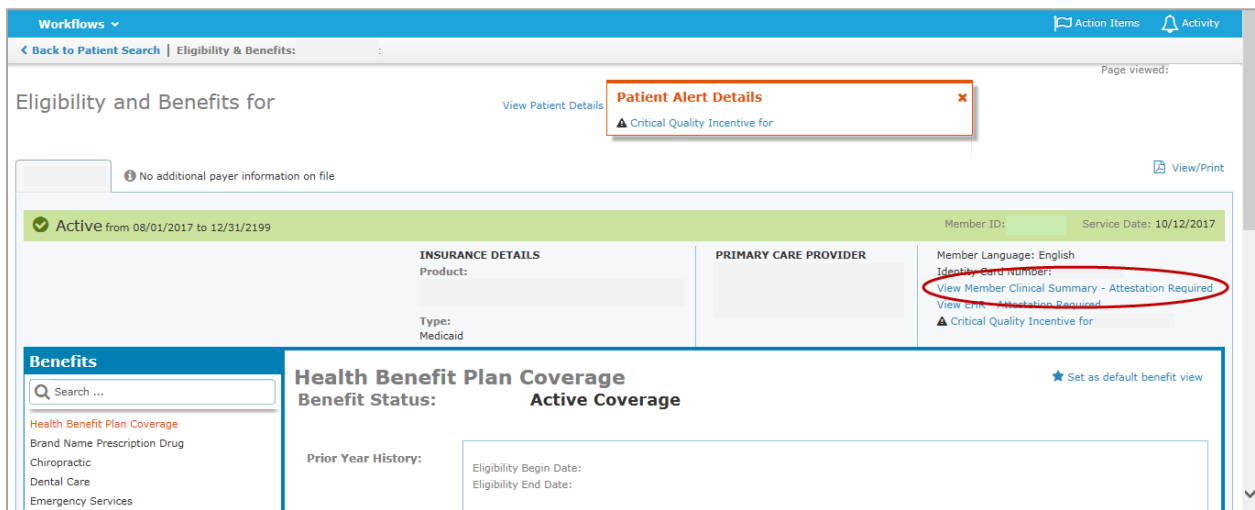
- Provider ID
- Member ID
- Date of Birth
- Member Information
- Service, Status
- Rule of Frequency
- Last Service Date
- Care Gap Update Status

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