



NAVINET CARE GAPS RESPONSE FORM

User Guide

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ACCESSING CARE GAP
INFORMATION

OVERVIEW

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 the [NantHealth Help Center](#).

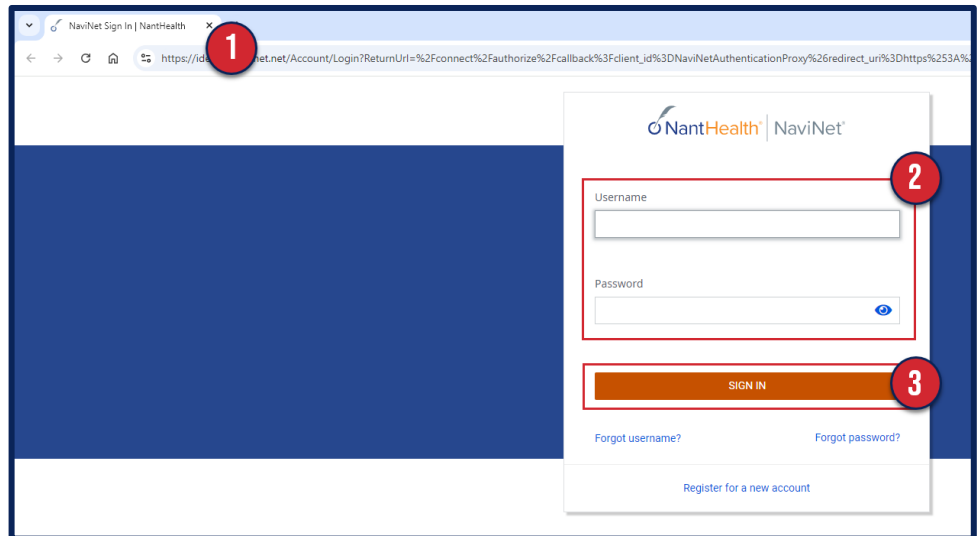
ACCESSING CARE GAP RESPONSE FORMS



NaviNet

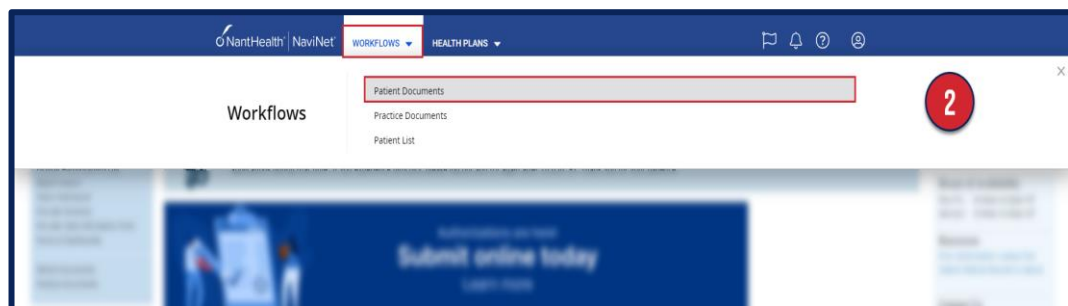
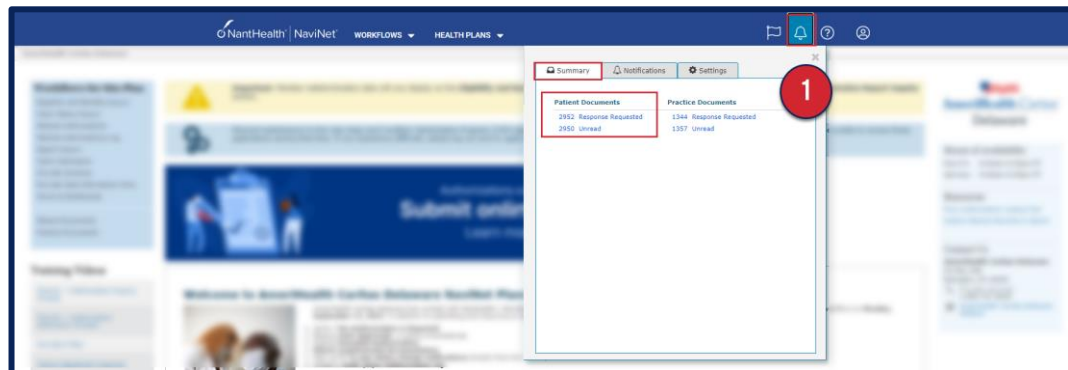
To view and access the Care Gap Response Forms, first log into NaviNet:

1. Go to <https://navinet.nantvimedix.com>.
2. Enter your **Username and Password**.
3. Click **Sign In**.



Once you are successfully logged into NaviNet, there are various ways you can access unresolved Care Gap Response Forms:

- **Option 1:** Summary tab, within the Activity Menu
 - Click on **Response Requested** or **Unread**.
- **Option 2:** Patient Documents Workflow
 - Select **Patient Documents** from the Workflows menu.



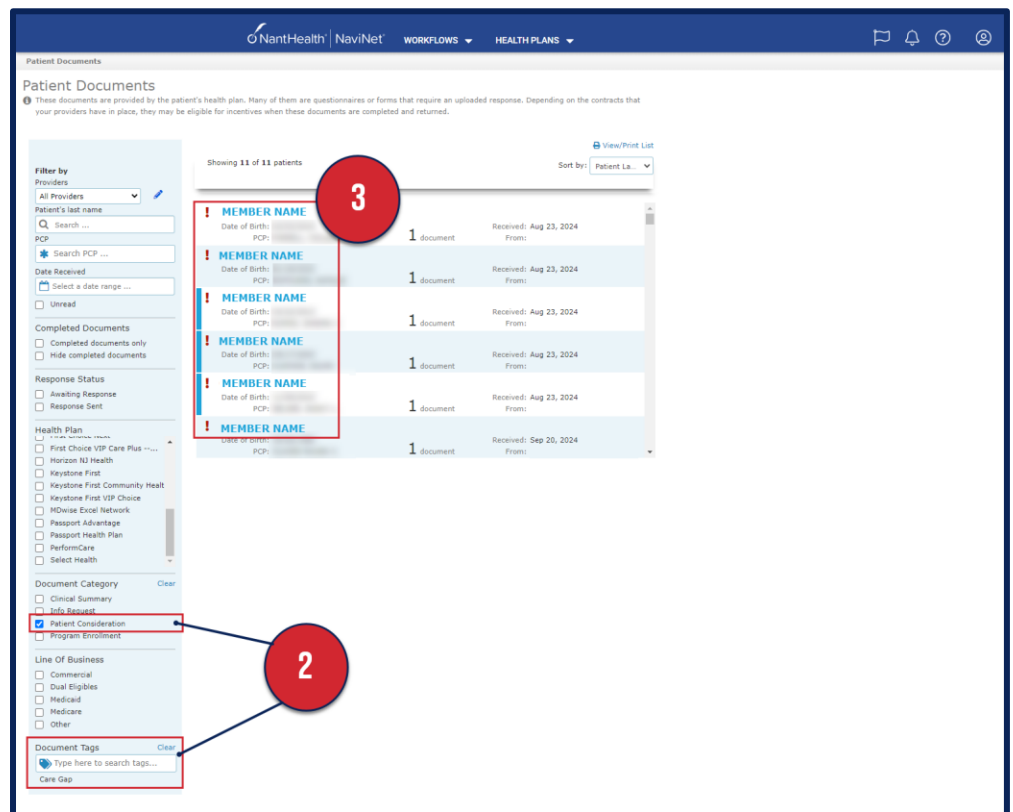
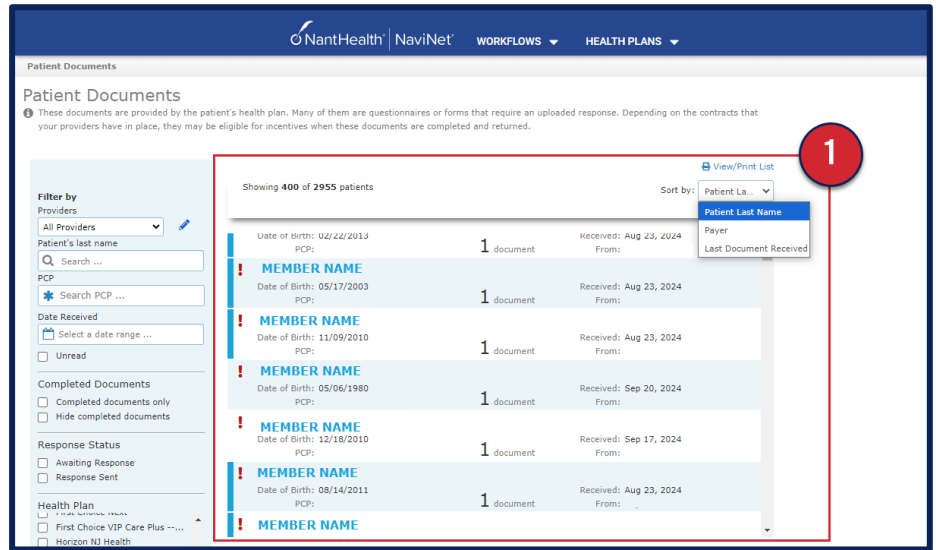
ACCESSING CARE GAP RESPONSE FORMS CONT'D.



Option 2: Patient Documents Workflow

If you access the Care Gap Response Form from the Patient Documents Workflow:

1. The Patient Documents screen will display a list of members.
 - You can sort the list by Patient's Last Name (default), Payer, or Last Document Received.
2. Filter the list by either checking off the *Patient Consideration* under Document Category and typing in *Care Gap* in the Document Tags field.
3. Select any member name to open the Care Consideration Detail screen for that member.



ACCESSING CARE GAP RESPONSE FORMS CONT'D.



Option 2: Patient Documents Workflow Cont'd.

- 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 information, and Care Manager's name and number.
 - If no Care Manager is assigned to the member, you will see a phone number to call to participate in the "Let Us Know program" and receive support with reaching the member.
- Respond to all the Care Gaps listed in the Response Required section by clicking Resolve Care Gaps.

CARE GAP RESPONSE FORM

JANE DOE
female born on 01/01/1947 (77 yrs old)
Member ID [REDACTED]

PRIMARY CARE PROVIDER LAST SEEN [REDACTED]

Claims processed through end of Month March 2024

Care Consideration Detail

Please contact [REDACTED] for assistance

Response Required

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency	Response
Hypertension	Controlling High Blood Pressure	Non-Compliant			Ongoing	Pending approval

Other Service Gaps

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Medication Management	Hepatitis C Treatment - Hepatitis C SVR 12	Non-Compliant			Once

At Risk/Risk Services

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Annual Flu Vaccine	Immunization: Flu	At Risk			At risk indicates no claims for flu shot for the current season and age 65 or older

Up-to-date

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
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Resolve Care Gaps

NAVIGATING CARE GAP RESPONSE FORMS

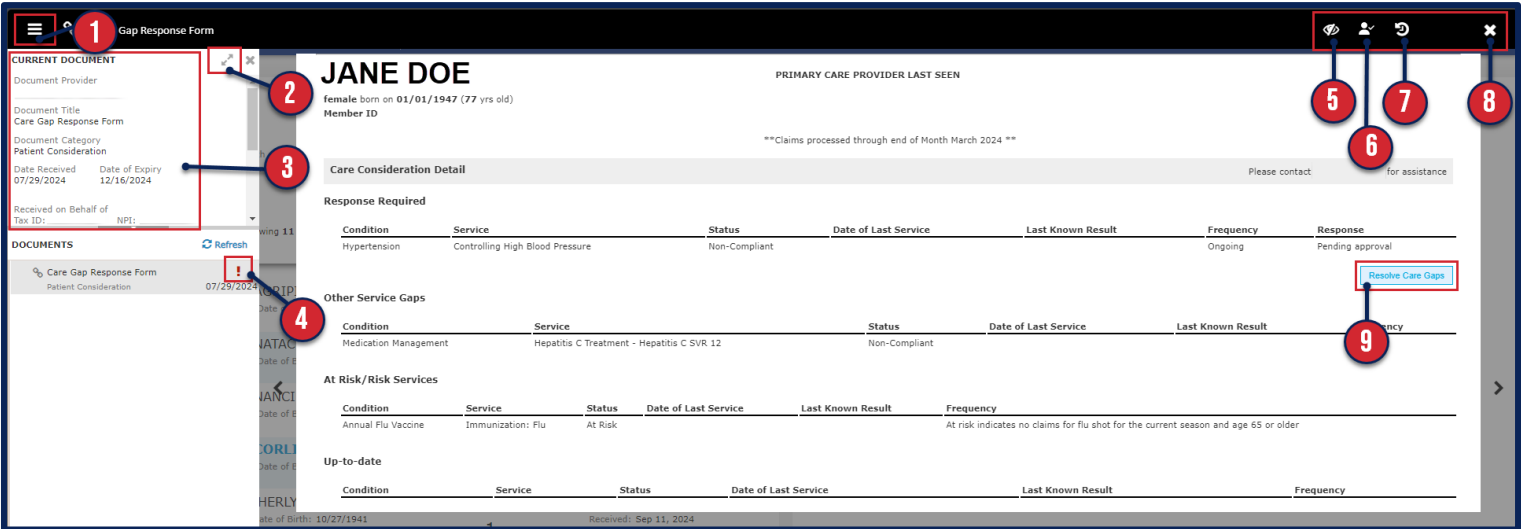


Document Viewer

When you access the care gap notifications, the system displays the member's Care Consideration Detail screen in the document viewer.

Use the toolbar at the top of the screen to take any of the following actions:

- 1. Menu** – allows you to toggle to view in full-screen.
- 2. Show all document details** – allows you to expand hidden information in the Current Document field.
- 3. Current Document** – allows you to view information about the member 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
- 4. Red Exclamation** – Signifies Response requested.
- 5. Mark Unread** – allows you to mark the current document as unread.
- 6. Set Completed Flag** – allows you to mark the current document as completed.
- 7. History** – allows you to view the document history, including when the office received the document, and when a user read or downloaded it.
- 8. Close** – allows you to close the current document.
- 9. Resolve Care Gaps** – this will open the Care Gap Response Form in a new window.



COMPLETING THE CARE GAP RESPONSE FORM



Provider Self-Service Window

Once the Resolve Care Gaps button is selected, the Care Gap Response Form opens in a new window.

In this window, you can see:

1. Member Details
2. PCP Assigned
3. Member Roster link
4. Grouping Allowed Color Indicator – Indicates which Care Gaps can be grouped together.
5. Care Gap Group – Indicates the name of the Care Gap/HEDIS measure.
6. The Care Gap's Provider Response Status

Provider Self-Service
appian

Welcome

Please contact (833) 212-2264 for assistance

Member & PCP Details

Member Details

Name : _____

ID : _____

Age/DOB : _____

SSN (last 4 digits): _____

Phone : _____

PCP Assigned

Name : _____

Address : _____

Phone : _____

3 [Member Roster](#)

**** Claims processed through end of Month October, 2025 ****

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

1 When submitting responses/uploading documents, you can only select Care Gaps/Services that are within the same **Care Gap Group** AND have the same **Provider Response Status**. For example, if you have one or more Care Gaps/Services with a status of 'Saved/Not Submitted' AND one or more Care Gaps/Services with a different status (e.g., 'Response Required'), you can only upload a document for one 'Provider Response Status' category at a time.

2 Rows can be grouped together for document upload/Care Gap closure if they meet two conditions:

- They share the same **Care Gap Group Name**
- They have a **Provider Response Status** of 'Response required'

3 Column entitled **Grouping Allowed?** indicates whether a row is eligible for Grouping. Any rows that display the same-colored check mark icon can be submitted together.

Grouping Allowed?	Care Gap Group	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Pneumococcal	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Zoster	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Hep B	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Blood Pressure Control for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Glycemic Status Assessment for Patients With Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-Tdap	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Influenza	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Eye Exam for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Well Child Visits in the First 30 Months of Life W30	Well Child Visits in the First 30 Months of Life-First 15 Months	Non-Compliant	7/15/2018		Ongoing	Pending approval
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Td/Tdap	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-HPV Immunizations	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-Meningococcal	Non-Compliant			Ongoing	Response required

12 items

CLOSE
SAVE FOR NOW

There are four major Care Gap Groupings:

- Child and Adolescent Immunizations
- Care of Older Adults
- Transition of Care
- Well Care Visits

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



Provider Self-Service Window Cont'd.

To complete the Care Gap Response Form

1. Select the **Care Gap(s)**.

- Rows can be grouped together for document upload/Care Gap closure if they share the same **color icon**, same **Care Gap Group Name**, and have a Provider Response Status of **'Response required'**.
- Depending on the Care Gap type, you will be prompted to verify service delivery or request an exclusion.

2. Enter the **date(s) complete** to confirm the service delivery.

- All Date(s) of Service need to be entered, or the form will be sent back by the reviewer as unresolved.

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

1

When submitting responses/uploading documents, you can only select Care Gaps/Services that are within the same Care Gap Group AND have the same Provider Response Status. For example, if you have one or more Care Gaps/Services with a status of 'Saved/Not Submitted' AND one or more Care Gaps/Services with a different status (e.g., 'Response Required'), you can only upload a document for one 'Provider Response Status' category at a time.

Rows can be grouped together for document upload/Care Gap closure if they meet two conditions:

- They share the same **Care Gap Group Name**
- They have a **Provider Response Status** of 'Response required'

Icon entitled **Grouping Allowed?** indicates whether a row is eligible for Grouping. Any rows that display the same-colored check mark icon can be submitted together.

Grouping Allowed?	Care Gap Group	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Pneumococcal	Non-Compliant			Ongoing	Response required
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Zoster	Non-Compliant			Ongoing	Response required
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Hep B	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Blood Pressure Control for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Glycemic Status Assessment for Patients With Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-Tdap	Non-Compliant			Ongoing	Response required
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Influenza	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Eye Exam for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Well Child Visits in the First 30 Months of Life W30	Well Child Visits in the First 30 Months of Life-First 15 Months	Non-Compliant	7/15/2018		Ongoing	Pending approval
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Td/Tdap	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-HPV Immunizations	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-Meningococcal	Non-Compliant			Ongoing	Response required

12 items

Enter the Date(s) of Service for **Adult Immunization Status - Pneumococcal**

Enter the Date(s) of Service for **Adult Immunization Status - Zoster**

Enter the Date(s) of Service for **Adult Immunization Status - Hep B**

Enter the Date(s) of Service for **Adult Immunization Status - Influenza**

Enter the Date(s) of Service for **Adult Immunization Status - Td/Tdap**

2

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

Result (if appropriate)

250 characters remaining

Please attach one of the below documents to verify service delivery *

Immunization Record or Medical Record

UPLOAD

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



Provider Self-Service Window Cont'd.

To complete the Care Gap Response Form

3. Add the **Result**, if appropriate (this field is not mandatory).
4. Verify the service delivery by **attaching one of the documents listed**.
 - The list may vary depending on the Care Gap Type.



Note:

- 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

! When submitting responses/uploading documents, you can only select Care Gaps/Services that are within the same **Care Gap Group** AND have the same **Provider Response Status**. For example, if you have one or more Care Gaps/Services with a status of 'Saved/Not Submitted' AND one or more Care Gaps/Services with a different status (e.g., 'Response Required'), you can only upload a document for one 'Provider Response Status' category at a time.

! Rows can be grouped together for document upload/Care Gap closure if they meet two conditions:

- They share the same **Care Gap Group Name**
- They have a **Provider Response Status** of 'Response required'

*The column entitled **Grouping Allowed?** indicates whether a row is eligible for Grouping. Any rows that display the same-colored check mark icon can be submitted together.*

<input type="checkbox"/> Grouping Allowed?	Care Gap Group	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Pneumococcal	Non-Compliant			Ongoing	Response required
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Zoster	Non-Compliant			Ongoing	Response required
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Hep B	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Blood Pressure Control for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Glycemic Status Assessment for Patients With Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-Tdap	Non-Compliant			Ongoing	Response required
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Influenza	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Eye Exam for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Well Child Visits in the First 30 Months of Life W30	Well Child Visits in the First 30 Months of Life-First 15 Months	Non-Compliant	7/15/2018		Ongoing	Pending approval
<input checked="" type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Td/Tdap	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-HPV Immunizations	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents-Meningococcal	Non-Compliant			Ongoing	Response required

12 items

Enter the Date(s) of Service for **Adult Immunization Status - Pneumococcal**

Enter the Date(s) of Service for **Adult Immunization Status - Zoster**

Enter the Date(s) of Service for **Adult Immunization Status - Hep B**

Enter the Date(s) of Service for **Adult Immunization Status - Influenza**

Enter the Date(s) of Service for **Adult Immunization Status - Td/Tdap**

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

Result (if appropriate)

250 characters remaining

Please attach one of the below documents to verify service delivery *

Immunization Record or Medical Record

UPLOAD

UPLOAD DOCUMENT

3

4

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



Provider Self-Service Window Cont'd.

5. Select the **Attest Below** box to attest all the information on the form is true and accurate prior to submitting.
6. Click **Submit**.
7. Once the Care Gap(s) form is submitted, the Provider Response Status will now display Pending Approval, and the icon will change.

The screenshot shows the 'Provider Self-Service' interface. At the top, there is an 'UPLOAD DOCUMENT' button. Below it, the 'Uploaded Documents' section lists a document named 'Test Import Document.pdf' with a description: 'Completed standardized functional status assessment tool or visit note documenting that 5 ADLs or 4 IADLs were assessed with a date of service within the measurement year.' Below this, there is an 'Add Note (Optional)' checkbox. A red box highlights the 'Please Attest Below' section, which contains a checked checkbox and the text: '(KEITH BRAD A.) hereby attest that the above information is true and accurate'. To the right of this text is a 'Date' field with the value '09/27/2024'. Below the attestation, there are radio buttons for 'Would you like assistance with this member? (Optional)' with options 'Yes' and 'No'. The 'Existing Supporting Documents' section is empty, showing 'No documents found'. At the bottom right, there are 'SAVE FOR NOW' and 'SUBMIT' buttons. A red circle with the number '5' is placed over the attestation checkbox, and another red circle with the number '6' is placed over the 'SUBMIT' button.

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

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Grouping Allowed?	Care Gap Group	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Pneumococcal	Non-Compliant			Ongoing	Pending approval
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Zoster	Non-Compliant			Ongoing	Pending approval
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Hep B	Non-Compliant			Ongoing	Pending approval
<input type="checkbox"/>	Diabetic Members	Blood Pressure Control for Patients With Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Diabetic Members	Glycemic Status Assessment for Patients With Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents- Tdap	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Influenza	Non-Compliant			Ongoing	Pending approval
<input type="checkbox"/>	Diabetic Members	Eye Exam for Patients with Diabetes	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Well Child Visits in the First 30 Months of Life W30	Well Child Visits in the First 30 Months of Life-First 15 Months	Non-Compliant	7/15/2018		Ongoing	Pending approval
<input type="checkbox"/>	Adult Immunizations AIS-E	Adult Immunization Status - Td/Tdap	Non-Compliant			Ongoing	Pending approval
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents- HPV Immunizations	Non-Compliant			Ongoing	Response required
<input type="checkbox"/>	Adolescent Immunizations IMA-E	Immunizations for Adolescents- Meningococcal	Non-Compliant			Ongoing	Response required

12 items

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



Member Roster

Once the Care Gap form(s) are submitted, the provider can perform a new search through the Member Roster link on the response form.

1. Click the **Member Roster** link.
2. Click **Yes** on the Confirm Action pop-up.
3. A list of the provider's members with unresolved care gaps will appear.
4. Select the **appropriate member** to resolve the member's care gap(s).

Provider Self-Service

AmeriHealth Caritas

Welcome
Please contact (833) 212-2264 for assistance

1 Member Roster

Member & PCP Details

Member Details

Name: [REDACTED]
ID: [REDACTED]
Age/DOB: [REDACTED]
SSN (last 4 digits): [REDACTED]
Phone: [REDACTED]

PCP Assigned

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED]

**** Claims processed through end of Month October, 2025 ****

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

- When submitting responses/uploading documents, you can only select Care Gaps/Services that are within the same Care Gap Group AND have the same Provider Response Status. For example, if you have one or more Care Gaps/Services with a status of 'Saved/Not Submitted' AND one or more Care Gaps/Services with a different status (e.g., 'Response Required'), you can only upload a document for one 'Provider Response Status' category at a time.
- Rows can be grouped together for document upload/Care Gap closure if they meet two conditions:
 - They share the same Care Gap Group Name
 - They have a Provider Response Status of 'Response required'

Provider Self-Service

AmeriHealth Caritas

Welcome
Please contact (833) 212-2264 for assistance

Member & PCP Details

Member Details

PCP Assigned

2

Confirm Action

You are about to leave this page and go to Member Roster. Any unsaved changes will be lost. Continue?

NO YES

Provider Self-Service

AmeriHealth Caritas

Welcome
Please contact (833) 212-2264 for assistance

Member Roster

PCP Assigned

Name	Address	Phone
[REDACTED]	[REDACTED]	[REDACTED]

Filter By

Member Id	Member First Name	Member Last Name	Condition	Service
			-- Select a Value --	-- Select a Value --

RESET

SEARCH

Search Results

Showing up to 1000 results. Use filters to narrow your search.

Member id	First Name	Last Name	Condition	Service	Status
91972115	Hyaicnthe	Bischke	Diabetes	Adult Immunization Status - Influenza	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Adult Immunization Status - Pneumococcal	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Adult Immunization Status - Td/Tdap	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Adult Immunization Status - Zoster	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Adult Immunization Status - Hep B	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Blood Pressure Control for Patients with Diabetes	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Eye Exam for Patients with Diabetes	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Glycemic Status Assessment for Patients With Diabetes	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Immunizations for Adolescents-HPV Immunizations	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Immunizations for Adolescents-Meningococcal	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Immunizations for Adolescents-Tdap	Non-Compliant
91972115	Hyaicnthe	Bischke	Diabetes	Well Child Visits in the First 30 Months of Life-15 to 30 Months	Up-to-date
91972115	Hyaicnthe	Bischke	Diabetes	Well Child Visits in the First 30 Months of Life-First 15 Months	Non-Compliant

13 items

CLOSE

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



Requesting an Exclusion

The provider can request an exclusion for Care Gaps such as Breast Cancer screening, Cervical Cancer screening, and Chlamydia screening in women.

If you are reviewing one of these Care Gaps and need to request an exclusion:

1. Click on **Request an exclusion.**
2. The form will populate with the documentation needed based on the selected Care Gap.
3. Attach the **supporting documentation.**

Provider Self-Service

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

<input checked="" type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input checked="" type="checkbox"/>	Colorectal Cancer Screening	Non-Compliant			Every 1-10 years test dependent	Response required

Service: Preventive Health - Colorectal Cancer Screening

Please select one*

Confirm Service Delivery Request an exclusion **1**

Please attach one of the below documents to request for exclusion **2**

Documentation of colon cancer or total colectomy any time in member history through 12/31 of the measurement year.

Please attach document(s) to support reason of exclusion **3**

UPLOAD Drop files here

UPLOAD EXCLUSION DOCUMENT

Uploaded Documents

List of Supporting Documents uploaded in current session

Document Link	Document Type	
Test Import Document.pdf	EXCLUSION: Documentation of colon cancer or total colectomy any time in member history through 12/31 of the measurement year.	✗

Add Note (Optional)

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



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 based on the attached documentation, return a status of *Approved* or *Rejected*.

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.

CARE GAP RESPONSE FORM

JANE DOE PRIMARY CARE PROVIDER LAST SEEN

female born on 01/01/1947 (77 yrs old)
Member ID: [REDACTED]

**Claims processed through end of Month March 2024 **

Please contact [REDACTED] for assistance

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency	Response
Hypertension	Controlling High Blood Pressure	Non-Compliant			Ongoing	Response Required

Resolve Care Gaps

Other Service Gaps

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Medication Management	Hepatitis C Treatment - Hepatitis C SVR 12	Non-Compliant			Once

At Risk/Risk Services

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Annual Flu Vaccine	Immunization: Flu	At Risk			At risk indicates no claims for flu shot for the current season and age 65 or older

Up-to-date

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

COMPLETING THE CARE GAP RESPONSE FORM CONT'D.



Reviewing the Status of a Care Gap Cont'd.

If your Care Gap Response is rejected:

1. You will see a new alert in the Activity tab in NaviNet.
2. On the Care Consideration Detail screen for that patient, the status in the Response column is Rejected.
3. Once in the Care Gap Response Form, select the rejected Care Gap and read the Quality Reviewer's notes before resubmitting your response.
4. The notes grid in the form will include all previous comments related to the Care Gap from both you and the Quality Reviewer.
5. You can click Resolve Care Gaps to work that Care Gap again.
6. The Care Gap will not be removed from your list until approved by the Quality Reviewer.

CURRENT DOCUMENT
Document Provider
Document Title: Care Gap Response Form
Document Category: Patient Consideration
Date Received: 07/29/2024, Date of Expiry: 12/16/2024
Received on Behalf of: Tax ID: , NPI: ,
DOCUMENTS
Care Gap Response Form (07/29/2024)

JANE DOE
female born on 01/01/1947 (77 yrs old)
Member ID
PRIMARY CARE PROVIDER LAST SEEN
**Claims processed through end of Month March 2024 **

Care Consideration Detail: Please contact [redacted] for assistance

Response Required

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency	Response
Hypertension	Controlling High Blood Pressure	Non-Compliant			Ongoing	Rejected Resolve Care Gaps

Other Service Gaps

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Medication Management	Hepatitis C Treatment - Hepatitis C SVR 12	Non-Compliant			Once

At Risk/Risk Services

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Annual Flu Vaccine	Immunization: Flu	At Risk			At risk indicates no claims for flu shot for the current season and age 65 or older

Up-to-date

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



Care Gap Response Form

- 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 screen to auto-refresh.
- 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.

Provider Self-Service

Welcome

Care Manager
Name : Shakerra Hardee
Phone : 888 978-0862

Member & PCP Details

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

PCP Assigned
Name : ██████████
Address : ██████████
Phone : ██████████

**** Claims processed through end of Month March, 2024 ****

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"/>	Controlling High Blood Pressure	Non-Compliant	7/1/2024		Ongoing	Pending approval
<input checked="" type="checkbox"/>	Care for Older Adults-Func Status	Non-Compliant	11/19/2019		Annually	Response required
<input type="checkbox"/>	Care for Older Adults-Pain Assess	Non-Compliant	11/19/2019		Annually	Response required

Service: Preventive Health - Care for Older Adults-Func Status

Date Complete *
mm/dd/yyyy

Result (if appropriate)
250 characters remaining

Please attach one of the below documents to verify service delivery *
 Completed standardized functional status assessment tool or visit note documenting that 5 ADLs or 4 IADLs were assessed with a date of service within the measurement year.

UPLOAD

UPLOADED DOCUMENT

Uploaded Documents
List of Supporting Documents uploaded in current session

Document Link	Document Type
No documents found	

Add Note (Optional)

Please Attest Below *
 I (DAVIS KIMBERLY S.) hereby attest that the above information is true and accurate

Date
09/27/2024

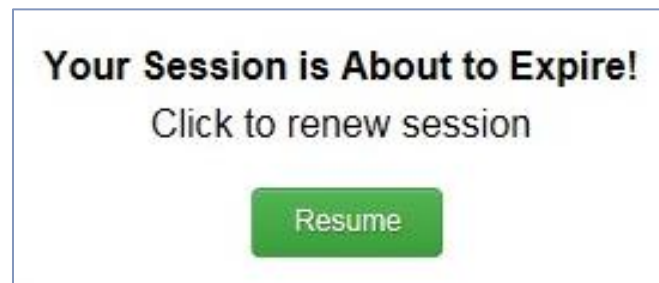
Would you like assistance with this member (optional)
 Yes
 No

Existing Supporting Documents
List of Supporting Documents uploaded and Submitted in an earlier session

Document Link	Document Type
No documents found	

CLOSE

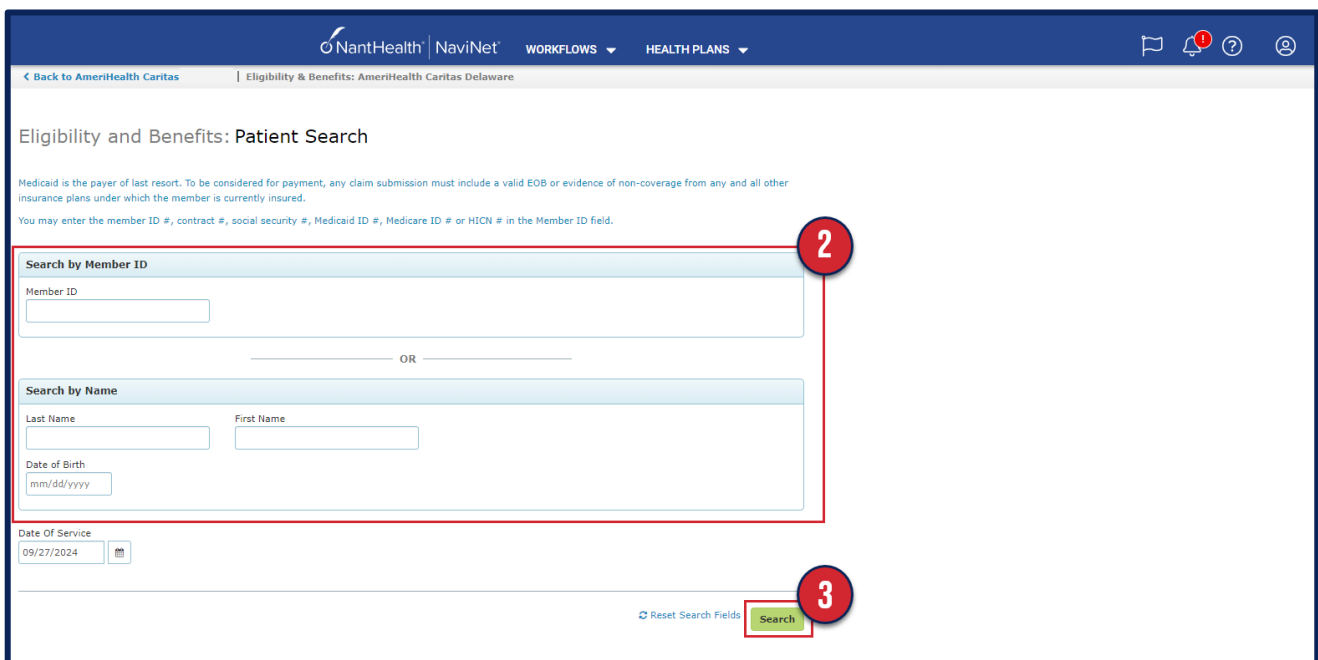
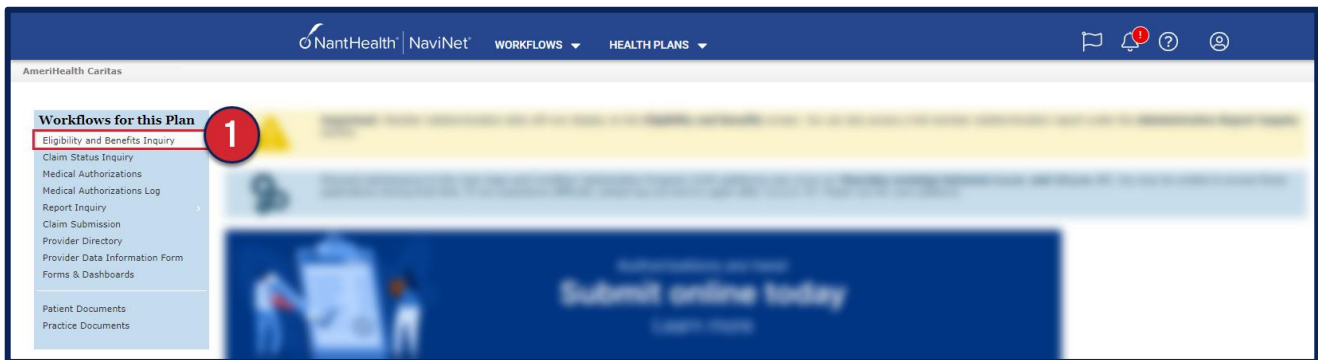
SAVE FOR NOW SUBMIT



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.

1. Click on **Eligibility and Benefits Inquiry** from the Workflows for this Plan menu.
2. Enter the **Member ID or Member Name**.
3. Click **Search**.





Access Care Gap Information via Eligibility and Benefits Inquiry Cont'd.

The resulting Patient Details screen will display a Care Gap Alert noted as a Critical Quality Incentive for that member in the Patient Alert Details.

4. Click the **alert**.

- A read-only version of the Care Gap worksheet will appear.
- The write and fax functionality will not be available on this worksheet.

5. Click on **Clinical Documents** to address any Care Gaps for that member.

- This link will open the Care Consideration Detail screen for that member.
- Due to the amount of data located under the Care Consideration Detail, this link may take some time to appear.

Eligibility and Benefits for Member Name
Male born on 11/11/2020

Patient Alert Details

- ▲ Care Gap for Member Name
- ▲ Member ID Card for Member Name
- ▲ PCP History for Member Name
- ▲ PT-OT-ST Therapy Accumulator for Member Name

Active from 11/11/2020 to 11/31/2199

1 Clinical Documents(s)
1 is waiting for a response

INSURANCE DETAILS
Product: AHC - AMERHEALTH
Type: Medicaid

PRIMARY CARE PROVIDER
Member Language: English
Identifi Card Number: [REDACTED]
View Member Clinical Summary - Attestation Required
▲ Care Gap for Member Name
▲ Member ID Card for Member Name
▲ PCP History for Member Name
▲ PT-OT-ST Therapy Accumulator for Member Name

Health Benefit Plan Coverage
Benefit Status: Active Coverage

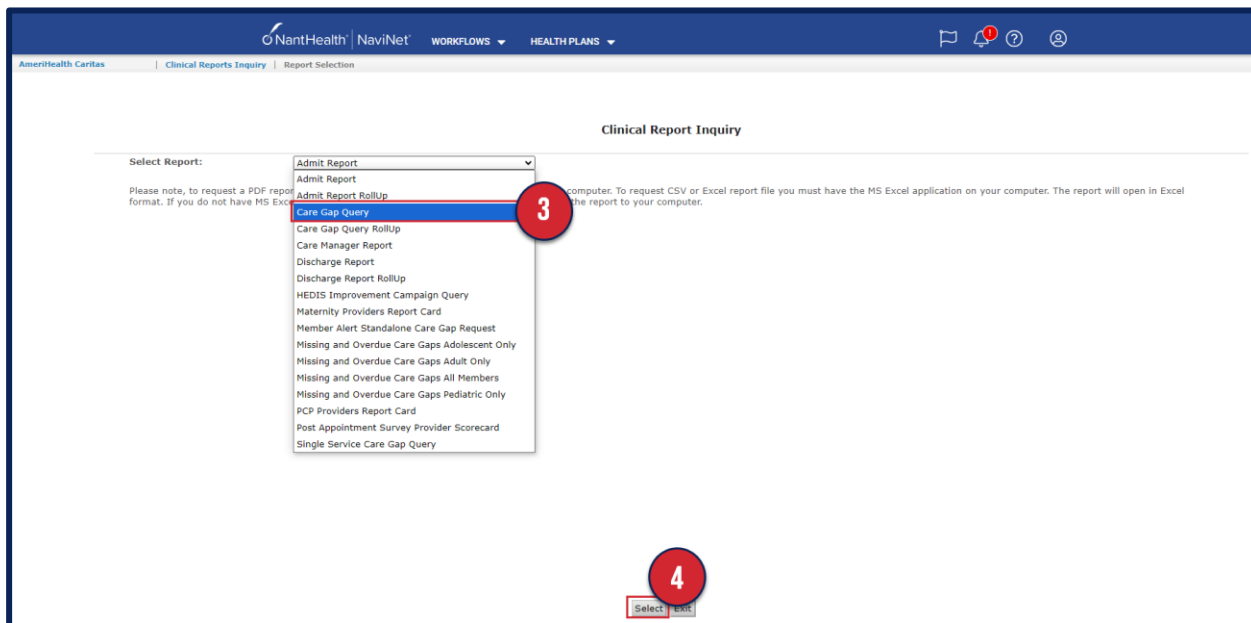
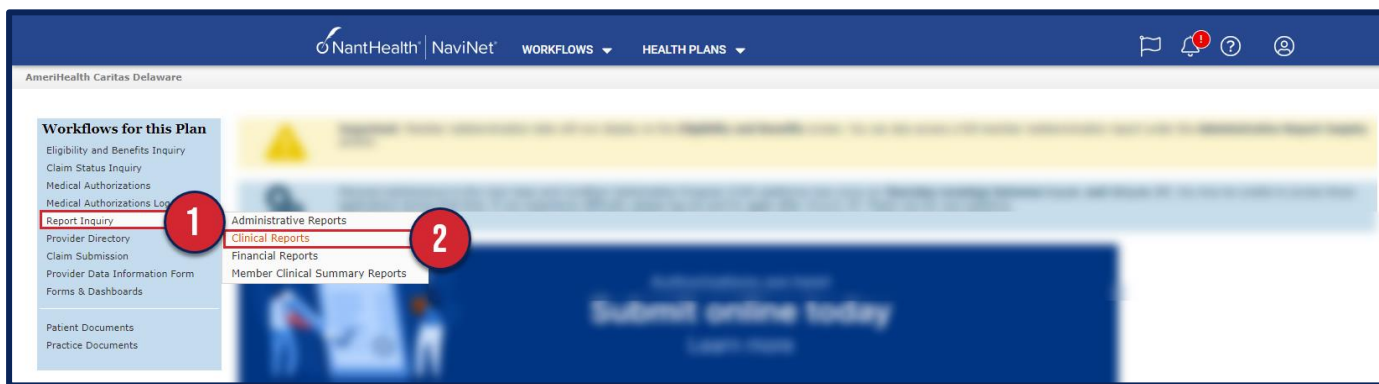
Prior Year History:
Eligibility Begin Date: 11/11/2020
• AMERHEALTH CARITAS

Benefits
Search ...
Health Benefit Plan Coverage
Brand Name Prescription Drug
Chiropractic
Dental Care
Emergency Services
Generic Prescription Drug
Hospital
Hospital - Emergency Medical
Hospital - Inpatient
Hospital - Outpatient
Medical Care
Mental Health
Pharmacy
Professional (Physician) Visit - Office
Urgent Care
Vision (Optometry)

Disclaimer: UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Access Care Gap Information via Care Gap Query Reports

1. Click **Report Inquiry**.
2. Select **Clinical Reports**.
3. Select **Care Gap Query** from the drop-down.
4. Click **Select**.



ACCESSING CARE GAP INFORMATION CONT'D.



Access Care Gap Information via Care Gap Query Reports Cont'd.

5. Select a **Provider Group** and all other applicable selections on the Care Gap Query screen.
6. Click **Search**.
7. The Care Gap Query Report will display all of that member's Care Gaps.

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** ▼

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

Select Report Type PDF
 Excel - CSV (Downloadable)
 Excel - XLSX (Downloadable)

Select Sort Options

* **Member Last Name** ▼

Last Update: 08/17/2023 v.1.0.5

6 Search Exit Clear

Care Gap Query Report

Provider ID	Member ID	Date of Birth	Member Information	Service	Status*	Rule of Frequency	Last Service Date	Last Value	Next Due Event Date	Care Gap Update Status	Language	Race	Ethnicity
				Adult Immunization Status - Influenza	Non-Compliant	Annually			02/13/2024	Requires Response	ENGLISH	American-White/Caucasian	Non-Hispanic
				Adult Immunization Status - Tet/Top	Non-Compliant	Every 10 Years			02/13/2024	Requires Response	ENGLISH	American-White/Caucasian	Non-Hispanic
				Adult Immunization Status - Influenza	Non-Compliant	Annually			02/13/2024	Requires Response	ENGLISH	Caucasian	Other Race or Ethnicity
				Adult Immunization Status - Tet/Top	Non-Compliant	Every 10 Years			02/13/2024	Requires Response	ENGLISH	Caucasian	Other Race or Ethnicity
				Adult Access to Prescription Antibiotic Health Service	Non-Compliant	Annually			02/13/2024	Requires Response	ENGLISH	Caucasian	Other Race or Ethnicity
				Cervical Cancer Screening	Non-Compliant	Every 3-5 years (see specification)			02/13/2024	Requires Response	ENGLISH	Caucasian	Other Race or Ethnicity
				Antidiabetic Medication Management/Continuation Phase	Non-Compliant	Ongoing	02/13/2024		02/13/2024	Requires Response	ENGLISH	African-American-Black or African-American	Non-Hispanic
				Adult Immunization Status - Influenza	Non-Compliant	Annually	02/13/2023		02/13/2024	Requires Response	ENGLISH	American-Black or African-American	Non-Hispanic
				Prevent and Respond to Case-Postpartum	Non-Compliant	Once				Requires Response	ENGLISH	Caucasian	Other Race or Ethnicity
				Prevent and Respond to Case-Preval	Non-Compliant	Once				Requires Response	ENGLISH	Caucasian	Other Race or Ethnicity

Data Source: The data in the Care Gap Query is derived from claim information submitted to and processed by the health plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

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Care Gap Query Report

Provider ID	Member ID	Date of Birth	Member Information	Service	Status*	Rule of Frequency	Last Service Date	Last Value	Next Due Event Date	Care Gap Update Status	Language	Race	Ethnicity
				Adult Immunization Status - Influenza	Non-Compliant	Annually			02/13/2024	Requires Response	Other or Unknown	Caucasian	Other Race or Ethnicity



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 Adolescents Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- Single Service 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
- Last Value
- Next Due Event Date
- Care Gap Update Status
- Language
- Race
- Ethnicity

Care Gap Query Report														
Provider ID	Member ID	Date of Birth	Member Information	Medicaid Expansion	Service	Status*	Rule of Frequency	Last Service Date	Last Value	Next Due Event Date	Care Gap Update Status	Language	Race	Ethnicity
					Hepatitis C Screening	Non-Compliant	Once					Spanish	decline - Decline to State	Hispanic - Mexican
					EPSTD-ANNUAL HEARING TEST	Non-Compliant	Annually			09/25/2024		Spanish	decline - Decline to State	Hispanic - Mexican
					Chlamydia Screening in Women	Non-Compliant	Annually	03/08/2022		03/08/2023	Response Required	Spanish	decline - Decline to State	Hispanic - Mexican
					Blood Glucose Monitoring	At Risk	At Risk indicates underutilization of blood glucose testing supplies					English	American - White/Caucasian	Non-Hispanic
				Y	Kidney Health Evaluation for Patient with Diabetes-DuACR	Non-Compliant	Annually			09/25/2024		English	American - White/Caucasian	Non-Hispanic
				Y	Kidney Health Evaluation for Patient with Diabetes-uACR	Non-Compliant	Annually			09/25/2024		English	American - White/Caucasian	Non-Hispanic
				Y	Adult Immunization Status - Influenza	Non-Compliant	Annually			09/25/2024	Response Required	English	American - White/Caucasian	Non-Hispanic
				Y	Adult Immunization Status - Td/Tdap	Non-Compliant	Every 10 Years	10/05/2015		09/25/2024	Response Required	English	American - White/Caucasian	Non-Hispanic

Data Source: The data in the Care Gap Query is derived from claim information submitted to and processed by the health plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

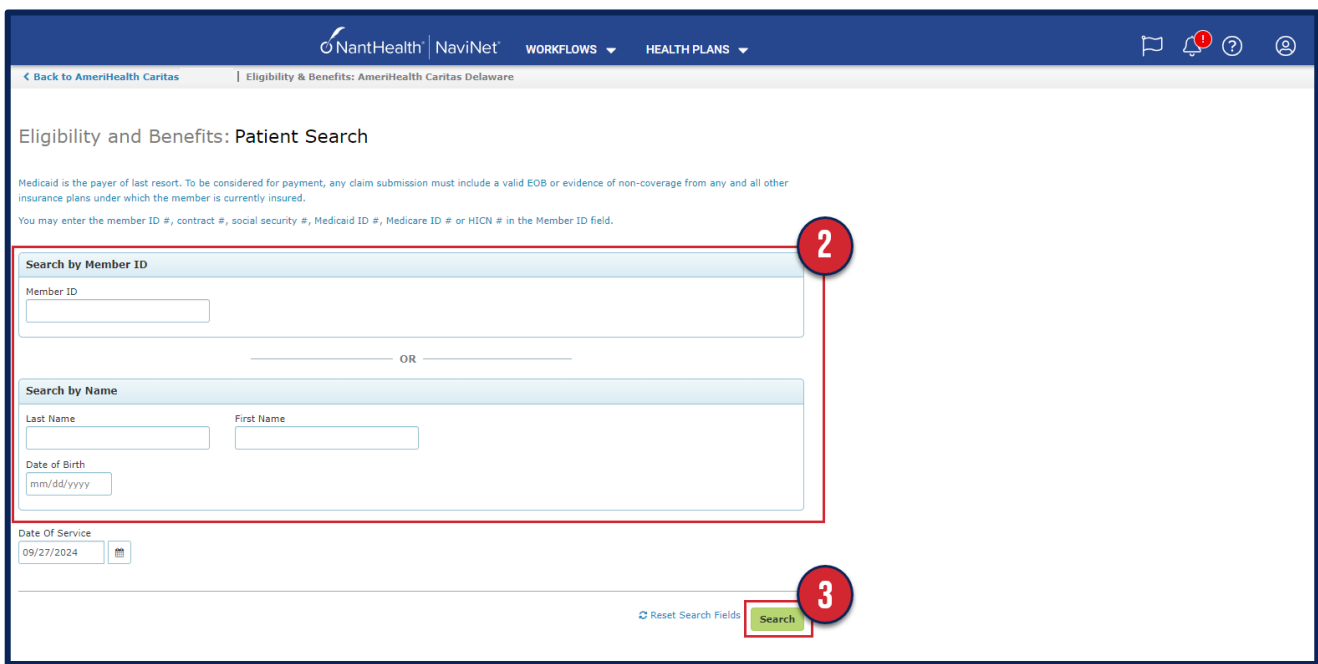
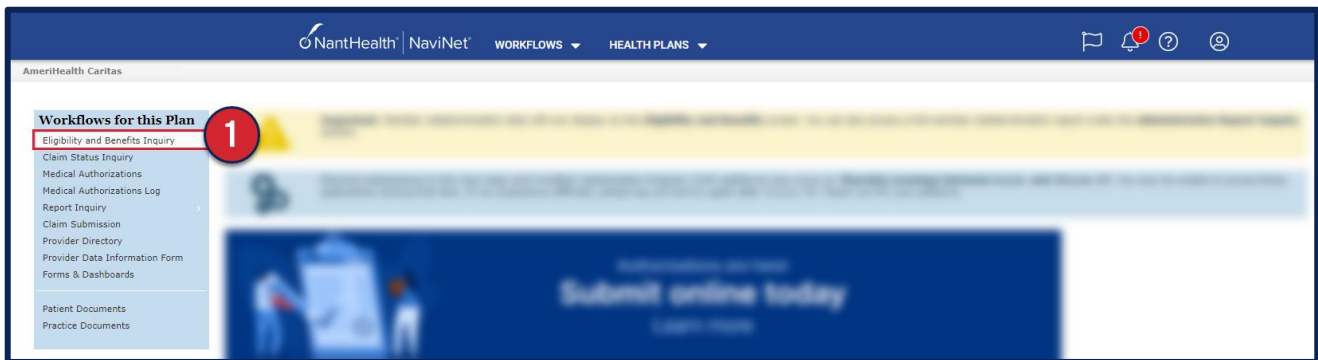
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Access Care Gap Information via Member Clinical Summary Report

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

1. Click on **Eligibility and Benefits Inquiry** from the Workflows for this Plan menu.
2. Enter the **Member ID or Member Name**.
3. Click **Search**.



ACCESSING CARE GAP INFORMATION



Access Care Gap Information via Member Clinical Summary Report Cont'd.

- The patient Details screen will display. Click on **View Member Clinical Summary**.
- The Member Clinical Summary will show Care Gap statuses as compliant and non-compliant.

Eligibility and Benefits for Member Name
Male born on 11/11/2020

INSURANCE DETAILS
Product: AHC - AMERHEALTH
Type: Medicaid

PRIMARY CARE PROVIDER
Member Language: English
Identity Card Number: [Redacted]
View Member Clinical Summary - Attestation Required

Benefits
Health Benefit Plan Coverage
Benefit Status: Active Coverage

Member Clinical Summary
Date of Report: 09/27/2024

Member Information
Name: [Redacted]
Address: [Redacted]
City/ST/Zip: [Redacted]
Phone: [Redacted]
Gender: M
DOB: 11/16/2020
Member ID: [Redacted]
Race: African American - Black or African American
Ethnicity: Non-Hispanic
Language: English

PCP Information
Provider Name: [Redacted]
Address: [Redacted]
City/ST/Zip: [Redacted]
Phone: [Redacted]

Care Manager Information
Please contact [Redacted] for assistance

Medications (Within past 6 months)

Fill Date	Name & Strength	Days Supply	Prescriber Name	Pharmacy Name
5/6/2024	CETIRIZINE HCL 1 MG/ML SOLN	24	[Redacted]	WAL-MART PHARMACY #1
5/6/2024	AMOXICILLIN 400 MG/5 ML SUSP	10	[Redacted]	WAL-MART PHARMACY #1
5/10/2024	IBUPROFEN 100 MG/5 ML SUSP	7	[Redacted]	WAL-MART PHARMACY #1

Clinical Conditions
There are no data records available for this section.

Social Determinants (Within past 12 months)
There are no data records available for this section.

Gaps in Care

Condition	Service	Status	Last Service	Next Service	Rule
EPSTD	EPSTD-Annual Vision Screen	Non-Compliant		3/27/2024	Annually
Preventive Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children-Activity	Non-Compliant		3/27/2024	Annually
Preventive Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children-SM	Non-Compliant		3/27/2024	Annually
Preventive Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children-Nutrition	Non-Compliant		3/27/2024	Annually



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