

NaviNet Enhancements Training Guide Keystone First



**Plan Central
Enhancements**

**Eligibility & Benefits
Enhancements**

**Claim Status Inquiry
Enhancements**



Transaction Enhancements



Plan Central Enhancements

Plan Central Old vs New



- Workflows for this Plan**
- Eligibility and Benefits Inquiry
 - Claim Status Inquiry
 - Claim Submission
 - Provider Directory
 - Referral Inquiry

- Workflows for this Plan**
- Eligibility and Benefits Inquiry
 - Claim Status Inquiry
 - Claim Submission
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 - Referral Inquiry



- 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?
 - ▶ How do I enable or disable permissions for users in my office?
- More ▼



Keystone First

Intensive Case Management (ICM) Enhancements

The ability for providers participating in the ICM program to adjust multiple claims per member is ready to be implemented. Thank you for your patience while we resolved technical issues.

Please read [Intensive Case Management \(ICM\) Reimbursement Program Enhancement Details](#) for more information.

Hours of Availability

Mon-Fri: 8:00am-6:00pm ET
Sat-Sun: 9:00am-5:00pm ET

Provider Tools

Keystone First Provider Communications

Forms

Keystone First Provider Forms

Contact Us

Keystone First
200 Stevens Drive
Philadelphia, PA 19113
1-800-521-6007
provider.communications@ke...
www.keystonefirstpa.com

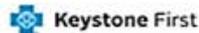
Quick Links

- ▶ Keystone First

Keystone First Plan Central

Workflows for this Plan

Eligibility and Benefits Inquiry
Claim Status Inquiry
Claim Submission
Provider Directory
Referral Inquiry



Welcome to NaviNet

Please note that beginning February 29, 2016, you will need Internet Explorer 11 (IE11) to access and use the Jiva provider portal.

New! Single Service Care Gap reports are now available on NaviNet.

Your office can now receive a care gap report listing all of the members on your panel in need of the same service. The NaviNet report menu offers a choice for a wide variety of conditions your office may find helpful to target specific patient populations, e.g. all patients missing their HbA1c screening or all adolescents missing an annual well visit. To see this new report, select **Report Inquiry > Clinical Reports > Single Service Care Gap.**

Latest Updates

Keystone First

Intensive Case Management (ICM) Enhancements

The ability for providers participating in the ICM program to adjust multiple claims per member is ready to be implemented. Thank you for your patience while we resolved technical issues.

Please read [Intensive Case Management \(ICM\) Reimbursement Program Enhancement Details](#) for more information.

- [Electronic remittance advice \(ERA\) modifications](#)
- [NDC billing reminders](#)
- The Department of Human Services (DHS) announced the availability of a [new online Electronic Provider Enrollment Application](#).
- [Changes in home health billing codes](#)
- [Changes to reimbursement of certain family planning service codes](#)
- [ICD-10: Policy and claims payment system updates](#)
- Important Reminder: [Keystone First's Referral Process Changes on January 1, 2016](#)
- As of December 04, 2015, the following products, [Adderall XR®](#) and [Starlix®](#), have been removed from the Keystone First drug formulary.
- Effective immediately, Keystone First [will reimburse Primary Care Practitioners \(PCP\) and certain specialty practitioners for telephonic ADHD assessment and management services.](#)

Quick Links

- ▶ [Keystone First](#)

Hours of Availability

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Provider Tools

[Keystone First Provider Communications](#)

Forms

[Keystone First Provider Forms](#)

Contact Us

Keystone First
200 Stevens Drive
Philadelphia, PA 19113

☎ 1-800-521-6007

✉ provider.communications@ke...

🌐 www.keystonefirstpa.com

Provider Resources

Payer Contact Information

Enhancement Userguide



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?
- ▶ How do I enable or disable permissions for users in my office?

More ▾



Eligibility and Benefits

Eligibility & Benefits Search Screen

Member Eligibility and Benefits Inquiry

Instructions

Select the type of search you would like to perform, enter your search criteria, and click "Search".
If more than one member is found, the records will appear in the table below.

* Required Fields

Collapse Search Criteria Collapse Search Criteria After Search

Search Type

* Search Type:

Member Information

* Member ID:

Service Information

* Date of Service:



Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. Please submit to other carrier as appropriate. A valid EOB and or evidence of non coverage of services from primary carriers must be submitted with the claim submission to be considered for payment.

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

Date Of Service

Search

E&B Search Screen

Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. Please submit to other carrier as appropriate. A valid EOB and or evidence of non coverage of services from primary carriers must be submitted with the claim submission to be considered for payment.

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

mm/dd/yyyy

Date Of Service

02/01/2016



Search

Search by:

- Member ID
- OR**

Search by:

- Member Last Name
- Member First Name
- Member Date of Birth

Eligibility & Benefits Results Screen



Eligibility Details
As of 03/04/2016

Member Information		Group Number: 389034589	
Member ID: 50022334	Member Name: DOE, JOHN	Group Name: CENTRAL SCHOOL DISTRICT	
Product:		Benefit Begin Date: 01/01/2001	
Eligibility Status: Active Coverage		Benefit Begin Date: 01/04/2011	
		Benefit End Date: 03/04/2017	
		Date Of Birth:	

Provider Information

Current PCP: GREEN, MARK	PCP ID:
Address: 901 WASHLAND AVENUE PHILADELPHIA, PA, 19135	
Phone Number: 215-555-2121	

Other Coverage Information

Plan Name: COMMERCIAL INSURANCE (NOT OTHERWISE LISTED) - MEDICARE SUPPLEMENT PART A (MEDIGAP)	Policy Number: 204456
--	------------------------------

Detailed Benefits for Date of Service: 03/04/2016

Health Benefit Plan Coverage

Status: Active Coverage
Coverage Level: Individual

Hospital - Emergency Medical

Status: Active Coverage

Co-Insurance (Plan Responsibility): None
Co-Payment: \$0

Coverage Level: Individual
Deductible: \$0

Eligibility History

Effective Start Date: 07/28/2013



Eligibility and Benefits for JOHN WALKER
Male born on 10/10/2004

Keystone First

Active from 01/06/2015 to 12/31/2199

Patient Details

JOHN WALKER
Male born on 10/10/2004
464 DREAM STREET
DREAMLAND, NJ 02020

First Name: JOHN
Last Name: WALKER

Member ID:
Group: 0080038-0036
DREAMLAND TOWNSHIP BOE

Subscriber: CHRIS WALKER
(Parent/Guardian)

ERIC - BASIC MEDICAL Service Date: 03/03/2016

PRIMARY CARE PROVIDER
NO PCP SELECTED
Phone:

- Benefits**
- 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**

Professional (Physician) Visit - Office ★ Set as default benefit view

Co-Pay:	\$0 Authorization : Not Required
Co-Insurance:	0% Authorization : Not Required
Deductible:	\$0 per Calendar Year Individual Authorization : Not Required
	\$0 Remaining Individual Authorization : Not Required

Benefit Begin Date: 01/01/2015

E&B Result Details

The screenshot displays the 'Eligibility and Benefits for JOHN WALKER' interface. At the top, the patient's name and birth date are shown. Navigation links for 'View Patient Details' and 'Print' are present. A green bar indicates the member is 'Active' from 01/06/2015 to 12/31/2199, with Member ID, Group (GENERIC - BASIC MEDICAL), and Service Date (03/03/2016) listed. Below this is an 'Eligibility Status Bar' and a 'Details Section' containing 'INSURANCE DETAILS' and 'PRIMARY CARE PROVIDER' information. A 'Services Menu' on the left lists various benefit categories, with 'Professional (Physician) Visit - Office' selected. The main content area shows details for this service, including Co-Pay (\$0), Co-Insurance (0%), and Deductible (\$0 per Calendar Year), all with 'Authorization : Not Required'. The 'Benefit Begin Date' is 01/01/2015.

Eligibility and Benefits for JOHN WALKER
Male born on 10/10/2004

Keystone First

Active from 01/06/2015 to 12/31/2199 Member ID: Group: GENERIC - BASIC MEDICAL Service Date: 03/03/2016

View Patient Details View Patient Details Print

Screen Header

Eligibility Status Bar

Details Section

INSURANCE DETAILS
Product:
Type:

PRIMARY CARE PROVIDER
NO PCP SELECTED
Phone:

Services Menu

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**

Professional (Physician) Visit - Office [★ Set as default benefit view](#)

Co-Pay: \$0
Authorization : Not Required

Co-Insurance: 0%
Authorization : Not Required

Deductible: \$0 per Calendar Year
Individual
Authorization : Not Required

\$0 Remaining
Individual
Authorization : Not Required

Benefit Begin Date: 01/01/2015

E&B Result Details

Eligibility and Benefits for JOHN WALKER

Male born on 10/10/2004

[View Patient Details](#)

Keystone First

Screen Header

View Patient Details

Active from 01/06/2015 to 12/31/2199

Patient Details

JOHN WALKER

Male born on 10/10/2004

464 DREAM STREET
DREAMLAND, NJ 02020

First Name: JOHN
Last Name: WALKER

Member ID:
Group: 0080038-0036
DREAMLAND TOWNSHIP BOE

Subscriber: CHRIS WALKER
(Parent/Guardian)

Screen Header

The screen header shows the patient's name, gender, and date of birth. This information is displayed prominently to help users confirm they are looking at details for the correct patient.

Patient Details Window

The user can view more details for the patient by choosing View Patient Details at the top of the screen. This link opens the Patient Details window, which displays patient demographic information and subscriber details.

E&B Result Details

Eligibility and Benefits for JOHN WALKER
Male born on 10/10/2004

Keystone First

Active from 01/06/2015 to 12/31/2199

Eligibility Status Bar

The **Eligibility Status Bar** prominently displays the most valuable information to the user. The overall coverage status of the patient appears in large font to allow the user to find status quickly. In the following example, the user has an active status. The eligibility date (start date or range) is shown to the right of the eligibility status.

E&B Result Details

Services Menu

Details Section

Professional (Physician) Visit - Office ★ Set as default benefit view

Co-Pay: \$0
Authorization : Not Required

Co-Insurance: 0%
Authorization : Not Required

Deductible: \$0 per Calendar Year
Individual
Authorization : Not Required

\$0 Remaining
Individual
Authorization : Not Required

Benefit Begin Date: 01/01/2015

- The purpose of this feature is to immediately show the benefit details used the most. Users can set a different default for each health plan.
- Each user in the office can set their own default. This selection is at the user level, not the office level.

- **The Details Section** shows all benefit details for the currently selected service type. The header displays the name of the service selected in the Services menu.
- **The Services Menu** displays a list of services supported by the health plan. Choosing any other service on the list displays benefit details for the patient for that service in the Details section to the right of the menu. After the Health Benefit Plan Coverage option, the rest of the services are displayed in alphabetical order from top to bottom, and the currently selected service is always highlighted in the Services menu.

Alerts and Alert Attestation

Eligibility and Benefits for **Joe Jones**

[View Patient Details](#)

Male born on 01/01/2000

PATIENT ALERT DETAILS

- ⚠ Member Lockin for Jones, Joe
- ⚠ Care Gap for Jones, Joe

Active from 01/06/2015 to 12/31/2199

Member ID:

Group: 789AD GENERIC - BASIC MEDICAL Service Date: 03/15/2016

Attest to Member Clinical Summary

Clicking **Attest** will give you access to reports with sensitive clinical data. If you are not positive that you should have access to this information, do not click **Attest**.

If you click **Attest** the system will record your answer and you will be asked this question again after 60 days.

Clicking **Cancel** will restrict you from viewing reports with sensitive clinical data. If you click **Cancel** you will be returned to the Details screen.

When you click **Cancel**, the system will not record your answer so if you try to access clinical information in the future you will again receive this notice.

[Cancel](#)

[Attest](#)

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

Professional

Co-Pay:

Co-Insur

Deductible:

Authorization : Not Required

\$0 per Calendar Year

Individual

Authorization : Not Required

\$0 Remaining

Individual

Authorization : Not Required

Benefit Begin Date: 01/01/2015



Claim Status Inquiry Enhancements

Claim Status Inquiry Search Screen

Claim Status Inquiry

Select the type of search you would like to perform, enter your search criteria, and click "Search".
Claim records will appear in the table below.

* Required Fields

Collapse Search Criteria Collapse Search Criteria After Search

Search Type

* Search Type:

Provider Information

* Group Name:

Provider Name:

Member Information

* Member ID:

Claim Information

* Service Start Date: * Serv

Claim Number:

Claim Status: Search

Billing Entity

Select Billing Entity...

Patient Details

Last Name

First Name

Optional

Member ID

Date of Birth

Claim Status Details

Service Start



Service End



Claim ID

Optional



Claim Status Inquiry Search

Claim Status: Search

Billing Entity

Select Billing Entity...

Patient Details

Last Name

First Name

Optional

Member ID

Date of Birth

mm/dd/yyyy

Claim Status Details

Service Start

11/03/2015



Service End

02/01/2016



Claim ID

Optional

Required Search Fields

- Billing Entity
- Patient Last Name
- Member ID
- Date of Birth
- Claim Service start date
- Claim Service End Date

Optional Search Fields

- Patient First Name
- Claim ID

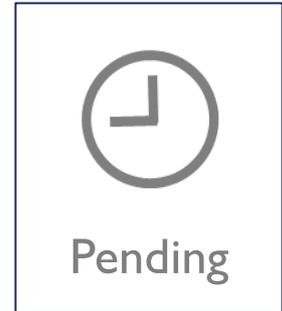
CSI Search Results Screen

Multiple Claims

If multiple claims are returned in the health plan response, the user can select the appropriate claim on the Claims Search Results screen.

Single Claim

If only one claim is returned in the response, the user is taken directly to the Claim Details screen.



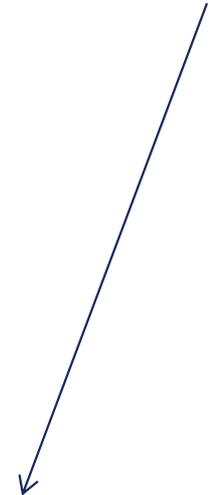
NaviNet Home | Help Welcome, Jen ▾

Workflows ▾ |

◀ Back to Claim Search |

Claims: Search Results

Claim ID	Patient	Service Date(s) ▾	Charge Amount	Payment Number	Payment Date	Paid Amount	Status
	Jones, Richard	01/15/2014	\$479.00		01/22/2013	\$69.34	🕒 Pending
	Jones, Richard	01/02/2014	\$182.01		01/16/2013	\$120.09	✅ Paid
	Jones, Jane	01/02/2014	\$342.00		--	--	🕒 Pending
	Jones, Daryl	01/02/2014	\$2,668.49	--	--	\$0.00	❌ Denied



Claim Status Inquiry Results Screen

Claim Detail As of 03/04/2016



Member Information

Member Name: DOE, JOHN Date Of Birth: 01/01/1960
 Member ID: 2211334455 Gender: MALE

Provider Information

Servicing Provider ID: 226365443

Claim Detail

Claim Number: 103344228822
 Service Date Range: 11/04/2015 - 11/04/2015

Total Amount Billed: \$766.66
 Total Amount Paid: \$500.00
 Paid Date: 12/04/2015
 Check Number: 00010006
 Medical Record Number: M112233445

	Date From Charged Amt	Date To Paid Amt	Procedure Cd Allowed Amt	Modifiers Copay Amt	Units COB Amt	Claim Status Deductible An
1.	11/04/2015	11/04/2015	73110		1	107
	\$383.33	\$35.00	73130	TC	1	107
2.	11/04/2015	11/04/2015	73130		1	107
	\$383.33	\$35.00	73130		1	107

Claim Category	Claim Category Desc
F1	Finalized/Payment - The
Claim Status	Claim Status Descript
107	Processed according to



Claim Status Details for JOHN WALKER Male born on 10/10/2004

Finalized (Claim Status as of 11/23/2015) Claim ID: Service Dates: 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).
 For questions about this claim, call **Provider Services at 1-844-411-0579**.

Provider(s)
Billing Entity:
 NPI:
 Tax ID:
 Provider ID:

Total Billed: \$1,200.00
Total Paid: \$1,200.00
 Payment Number: 2
 (Paid on 11/23/2015)

Patient's Insurance (Member ID:)

Additional Payment Details																
Service	Modifier	Cat Cd	CAP	DRG	NDC Cd	NDC Units	NDC UM	Allowed Amt	Copay Amt	COB Amt	Deduct Amt	WithHold Amt	Remark Cd	Diag Cd	POS	DX Pointers
1	73130	LT	F1	N				\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00		S60.512A		1
2	73130	LT	F1	N				\$200.00	\$0.00	\$0.00	\$0.00	\$0.00		A50.1		1

Additional Details
Bill Type:
 131

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1	73130-LT	1.0 11/11/2015 to 11/14/2015	0636	Finalized	\$1,000.00	\$1,000.00
2	73130-LT	1.0 11/11/2015 to 11/12/2015	0450	Finalized	\$200.00	\$200.00

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

CSI Result Details

Claim Status Details for Mary Jane Test Female born on 10/14/1950

Screen Header

Claim Status Bar

Finalized (Claim Status as of 11/23/2015)

Claim ID:

Service Dates: 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

For questions about this claim, call Provider Services at 1-844-411-0579.

Claim Summary Section

Provider(s)

Billing Entity:

NPI:
Tax ID:
Provider ID:

Total Billed:

\$1,200.00

Total Paid:

\$1,200.00

Payment Number: 2
(Paid on 11/23/2015)

Patient's Insurance
(Member ID:)

Additional Details

Bill Type:
131

Additional Payment Details

Additional Payment Details

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 73130-LT	1.0	11/11/2015 to 11/14/2015	0636	Finalized	\$1,000.00	\$1,000.00
The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).						
2 73130-LT	1.0	11/11/2015 to 11/12/2015	0450	Finalized	\$200.00	\$200.00
The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).						

Service Line Details Section

CSI Result Details

Claim Status Details for **Mary Jane Test**
Female born on 10/14/1950

Screen Header

Claim Status Bar

Finalized (Claim Status as of 11/23/2015)

Claim ID:

Service Dates: 11/11/2015 to 11/14/2015

The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

For questions about this claim, call **Provider Services** at 1-844-411-0579.

Claim Summary Section

Provider(s)

Billing Entity:

NPI:

Tax ID:

Provider ID:

Total Billed:

\$1,200.00

Total Paid:

\$1,200.00

Payment Number: 2
(Paid on 11/23/2015)

Patient's Insurance

(Member ID:

Additional Details

Bill Type:

131

Claim and Service Line Details:

Screen header - The Screen header shows the Patient's name and date of birth for the claim. This key information is displayed prominently at the top of the application to help users confirm that they are looking at details for the correct patient.

Claim Status Bar - Displays current claim status. Users look for the overall claim status and status details as the first and most important information on the page.

Claims Summary Section - Displays the most important details of the claim, including the total charge from the provider and the amount paid by the health plan. The NaviNet Claims Status application presents this information to users in a prominent and highly visible way.

CSI Result Details

Additional Payment Details ✕

Service	Modifier	Cat Cd	CAP	DRG	NDC Cd	NDC Units	NDC UM	Allowed Amt	Copay Amt	COB Amt	Deduct Amt	WithHold Amt	Remark Cd	Diag Cd	POS	DX Pointers
1	73130	LT	F1	N				\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00		S60.512A		1
2	73130	LT	F1	N				\$200.00	\$0.00	\$0.00	\$0.00	\$0.00		A50.1		1

Code	Description
F1	Finalized/Payment-The claim/line has been paid.

Additional Payment Details



Additional Payment Details

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1	73130-LT	1.0 11/11/2015 to 11/14/2015	0636	Finalized	\$1,000.00	\$1,000.00
The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).						
2	73130-LT	1.0 11/11/2015 to 11/12/2015	0450	Finalized	\$200.00	\$200.00
The claim/line has been paid. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).						

Service Line Details Section

Service Line Details section - Displays the details of the individual claim service line. Users look for the overall claim status and status details as the first and most important information on the page.

Additional Payment Details- Displays the allowed amount, amount applied to member responsibility and explanation of benefits description according to each line item.

