



CLAIMS INQUIRY & INVESTIGATION

User Guide

Corporate Provider Network
Management, Training



TABLE OF CONTENTS

03

OVERVIEW

04

STARTING A CLAIM
INVESTIGATION (INQUIRY)

07

CONTINUING CLAIM
INVESTIGATIONS (INQUIRY)

13

CLAIM INVESTIGATION
NOTIFICATIONS

OVERVIEW

The Claim Inquiry function, also referred to in this guide as a Claim Investigation, allows ancillary, facility, and professional providers the ability to submit a claim inquiry on claims that were previously finalized. For each submitted transaction, users will receive an electronic response indicating if the claim was adjusted or an explanation of why it was not adjusted. This new feature is for individual claims; if users have a large claim project, please continue to contact your Provider Account Executive.

Learning Objectives

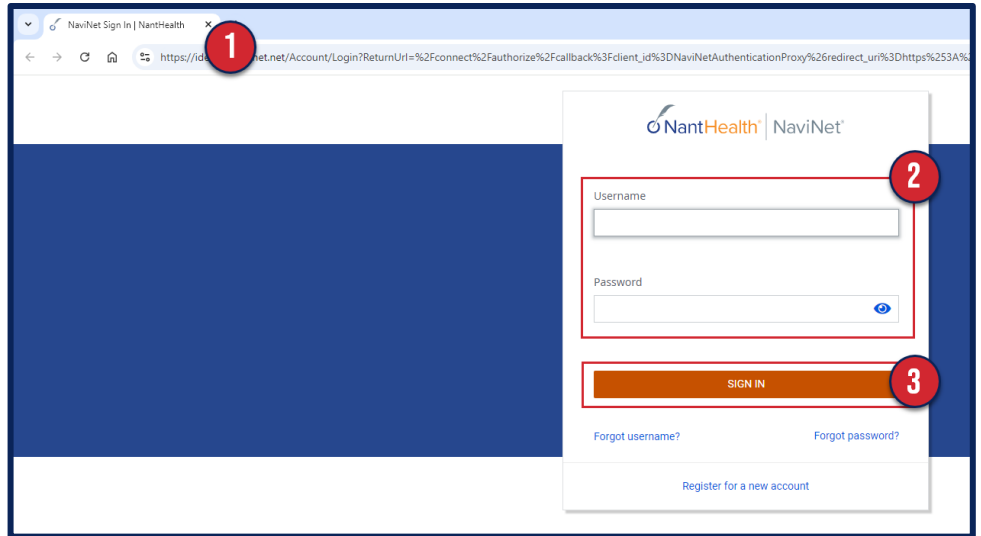
In this guide, you will learn to do the following:

1. Submit a Claim Inquiry
2. Review / Search the Investigation List
3. Enable Notifications
4. Start a new Claim Investigation

NaviNet

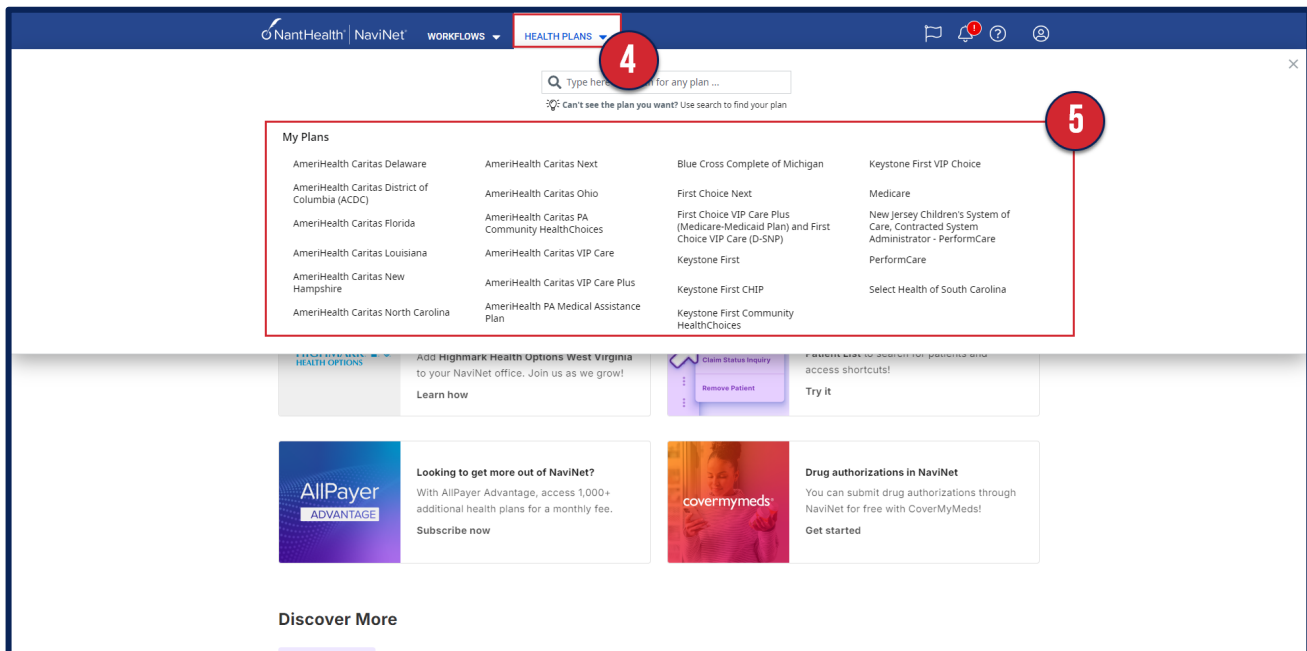
Sign in to NaviNet to navigate to the home screen:

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



Once you are successfully logged into NaviNet:

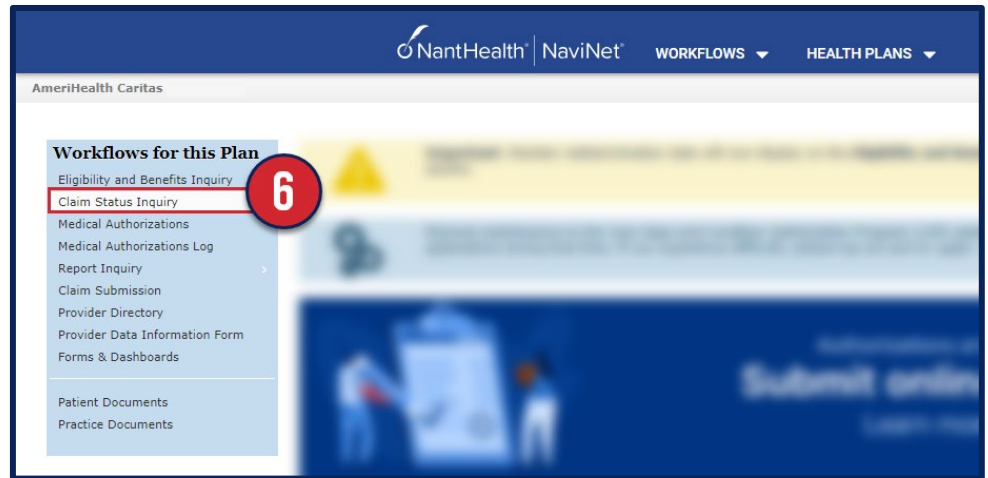
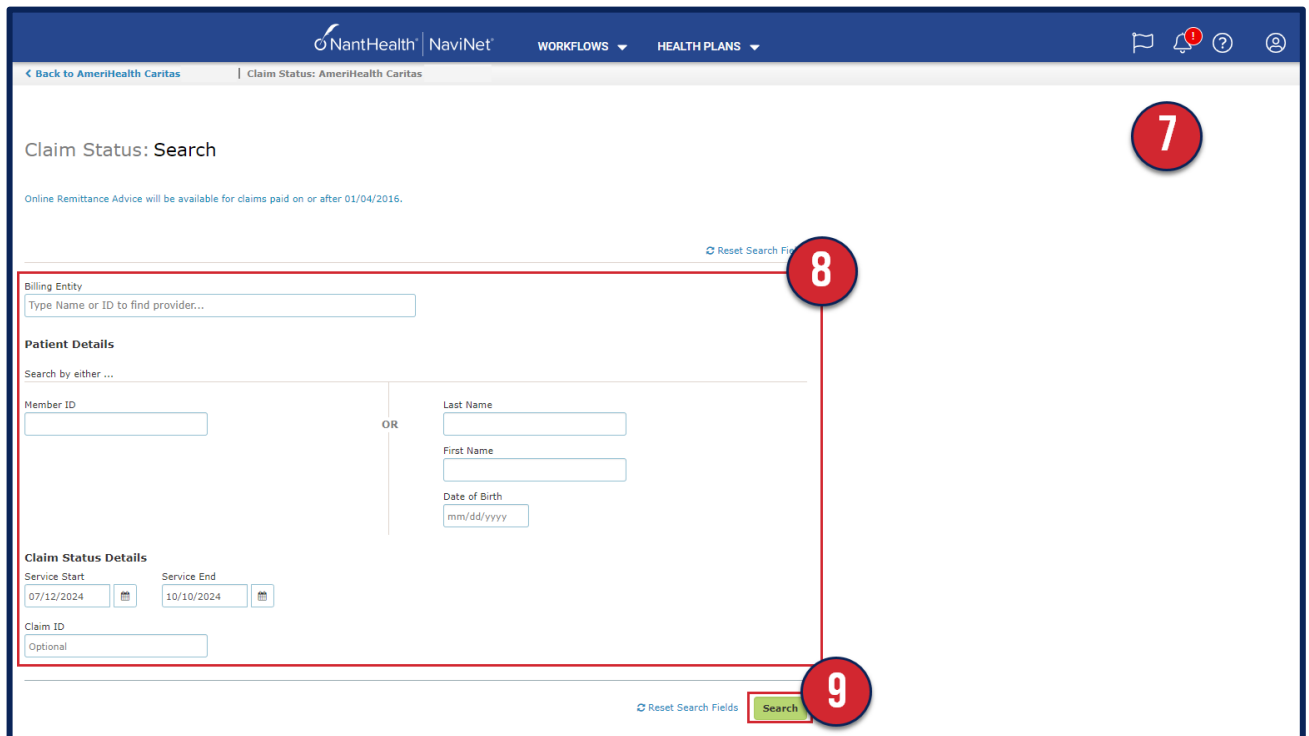
4. Click on Health Plans from the top menu bar.
5. Select your health plan.



Starting a Claim Investigation (Inquiry) Cont'd.

The Plan Central screen will display.

6. Click on Claim Status Inquiry from the Workflows for this Plan menu.
7. The Claim Status Search screen appears.
8. Enter claim search criteria.
9. Click Search.

The screenshot shows the 'Claim Status: Search' screen. The search criteria fields are highlighted with a red box. The fields include:

- Billing Entity:** Type Name or ID to find provider...
- Patient Details:** Search by either ...
 - Member ID
 - OR
 - Last Name
 - First Name
 - Date of Birth (mm/dd/yyyy)
- Claim Status Details:**
 - Service Start: 07/12/2024
 - Service End: 10/10/2024
 - Claim ID: Optional

 A red box highlights the search fields. A red circle containing the number 7 is in the top right corner. A red circle containing the number 8 is next to the 'Reset Search Fields' link. A red circle containing the number 9 is next to the 'Search' button.

Starting a Claim Investigation (Inquiry) Cont'd.

10. Click Investigate on the Claims Status Detail page.
11. On the Start Investigation pop-up, select the reason for the investigation.
12. Enter investigation details. Please be as specific as possible.
13. To add an attachment to the investigation, click **Add Document** to choose a document, or drag and drop a document into the applicable field.



Claim Status Details | **JOHN DOE**
Male born on 11/11/2020

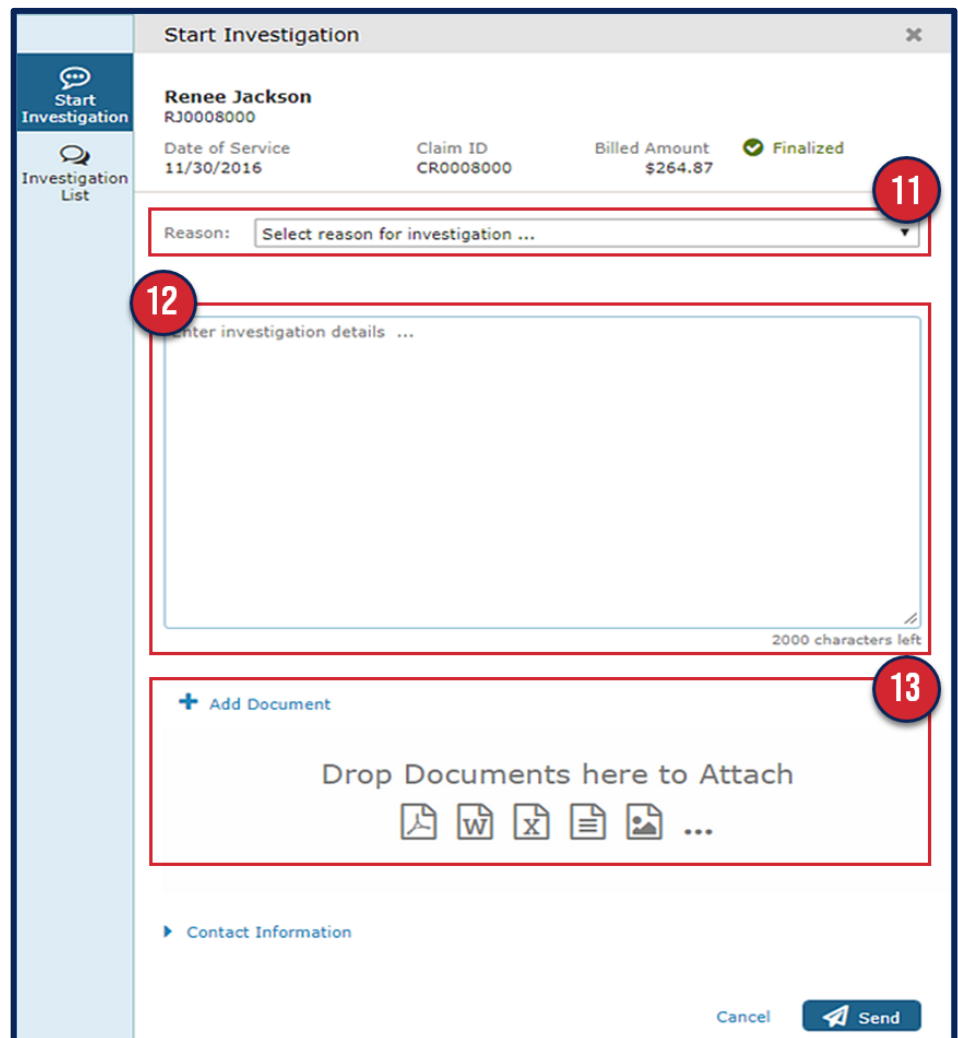
10 Investigate View/Print

Finalized (Claim Status as of 07/01/2024) Claim ID: 123456780000 Service Dates: 06/13/2024 to 06/13/2024

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS AmeriHealth Caritas Member ID: 87654321	Total Billed: \$71.00 Total Paid: \$24.03	Payment Number: 112233445 (Paid on 07/01/2024)
--	--	---

BILLING ENTITY
 ALL PROVIDER
 Tax ID: 000000000
 Provider PIN: ALL PROVIDER



Start Investigation

Renee Jackson
RJ0008000

Date of Service: 11/30/2016 Claim ID: CR0008000 Billed Amount: \$264.87 Finalized

Reason: Select reason for investigation ... **11**

12 Enter investigation details ...
2000 characters left

13 + Add Document

Drop Documents here to Attach

📄 📁 📄 📄 📄 ...

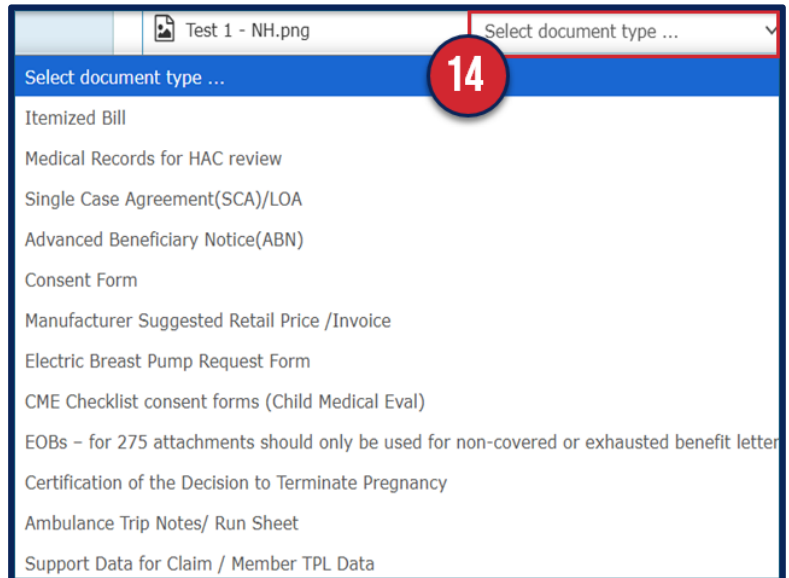
▶ Contact Information

Cancel Send

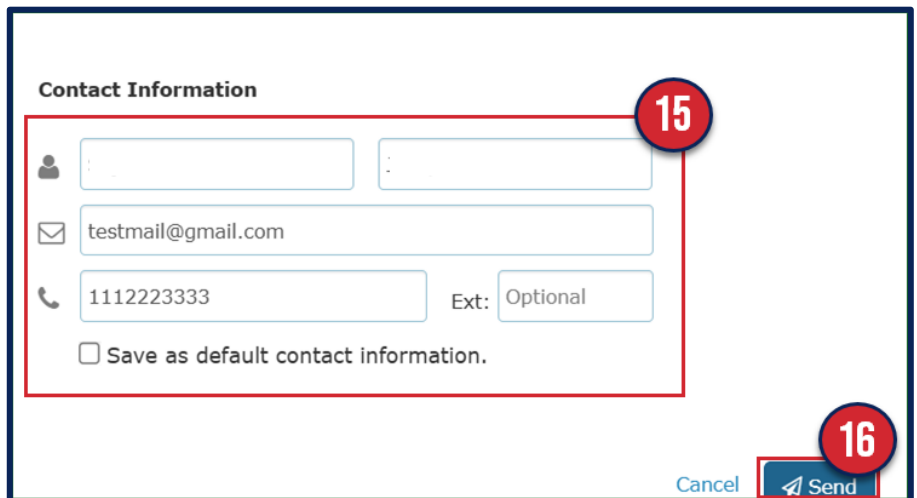
Starting a Claim Investigation (Inquiry) Cont'd.

14. Select the document type from the dropdown menu.
15. Type your contact information.
16. Click Send.

The system sends the investigation message to the plan, and your message appears in the Investigation List pane.



This screenshot shows a web interface with a file upload area at the top containing 'Test 1 - NH.png' and a dropdown menu labeled 'Select document type ...'. A red circle with the number 14 highlights the dropdown menu. The menu is open, displaying a list of document types: Itemized Bill, Medical Records for HAC review, Single Case Agreement(SCA)/LOA, Advanced Beneficiary Notice(ABN), Consent Form, Manufacturer Suggested Retail Price /Invoice, Electric Breast Pump Request Form, CME Checklist consent forms (Child Medical Eval), EOBs - for 275 attachments should only be used for non-covered or exhausted benefit letter, Certification of the Decision to Terminate Pregnancy, Ambulance Trip Notes/ Run Sheet, and Support Data for Claim / Member TPL Data.



This screenshot shows a 'Contact Information' form. A red circle with the number 15 highlights the form fields. The fields include: a name field (split into first and last name), an email field containing 'testmail@gmail.com', a phone field containing '1112223333', and an 'Ext:' field with 'Optional'. There is a checkbox labeled 'Save as default contact information.' at the bottom of the form. A red circle with the number 16 highlights the 'Send' button at the bottom right of the form, next to a 'Cancel' button.

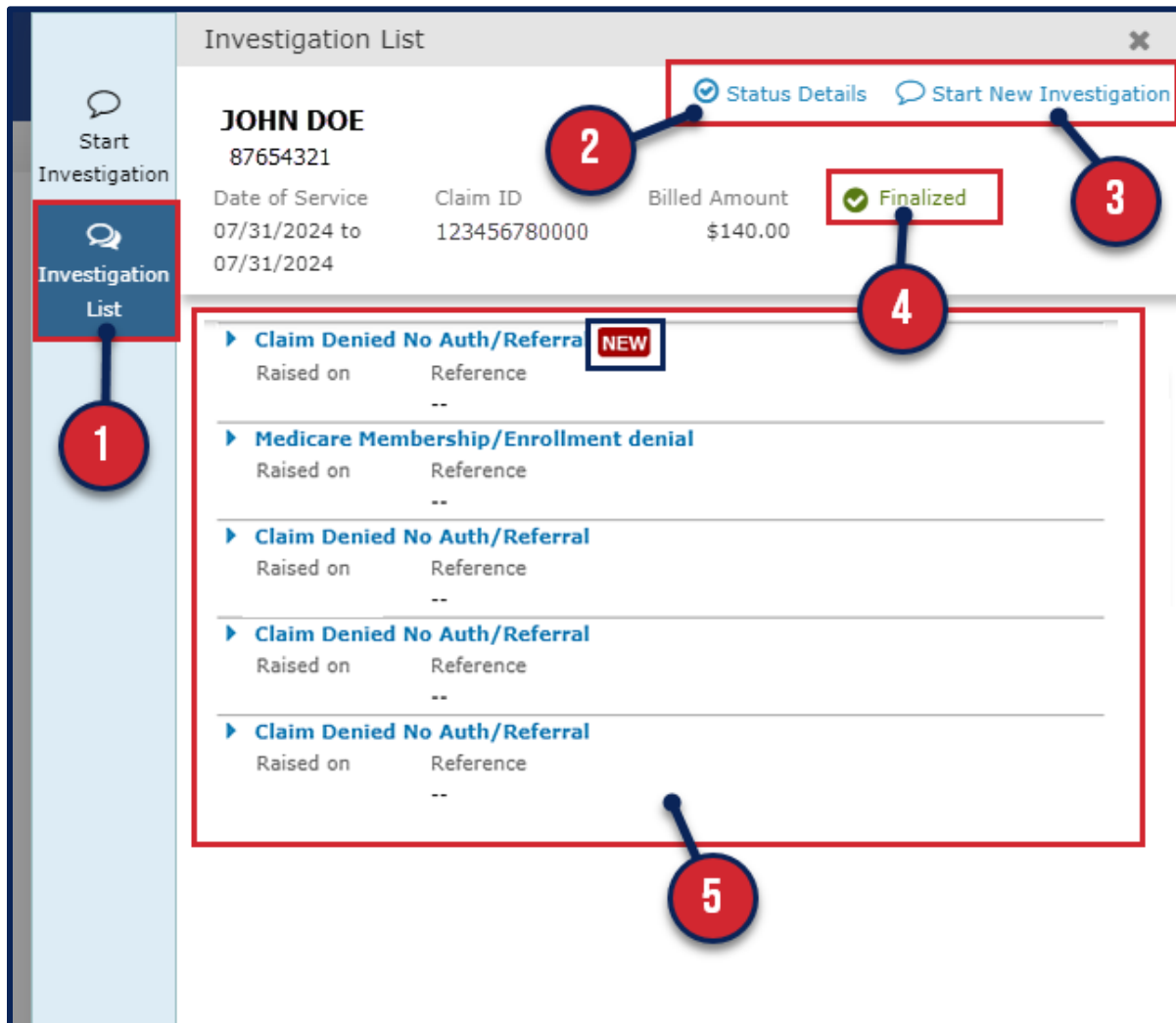


Note: Email address is required, but notifications will NOT be sent via email.

Investigation List Tab

Your inquiry will now show on the investigation list tab.

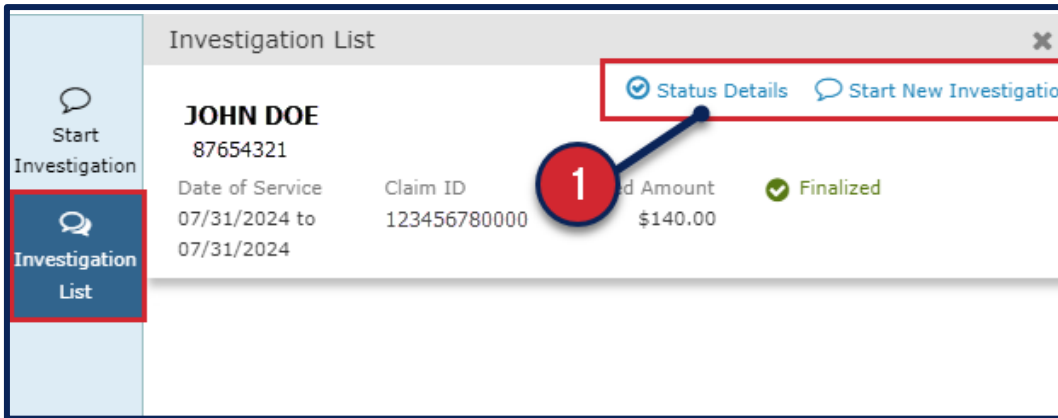
1. **Investigation List Icon** – Click this icon to see the list of existing investigations.
2. **Status Details** – Click this to be redirected to the claim details page.
3. **Start New Investigation** – Click it to create a new message for the health plan.
4. **Claim Status** – The status of the claim is displayed on the upper right of the investigation screen.
5. **Investigation Communications** – Click on an investigation to view the health plan response.
 - **NEW** icon – This icon will appear next to the investigation with a health plan response that you have not yet viewed.



The screenshot shows the 'Investigation List' interface. On the left sidebar, there are two buttons: 'Start Investigation' and 'Investigation List'. The 'Investigation List' button is highlighted with a red box and a callout '1'. The main content area displays details for 'JOHN DOE' with Claim ID '87654321'. It shows the 'Date of Service' as '07/31/2024 to 07/31/2024', 'Claim ID' as '123456780000', and 'Billed Amount' as '\$140.00'. The status is 'Finalized' with a green checkmark icon. Above the list of investigations, there are two buttons: 'Status Details' and 'Start New Investigation'. The 'Status Details' button is highlighted with a red box and a callout '2'. The 'Start New Investigation' button is highlighted with a red box and a callout '3'. Below the claim details, there is a list of investigations. The first item is 'Claim Denied No Auth/Referral' with a 'NEW' icon next to it. This item is highlighted with a red box and a callout '4'. The other items in the list are 'Medicare Membership/Enrollment denial', 'Claim Denied No Auth/Referral', 'Claim Denied No Auth/Referral', and 'Claim Denied No Auth/Referral'. The entire list of investigations is highlighted with a red box and a callout '5'.

Investigation List: Status Details

1. When you click on Status Details
2. You will be redirected to the claim details page



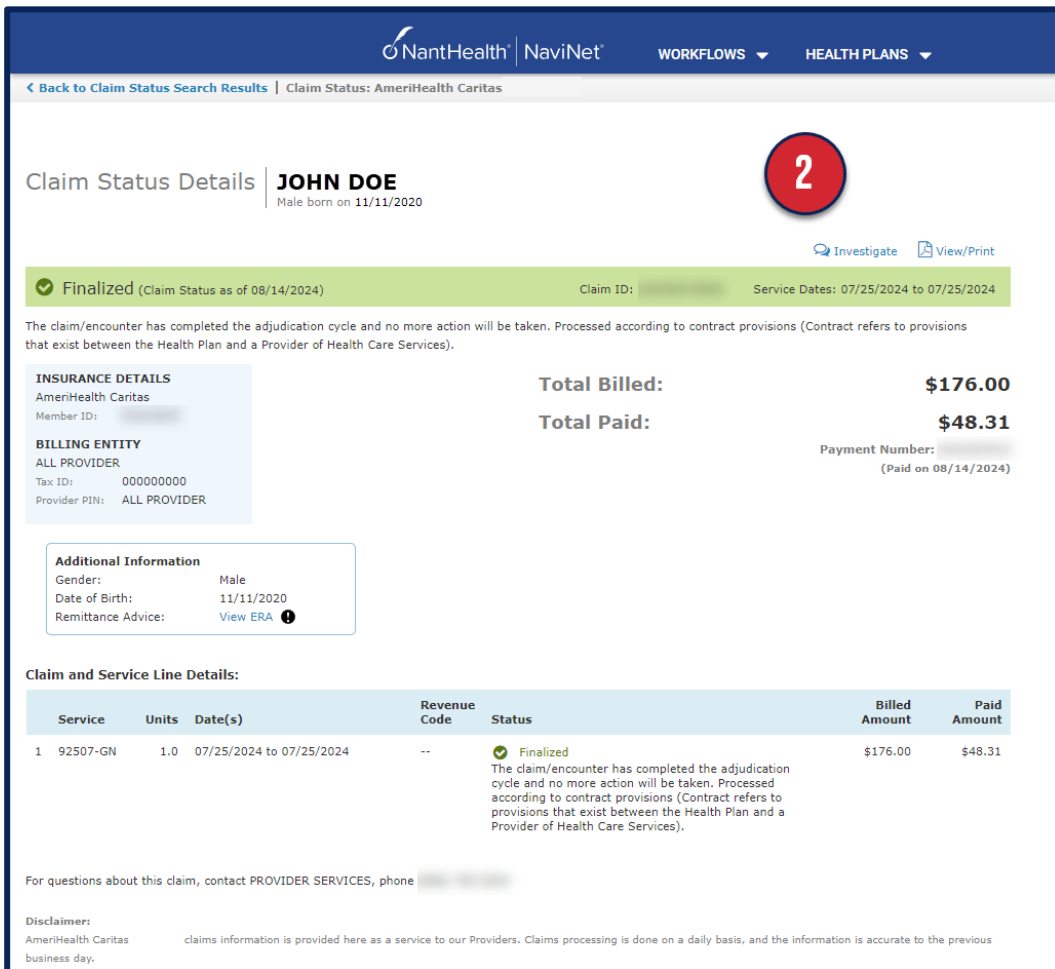
Investigation List

[Status Details](#) [Start New Investigation](#)

JOHN DOE
87654321

Date of Service: 07/31/2024 to 07/31/2024
Claim ID: 123456780000
Paid Amount: \$140.00
Status: ✔ Finalized

Start Investigation
Investigation List



NantHealth | NaviNet

WORKFLOWS HEALTH PLANS

[Back to Claim Status Search Results](#) | Claim Status: AmeriHealth Caritas

Claim Status Details **JOHN DOE**
Male born on 11/11/2020

[Investigate](#) [View/Print](#)

✔ Finalized (Claim Status as of 08/14/2024) Claim ID: [REDACTED] Service Dates: 07/25/2024 to 07/25/2024

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS
AmeriHealth Caritas
Member ID: [REDACTED]

BILLING ENTITY
ALL PROVIDER
Tax ID: 000000000
Provider PIN: ALL PROVIDER

Total Billed: \$176.00
Total Paid: \$48.31
Payment Number: [REDACTED]
(Paid on 08/14/2024)

Additional Information
Gender: Male
Date of Birth: 11/11/2020
Remittance Advice: [View ERA](#)

Claim and Service Line Details:

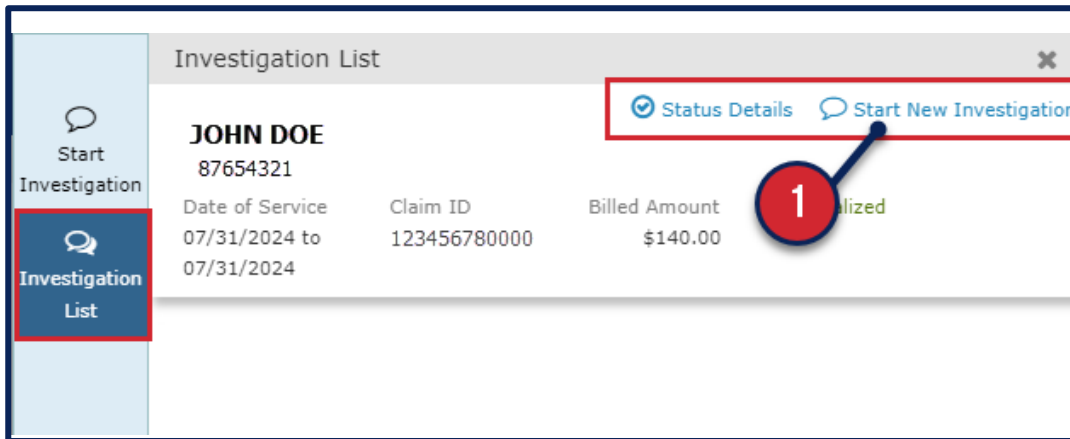
Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 92507-GN	1.0	07/25/2024 to 07/25/2024	--	✔ Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$176.00	\$48.31

For questions about this claim, contact PROVIDER SERVICES, phone [REDACTED]

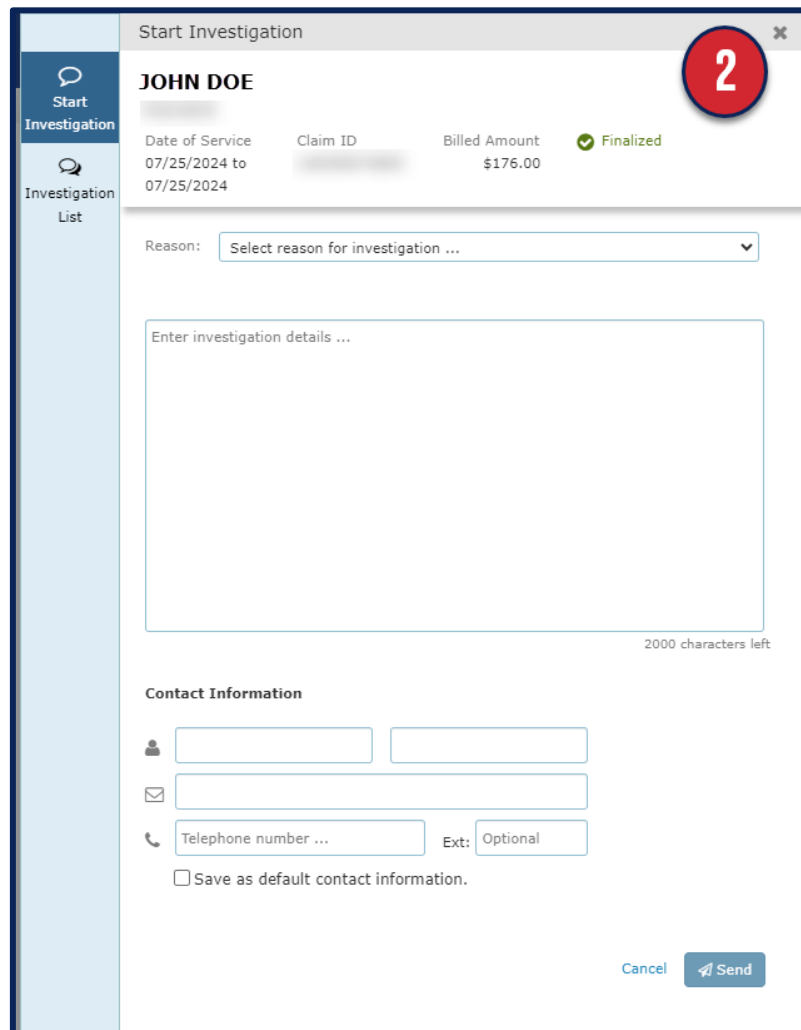
Disclaimer:
AmeriHealth Caritas claims information is provided here as a service to our Providers. Claims processing is done on a daily basis, and the information is accurate to the previous business day.

Investigation List: Start New Investigation

1. When you click on Start New Investigation
2. A new window within the Start Investigation tab will display to create a new message



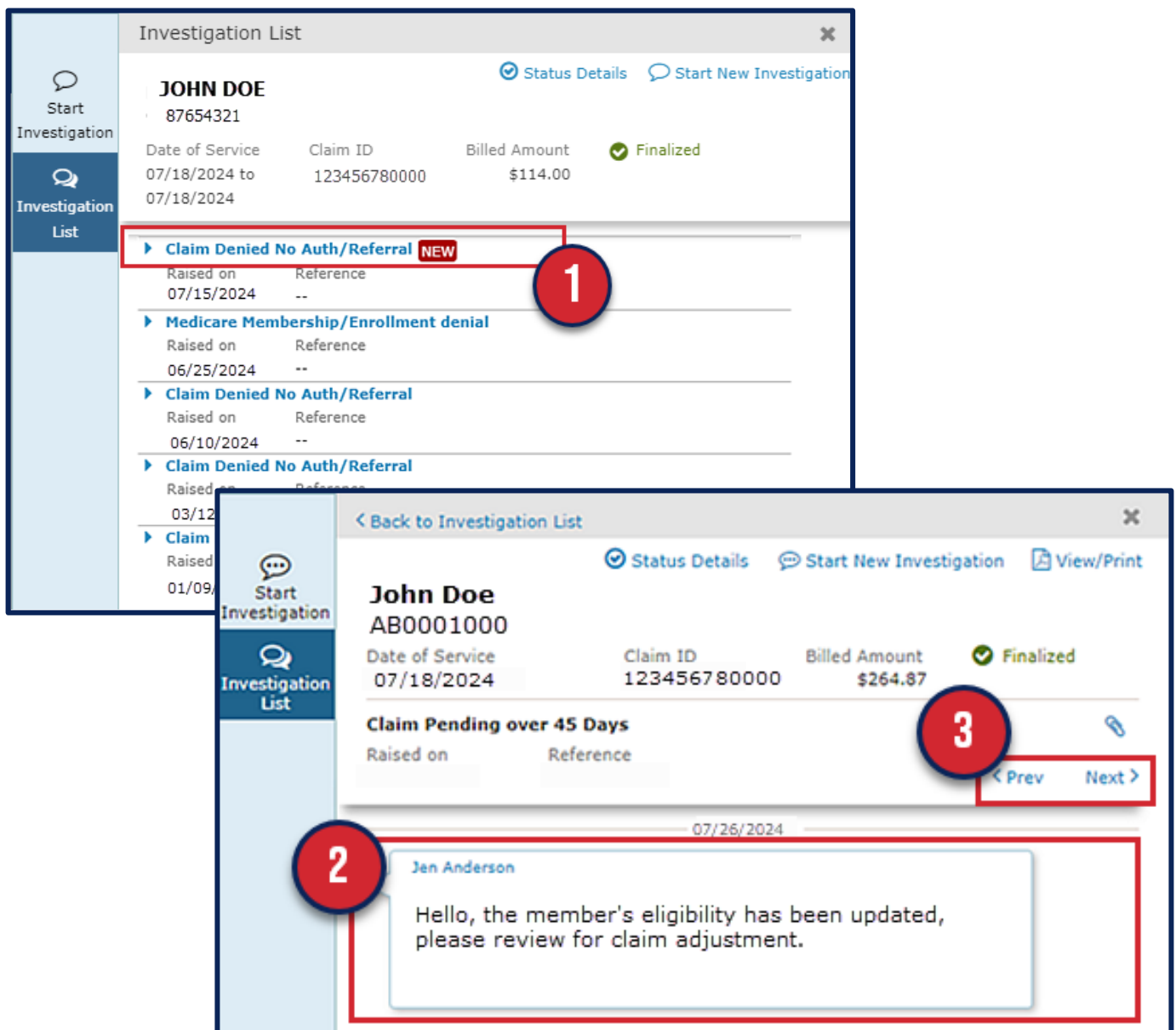
The screenshot shows the 'Investigation List' window. On the left sidebar, the 'Investigation List' button is highlighted with a red box. In the main content area, a card for 'JOHN DOE' (Claim ID: 87654321) is displayed. The card shows 'Date of Service' as '07/31/2024 to 07/31/2024' and 'Billed Amount' as '\$140.00'. A red box highlights the 'Start New Investigation' button in the top right corner of the card, with a red circle containing the number '1' pointing to it.



The screenshot shows the 'Start Investigation' window. On the left sidebar, the 'Start Investigation' button is highlighted with a red box. In the main content area, a card for 'JOHN DOE' (Claim ID: 87654321) is displayed. The card shows 'Date of Service' as '07/25/2024 to 07/25/2024' and 'Billed Amount' as '\$176.00'. A red circle containing the number '2' points to the 'Start Investigation' button in the top right corner of the card. Below the card, there is a 'Reason' dropdown menu with the text 'Select reason for investigation ...'. Below that is a large text area for 'Enter investigation details ...' with a '2000 characters left' indicator. At the bottom, there is a 'Contact Information' section with fields for Name, Email, Telephone number, and Ext. (Optional). There is also a checkbox for 'Save as default contact information.' and buttons for 'Cancel' and 'Send'.

Investigation List: Communication between You & The Health Plan

1. When you click on an investigation in the list
2. The window displays all previous communication with the health plan concerning the investigation
3. To view the other investigations for this claim, click Prev and Next



The image shows two overlapping screenshots of a web application interface for claim investigations.

Top Screenshot (Investigation List):

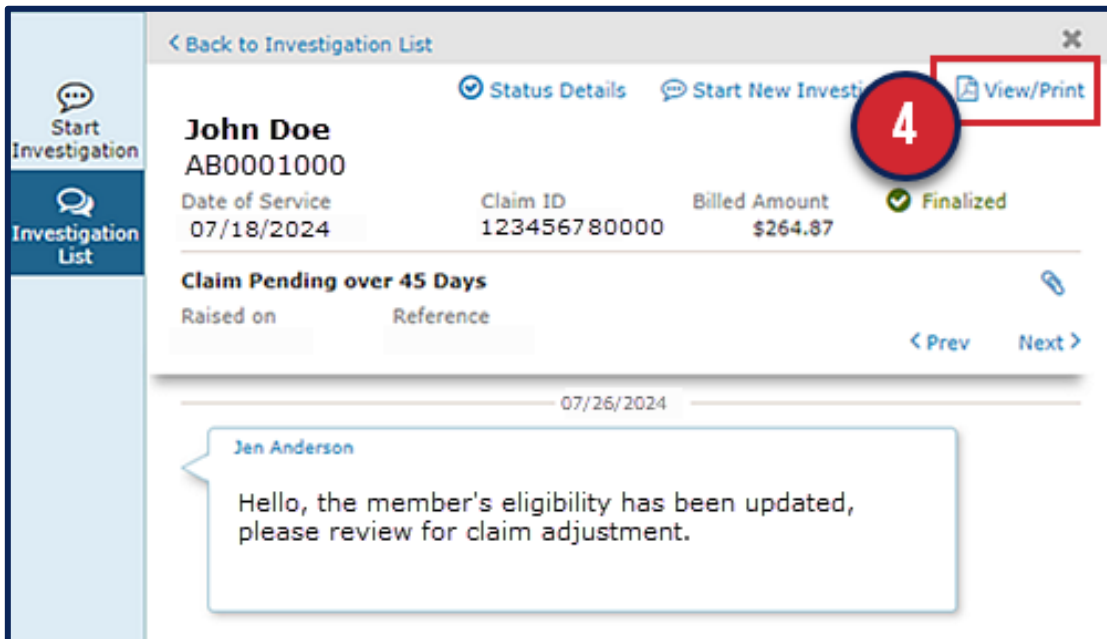
- Header:** "Investigation List" with a close button (X).
- Left Sidebar:** Contains "Start Investigation" and "Investigation List" buttons.
- Main Content:**
 - Member Info:** JOHN DOE, ID 87654321.
 - Service Dates:** 07/18/2024 to 07/18/2024.
 - Claim ID:** 123456780000.
 - Billed Amount:** \$114.00.
 - Status:** Finalized (green checkmark).
 - Investigation List:**
 - ▶ **Claim Denied No Auth/Referral** (NEW) - **1** (Callout 1 points to this item).
 - ▶ **Medicare Membership/Enrollment denial**
 - ▶ **Claim Denied No Auth/Referral**
 - ▶ **Claim Denied No Auth/Referral**

Bottom Screenshot (Detailed Investigation View):

- Header:** "< Back to Investigation List" and a close button (X).
- Left Sidebar:** Contains "Start Investigation" and "Investigation List" buttons.
- Main Content:**
 - Member Info:** John Doe, ID AB0001000.
 - Service Date:** 07/18/2024.
 - Claim ID:** 123456780000.
 - Billed Amount:** \$264.87.
 - Status:** Finalized (green checkmark).
 - Investigation Title:** Claim Pending over 45 Days.
 - Communication:**
 - 2** (Callout 2 points to the communication box): A message from Jen Anderson dated 07/26/2024: "Hello, the member's eligibility has been updated, please review for claim adjustment."
 - Navigation:** "< Prev" and "Next >" buttons - **3** (Callout 3 points to these buttons).

Investigation List: Communication between You & The Health Plan Cont'd.

4. To print the messages in the investigation, click View/Print in the upper-right corner of the screen
5. Claim Investigation messages will display in another window



< Back to Investigation List

Start Investigation

Investigation List

John Doe
AB0001000

Date of Service: 07/18/2024 Claim ID: 123456780000 Billed Amount: \$264.87 Status: Finalized

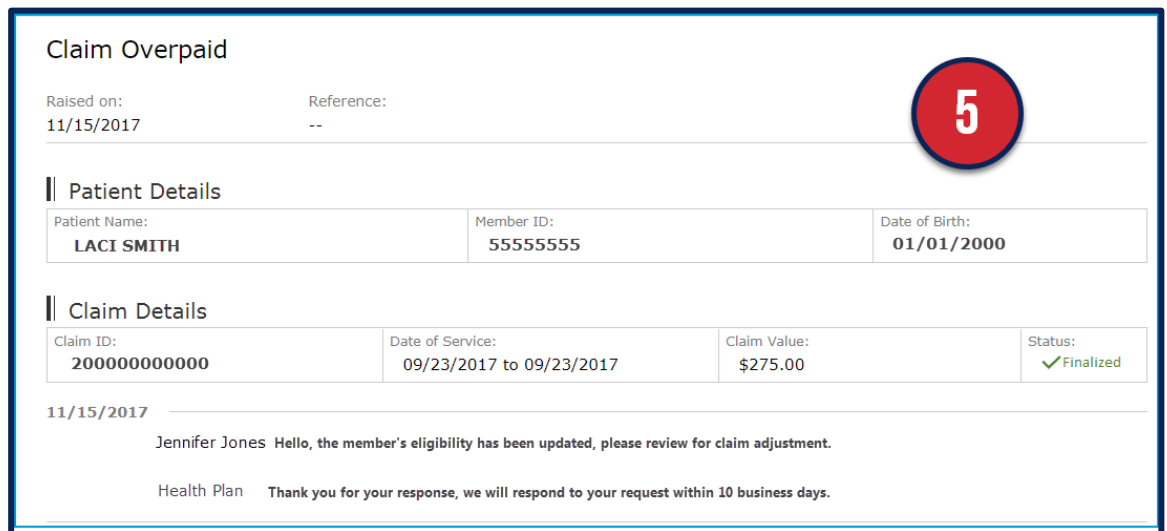
Claim Pending over 45 Days

Raised on: Reference: < Prev Next >

07/26/2024

Jen Anderson

Hello, the member's eligibility has been updated, please review for claim adjustment.



Claim Overpaid

Raised on: 11/15/2017 Reference: --

Patient Details

Patient Name: LACI SMITH	Member ID: 55555555	Date of Birth: 01/01/2000
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Claim Details

Claim ID: 200000000000	Date of Service: 09/23/2017 to 09/23/2017	Claim Value: \$275.00	Status: Finalized
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11/15/2017

Jennifer Jones Hello, the member's eligibility has been updated, please review for claim adjustment.

Health Plan Thank you for your response, we will respond to your request within 10 business days.

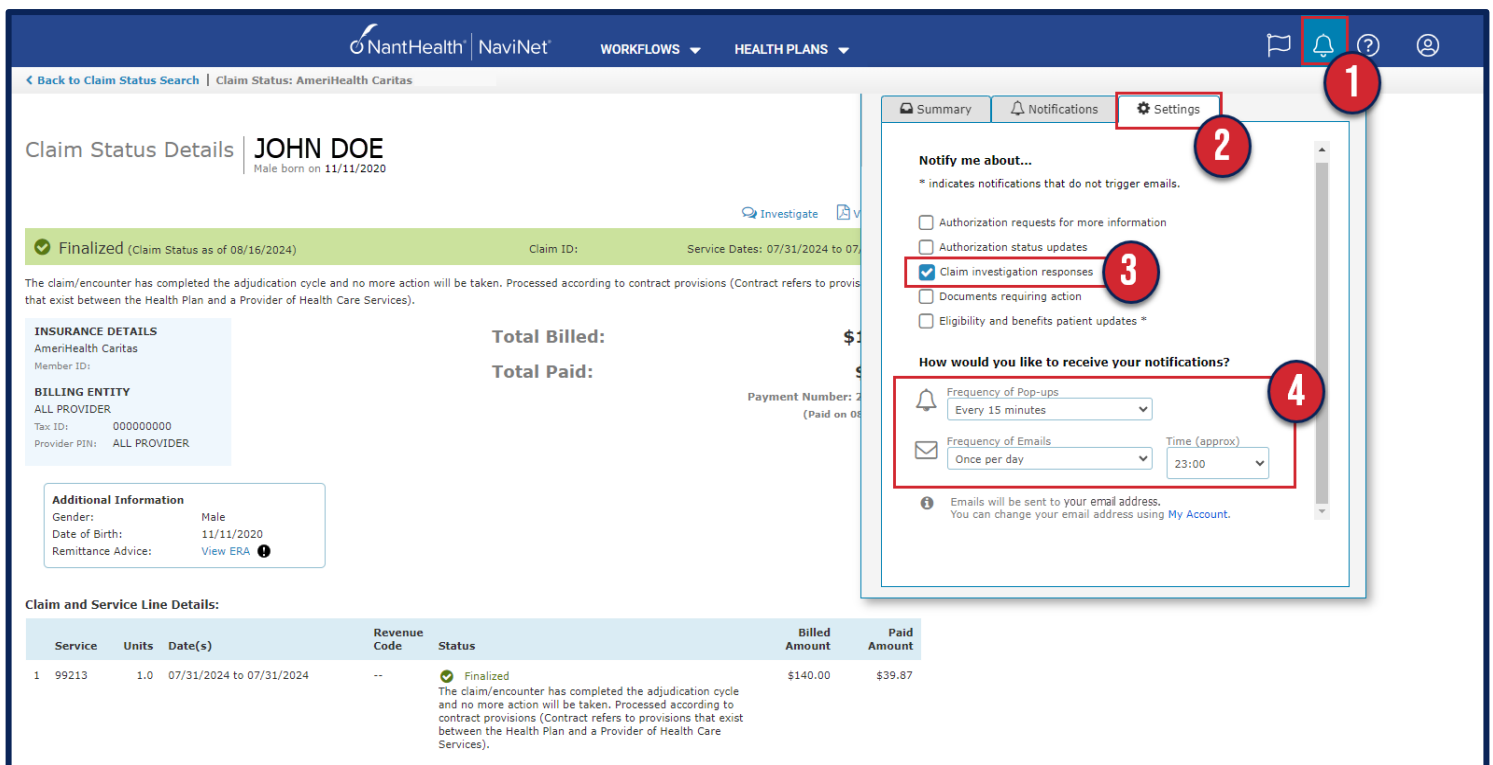


Note: The reference field will **not** be populated.

Enabling Claim Investigation Notifications

To enable Claim investigation notifications:

1. Click the Activity Icon (bell) on the Menu bar
2. Select the Settings tab
3. Check the box for Claim Investigation responses
4. Select the frequency in which you would like to receive your notifications



Claim Status Details | JOHN DOE
Male born on 11/11/2020

Finalized (Claim Status as of 08/16/2024) Claim ID: Service Dates: 07/31/2024 to 07/31/2024

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS
AmeriHealth Caritas
Member ID:

BILLING ENTITY
ALL PROVIDER
Tax ID: 000000000
Provider PIN: ALL PROVIDER

Additional Information
Gender: Male
Date of Birth: 11/11/2020
Remittance Advice: [View ERA](#)

Total Billed: \$140.00
Total Paid: \$39.87

Payment Number: 2 (Paid on 08/16/2024)

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 99213	1.0	07/31/2024 to 07/31/2024	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$140.00	\$39.87

Notification Settings:

Notify me about...
* indicates notifications that do not trigger emails.

- ☐ Authorization requests for more information
- ☐ Authorization status updates
- ☒ Claim investigation responses
- ☐ Documents requiring action
- ☐ Eligibility and benefits patient updates *

How would you like to receive your notifications?

Frequency of Pop-ups: Every 15 minutes

Frequency of Emails: Once per day Time (approx): 23:00

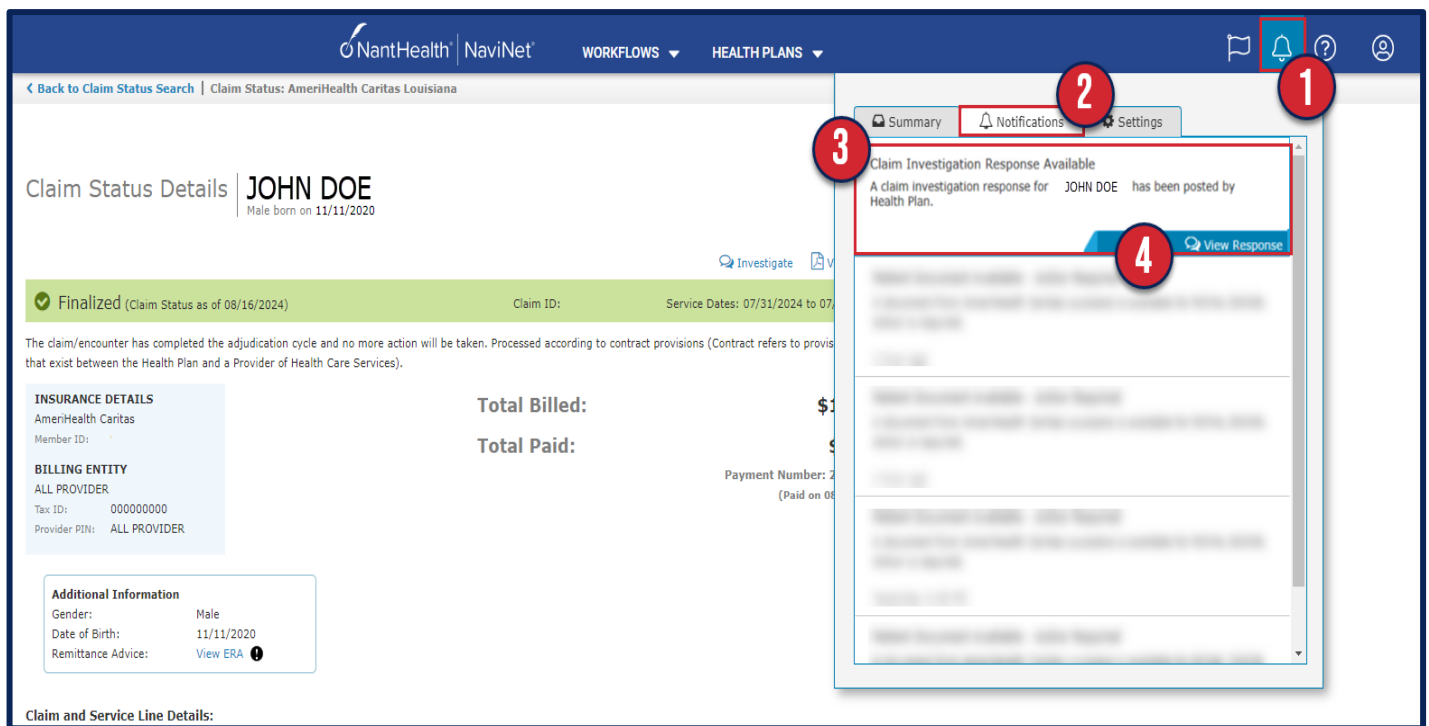
Emails will be sent to your email address. You can change your email address using [My Account](#).

View Notifications

Once you have enabled the Claims Investigations Notifications you will begin receiving updates for existing claim inquiries you sent.

To view the notifications:

1. Click the Activity Icon (bell) on the Menu bar
2. Select the Notifications tab
3. Select the notification you want to view
4. Hover over the notification and click the View Response to view the Claim investigation sent to the health plan.



The screenshot displays the NantHealth NaviNet interface. The main content area shows 'Claim Status Details' for 'JOHN DOE', a male born on 11/11/2020. The claim status is 'Finalized' as of 08/16/2024. The page includes sections for 'INSURANCE DETAILS', 'BILLING ENTITY', and 'Additional Information'. A notification overlay is visible on the right side, titled 'Claim Investigation Response Available'. The notification indicates that a response for JOHN DOE has been posted by the Health Plan. The overlay includes a 'View Response' button. Red numbered circles (1-4) highlight the steps to view the notification: 1. Click the Activity Icon (bell) on the Menu bar; 2. Select the Notifications tab; 3. Select the notification you want to view; 4. Hover over the notification and click the View Response to view the Claim investigation sent to the health plan.



Note: Responses will be available to view for 7 days from the date of the notification.

