

How to Generate a Service Coordinator Report in NaviNet



Keystone First
Community HealthChoices

Delivering the Next
Generation
of Health Care

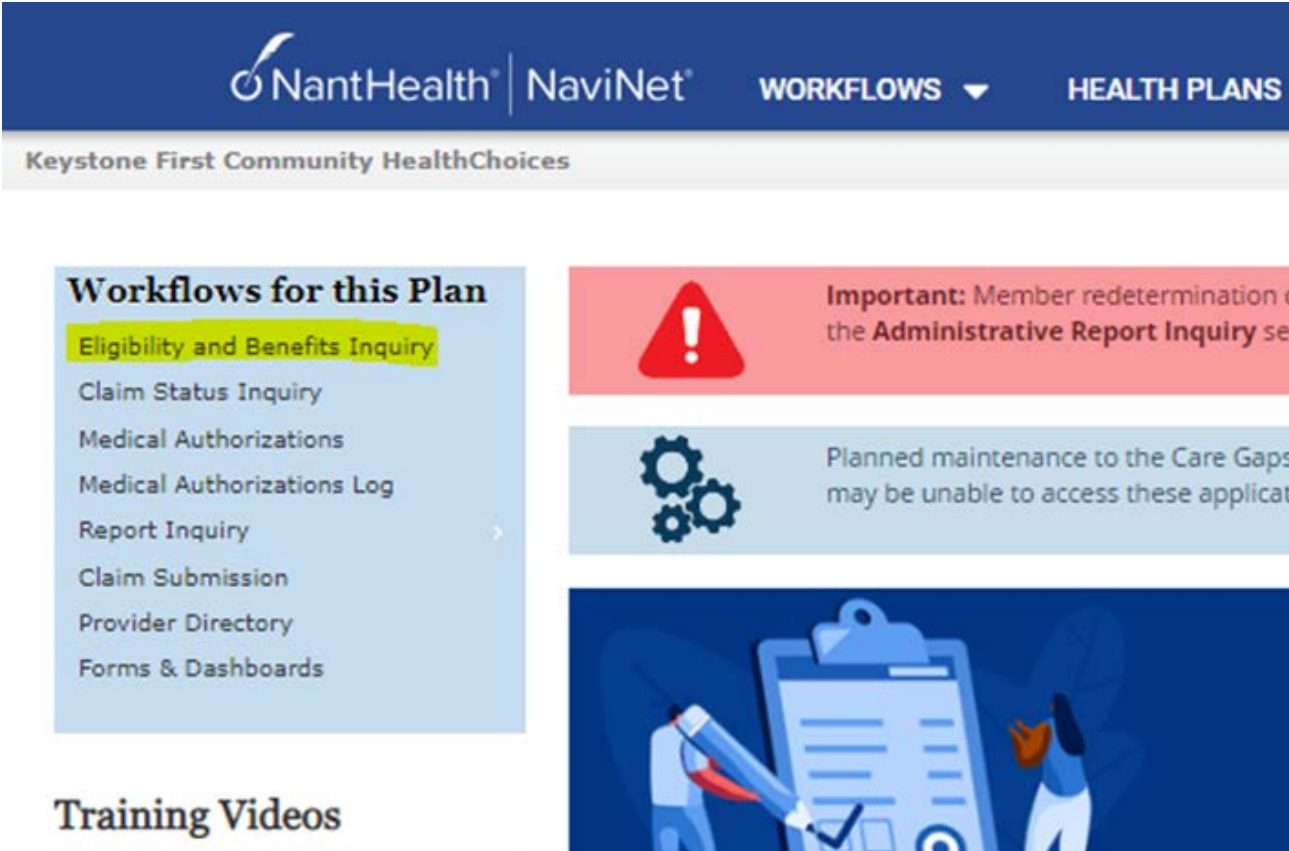
1. Once you have logged in to NaviNet, locate the **Workflows** menu at the top left of your screen. Click on **My Health Plans**.



2. Select your health plan: Keystone First Community HealthChoices.



3. At the top left of your screen, you will find **Workflows for this Plan**. Click **Eligibility and Benefits Inquiry**.



The screenshot displays the NantHealth NaviNet interface. At the top, the header includes the NantHealth NaviNet logo, a 'WORKFLOWS' dropdown menu, and a 'HEALTH PLANS' link. Below the header, the 'Keystone First Community HealthChoices' branding is visible. The main content area features a 'Workflows for this Plan' sidebar menu on the left, with 'Eligibility and Benefits Inquiry' highlighted in yellow. Other menu items include Claim Status Inquiry, Medical Authorizations, Medical Authorizations Log, Report Inquiry, Claim Submission, Provider Directory, and Forms & Dashboards. To the right of the sidebar, there are three notification banners: a red banner with a warning icon about member redetermination and Administrative Report Inquiry, a light blue banner with a gear icon about planned maintenance to Care Gaps, and a dark blue banner with an illustration of a person at a computer.



4. Enter **Member Id** here and click on **“Search”**.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a blue navigation bar with the NantHealth logo and 'NaviNet' text. To the right of the logo are two dropdown menus labeled 'WORKFLOWS' and 'HEALTH PLANS'. Below the navigation bar is a breadcrumb trail: '< Back to Keystone First Community HealthChoices | Eligibility & Benefits: Keystone First Community HealthChoices'. The main heading is 'Eligibility and Benefits: Patient Search'. Below the heading is a paragraph of text: '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.' Below this is another paragraph: 'You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.' The form has two main sections. The first is 'Search by Member ID', which contains a text input field with the label 'Member ID' and the value '200*****'. Below this field is a horizontal line with the word 'OR' in the center. The second section is 'Search by Name', which is currently empty.


- Click the “Current Service Coordinator” link from Patient Alert details pop up window. Service Coordinator report will be generated in a PDF format.

Eligibility and Benefits for [REDACTED] [View Patient Details](#)

Keystone First Community HealthChoices - MEDICARE PART D MEDICARE PART A - MEDICARE PART A MEDICARE PART

Patient Alert Details x

- ▲ Care Gap for [REDACTED]
- ▲ Member ID Card for [REDACTED]
- ▲ **Current Service Coordinator for [REDACTED]**
- ▲ PCP History for [REDACTED]
- ▲ On Demand Medication Report for [REDACTED]

Page viewed: 02/28/2024
 **Keystone First**
 Community HealthChoices
Coverage by HSA and HSA Plus, an Independent Member of The Blue Cross and Blue Shield Association.
[View/Print](#)

MEMBER SERVICE COORDINATOR REPORT

MEMBER ID : _____ **MEMBER NAME:** _____

Service Coordinator Name	Service Coordinator Phone Number	Service Coordinator Email

END OF REPORT

Service Coordinator information will display here



Keystone First
Community HealthChoices

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

All images are used under license for illustrative purposes only. Any individual depicted is a model.