A vertical column of four circular images, each with a red border, connected by a dark blue line. The images depict various business scenarios: a group of people in a meeting, a man in a suit speaking to a group, a meeting around a conference table, and a woman presenting to a group.

# HOW TO USE THE ONLINE PROVIDER DATA INFORMATION FORM (PDIF)

User Guide

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# OVERVIEW

---

This guide offers step-by-step instructions on how to use NaviNet to complete the Provider Data Information Form (PDIF) and the Patient Acceptance Form. The PDIF and the Patient Acceptance form are online forms that allow providers to:

- View current provider information.
- Submit edits and updates to provider information.
- Attest to the accuracy and completeness of current provider information.
- Verify or change patient acceptance status for individual practitioners at each practice location.

In this guide, you will find information on how to:

1. Login to NaviNet.
2. Access the PDIF and Patient Acceptance form.
3. Review and attest to existing provider information.
4. Make and submit provider information and patient acceptance updates.

## **Before You Begin**

### **NaviNet Permissions**

Check with your NaviNet Security Officer to confirm that you have been granted the appropriate access to the workflows you need. If your NaviNet Security Officer has not enabled the appropriate Document Exchange category “Info Request”, please ask your Security Officer to follow the steps outlined in [Appendix A](#) in the “Supplemental Information” section of this guide.

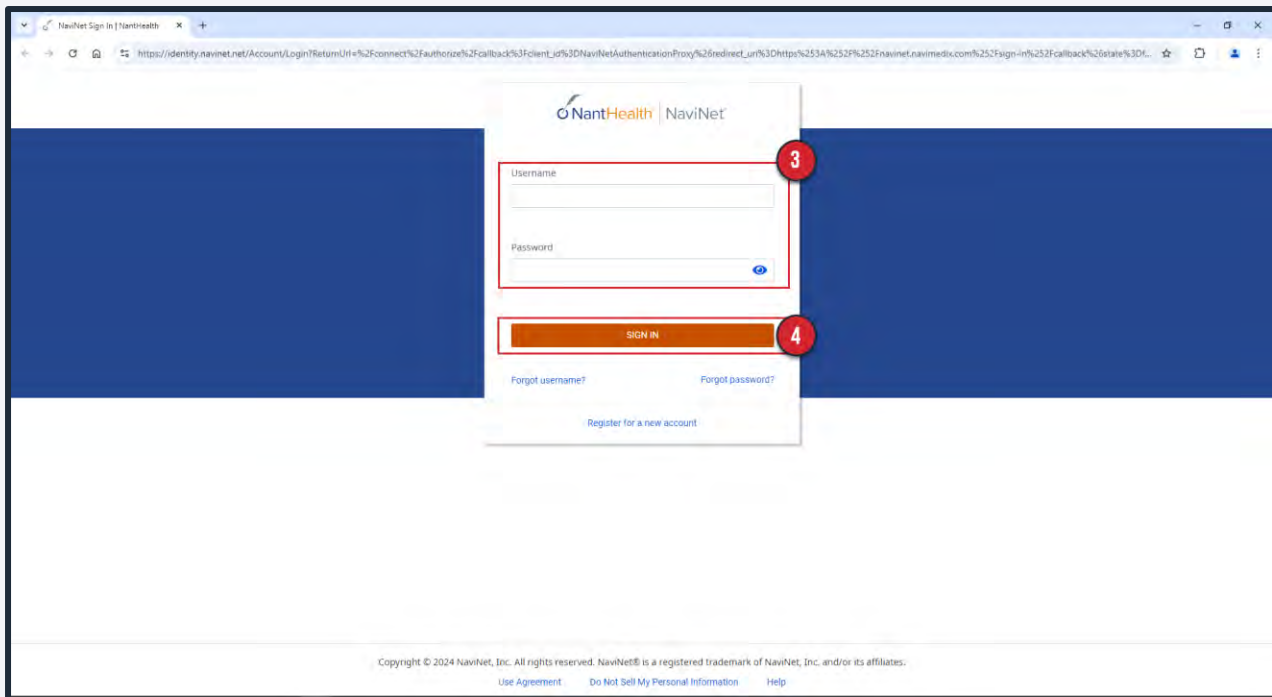
# ACCESSING THE PDF AND PATIENT ASSISTANCE FORM

## NaviNet

To access the Provider Data Information Form and the Patient Assistance Form, you must first log in to NaviNet.

### To log in to NaviNet:

1. Open your internet browser
2. Go to <https://navinet.navimedix.com>
3. Log in to NaviNet by entering your **Username and Password**
4. Click **Sign in**

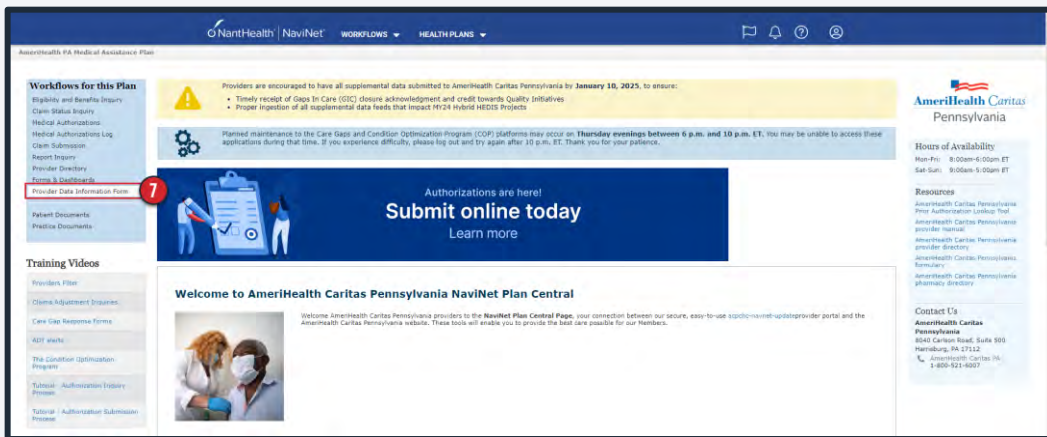
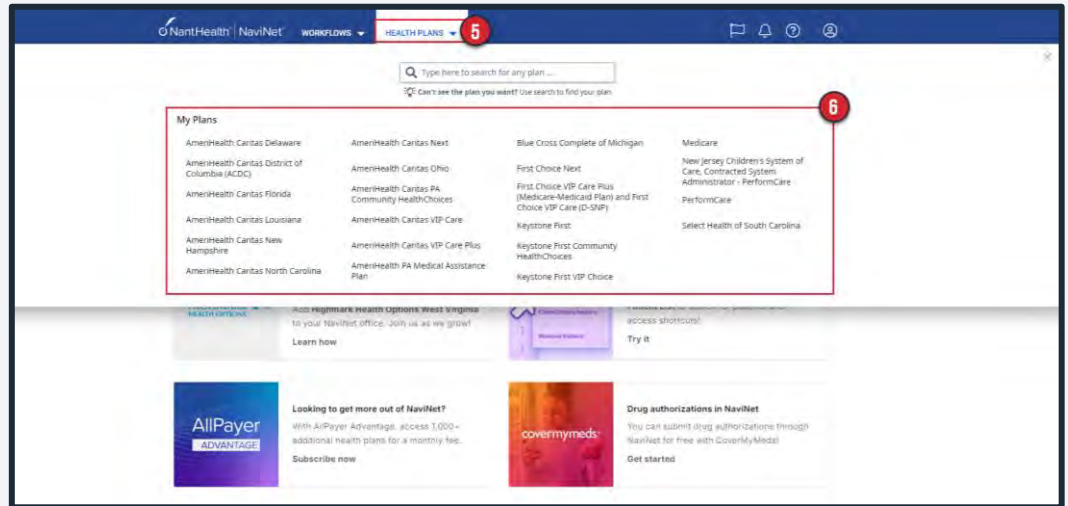


**Note:** It is recommended to use the Google Chrome browser for NaviNet.

# ACCESSING THE PDF AND PATIENT ASSISTANCE FORM CONT'D.

Once in NaviNet, you will choose your health plan.

5. Click on **Health Plans** from the menu bar
6. Select the **appropriate plan** from the list



7. Select **Provider Data Information Form** from the Workflows for this plan section
8. From the Provider Selection drop-down, select a **provider group**
9. Click **Submit**



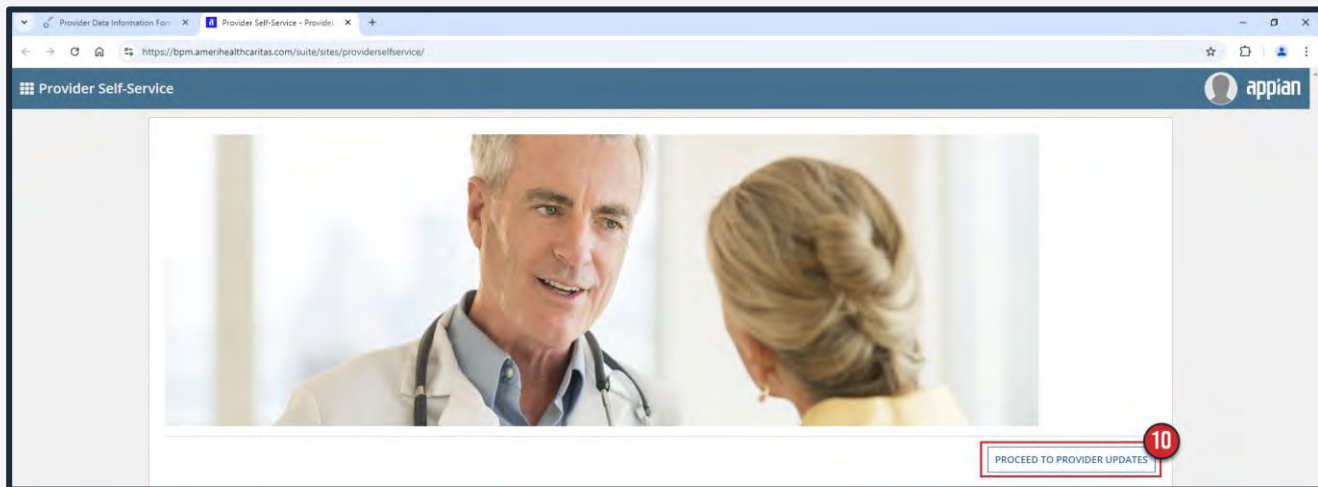
# ACCESSING THE PDIF AND PATIENT ASSISTANCE FORM CONT'D.

## Provider Self-Service

Once you click submit, the Provider Self-Service page will open in a new tab.

10. Click **Proceed To Provider Updates** to initiate the PDIF workflow.

This will take you to the Provider Data information Form (PDIF) and will also allow you to complete the Patient Acceptance form.

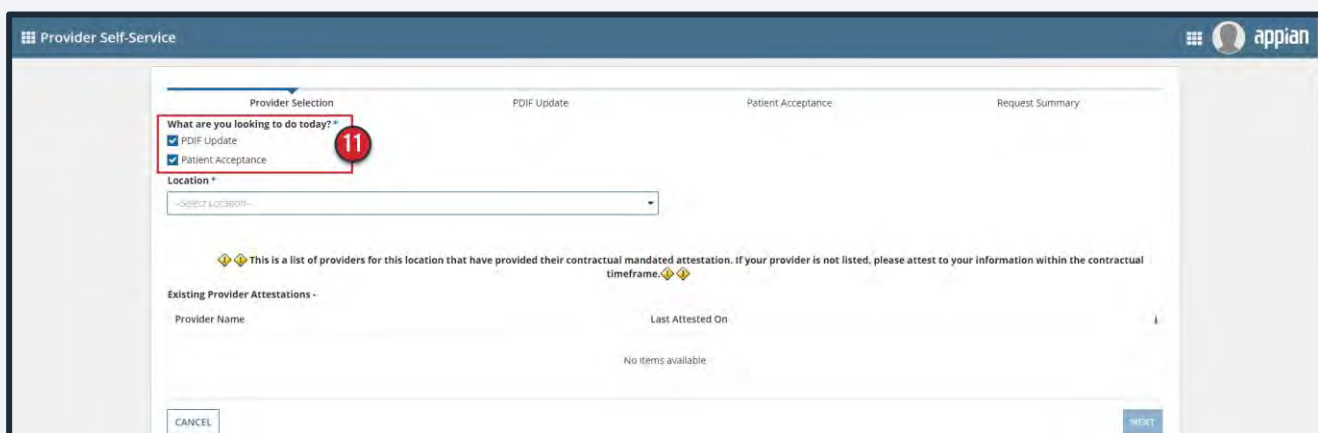


At the top of the screen, you will see a question asking: What are you looking to do today?

11. Check the appropriate box(es) based on which task(s) you are looking to complete

- PDIF Update – Review, edit, and/or attest to provider demographic information.
- Patient Acceptance – Complete a five-question survey about patient acceptance for each practitioner at each practice location.

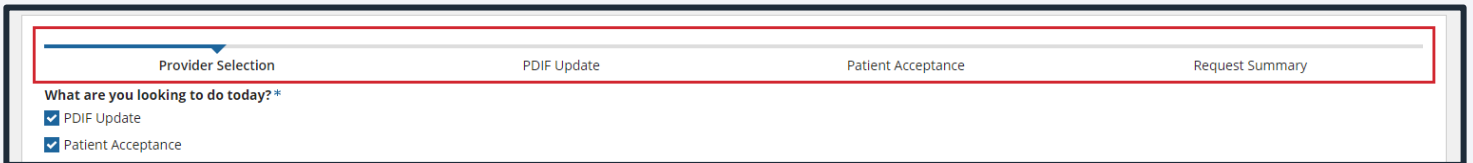
If you check both boxes, you will be prompted to complete the PDIF before being directed to complete the Patient Acceptance form.



# REVIEW AND EDIT THE PROVIDER DATA INFORMATION FORM

## Progress Bar

Throughout the process you will see a progress bar at the top of your screen; this progress bar will show where you are and the steps you have left to complete your activity.



## Provider Selection

To review, edit, and submit a Provider Data Information form, you must complete the steps below:

1. From the location drop-down, **select the location** where you want to view the PDIF and/or Patient Acceptance forms.
2. If there are providers associated with the location you have selected, the providers will display below your selected location. **Select the provider(s)** with demographic and/or patient acceptance information that you would like to review.
3. Click **Next**

The screenshot shows the "Provider Self-Service" interface. At the top, a progress bar indicates the current step is "Provider Selection". Below the bar, a section titled "What are you looking to do today?\*" has two checked checkboxes: "PDIF Update" and "Patient Acceptance".

The "Location \*" field is highlighted with a red box and a red circle with the number 1. Below it are fields for "Group NPI", "Group Tax ID", and "Group Name".

A section titled "Providers" is highlighted with a red box and a red circle with the number 2. It contains a table of providers with checkboxes for selection:

<input type="checkbox"/> Title	Provider First Name	Provider Last Name	Primary Speciality	PAR
<input checked="" type="checkbox"/>	MEGAN	MADSEN	FP-Family Practice	<input type="checkbox"/>
<input type="checkbox"/>	GERALD	HANSEN III	FP-Family Practice	<input type="checkbox"/>

Below the table, there is a note: "This is a list of providers for this location that have provided their contractual mandated attestation. If your provider is not listed, please attest to your information within the contractual timeframe." Below this is a section for "Existing Provider Attestations - 508 OLD YORK RD [PRI] [19046-2852]" with a table for "Provider Name" and "Last Attested On". The table is currently empty, showing "No items available".

At the bottom right, the "NEXT" button is highlighted with a red box and a red circle with the number 3. A "CANCEL" button is also visible at the bottom left.

# REVIEW AND EDIT THE PROVIDER DATA INFORMATION FORM CONT'D.

## Multiple Providers

If you select more than one provider at a time, you will be prompted to complete a PDIF and/or Patient Acceptance form for each provider.

Once you complete and submit the first form, a new form will display for the next provider in the list. As you work through each form, new forms will continue to display until you have completed all forms for all subsequent providers selected. A progress bar at the top of the screen shows where you are in the workflow at any given time.

The screenshot displays the 'Provider Self-Service' interface. At the top, a progress bar shows four steps: 'Provider Selection', 'PDIF Update', 'Patient Acceptance', and 'Next Provider: Jane Doe'. The current step is 'Details of Provider John Doe'. The form contains the following sections:

- Provider Demographics:** Includes fields for Facility Name, Individual Practitioner Name, Individual NPI, Tax ID, Practice/Group Email Address, Web Address, Group Name, Group NPI, Primary Language (English), Secondary Languages, and Medicaid ID Number.
- PCP:** Radio buttons for Yes and No.
- Taxonomy:** A text field for entering taxonomy codes.
- Primary Address:** Fields for Address Line 1, Address Line 2, Address Line 3, City, State (PA), Zip, Phone Number, and Fax Number.
- Work hours:** A section for entering work hours.



# REVIEW AND EDIT THE PROVIDER DATA INFORMATION FORM CONT'D.

## Provider Selection Cont'd.

- After selecting the provider(s), **review the provider information details** by scrolling to see the entire form.
  - Review** all populated provider information.
  - Input updates/edits** as applicable to make provider information as complete and accurate as possible.
  - Check the Closed box** under the Work hours section, if there are no office hours for that day.



**Note:** All mandatory fields are marked with an asterisk (\*) and must be populated to submit the form.

Provider Self-Service

Provider Selection PDF Update Patient Acceptance Request Summary

Details of Provider PROVIDER NAME

AmeriHealth Caritas Keystone First has the following Provider Demographic information listed below. Please update accordingly if any discrepancy is noted.

Fields in (\*) asterisk are mandatory.

Provider Termination?

### Provider Demographics

Facility Name	Group Name ABINGTON BREAST SURGICAL SERVICES
Individual Practitioner Name PROVIDER NAME	Group NPI
Individual NPI 1942500020	Primary Language* English
Tax ID	Secondary Languages
Practice/Group Email Address*	Medicaid ID Number* Please enter the 7-digit Keystone First Medicaid Number
Web Address	
PCP* <input type="radio"/> Yes <input checked="" type="radio"/> No	
Taxonomy*	

Multiple Taxonomy are separated by semicolon:

### Primary Address

Address Line 1* 2701 BLAIR MILL RD STE 17	City* Willow Grove
Address Line 2	State* PA
Address Line 3	Zip* 19090-1041
Phone Number* 215-481-7465	Fax Number* 215-481-4741

### Work hours

Office Hours\*

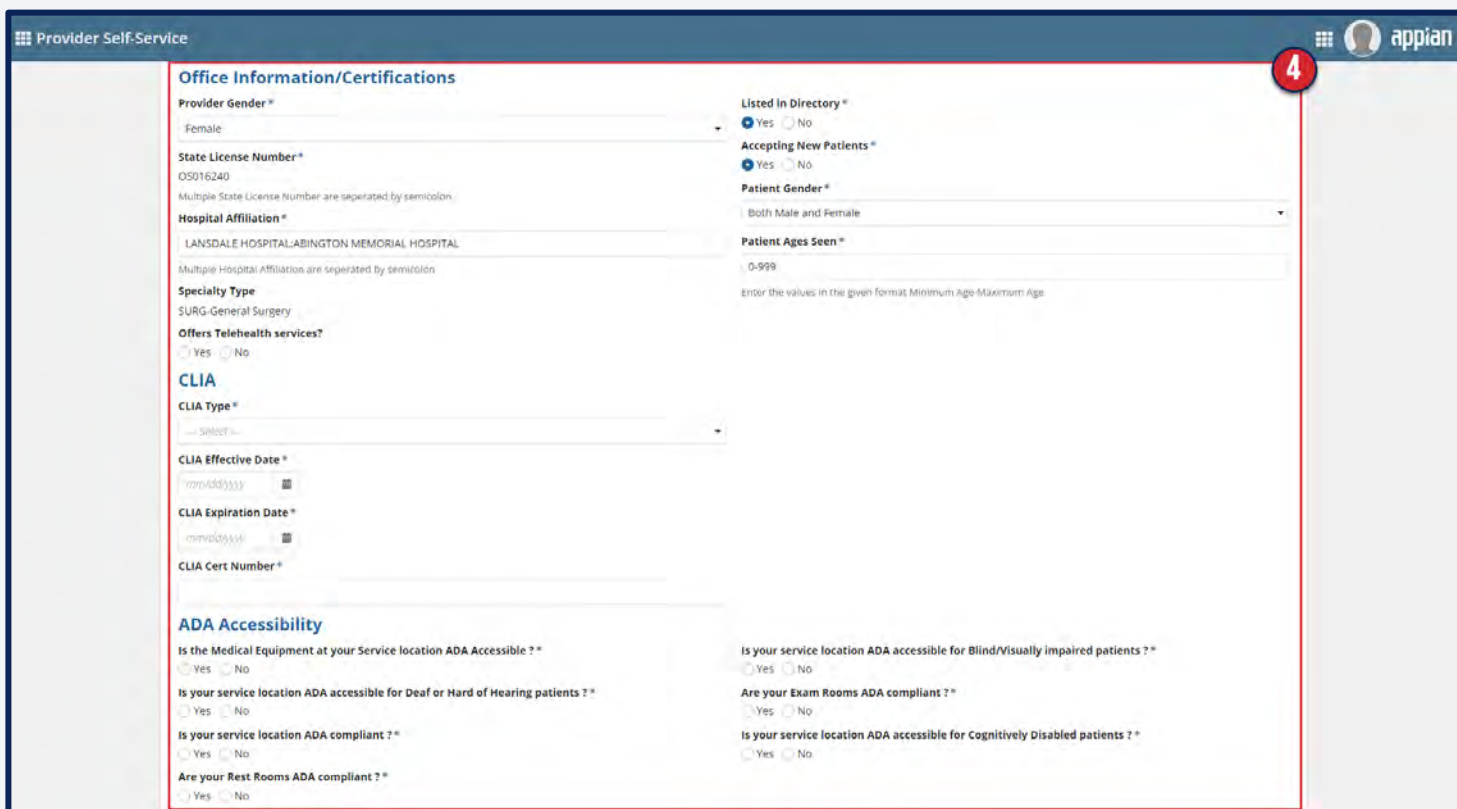
Day	From1	To1	And From2	To2	Closed
Sunday	---	---	---	---	<input checked="" type="checkbox"/>
Monday	8:00 AM	4:30 PM	---	---	<input type="checkbox"/>
Tuesday	8:00 AM	4:30 PM	---	---	<input type="checkbox"/>
Wednesday	8:00 AM	4:30 PM	---	---	<input type="checkbox"/>
Thursday	8:00 AM	4:30 PM	---	---	<input type="checkbox"/>
Friday	8:00 AM	4:30 PM	---	---	<input type="checkbox"/>
Saturday	---	---	---	---	<input checked="" type="checkbox"/>

# REVIEW AND EDIT THE PROVIDER DATA INFORMATION FORM CONT'D.

## Provider Selection Cont'd.

- Continue to scroll and review all the pre-populated information and input or edit the required fields.

 **Note:** All mandatory fields are marked with an asterisk (\*) and must be populated to submit the form.



**Provider Self-Service** appian

### Office Information/Certifications

**Provider Gender \***  
Female

**State License Number\***  
OS016240  
Multiple State License Number are separated by semicolon.

**Hospital Affiliation \***  
LANSDALE HOSPITAL;ABINGTON MEMORIAL HOSPITAL  
Multiple Hospital Affiliation are separated by semicolon.

**Specialty Type**  
SURG-General Surgery

**Offers Telehealth services?**  
 Yes  No

**CLIA**

**CLIA Type \***  
-- Select --

**CLIA Effective Date \***  
mm/dd/yyyy

**CLIA Expiration Date \***  
mm/dd/yyyy

**CLIA Cert Number \***

**ADA Accessibility**

**Is the Medical Equipment at your Service location ADA Accessible ? \***  
 Yes  No

**Is your service location ADA accessible for Deaf or Hard of Hearing patients ? \***  
 Yes  No

**Is your service location ADA compliant ? \***  
 Yes  No

**Are your Rest Rooms ADA compliant ? \***  
 Yes  No

**Listed in Directory \***  
 Yes  No

**Accepting New Patients \***  
 Yes  No

**Patient Gender \***  
Both Male and Female

**Patient Ages Seen \***  
0-999  
Enter the values in the given format: Minimum Age-Maximum Age

**Is your service location ADA accessible for Blind/Visually impaired patients ? \***  
 Yes  No

**Are your Exam Rooms ADA compliant ? \***  
 Yes  No

**Is your service location ADA accessible for Cognitively Disabled patients ? \***  
 Yes  No

# REVIEW AND EDIT THE PROVIDER DATA INFORMATION FORM CONT'D.

## Confirmation Section

- Once you have reviewed all information and input any updates, **complete the Confirmation section** of the form by checking the appropriate boxes (check all that apply):
  - Update/Correction:** Check this box if you are providing updates or edits to the provider information. This is to certify that the new or updated information you provided is correct.
  - Attestation:** Check this box to attest that all the populated provider information is accurate, complete, and current as of the date you are reviewing. Providers may be required to complete this attestation annually as an obligation of the provider contract.
- Once you have checked the appropriate boxes in the Confirmation section, click **NEXT** to submit the completed PDIF.

**Confirmation**

**Update/Correction**  
 I certify that the updated/corrected information in the documents are correct and current as of this date

**Attestation \***  
 I certify that the responses in this attestation and all information in the documents are accurate, complete, and current as of this date.

**Attestation User Name:**  
Name of user who attested displayed here.  
(PRINT Name of signature)

Attestation Completed on 08/29/2024 12:04 PM EDT

PREVIOUS

NEXT

### Note:



- If either the Update/Correction or Attestation boxes are selected, a timestamp will appear at the bottom of the screen to note the date/time of the update and attestation.
- Your name will also display under *Attestation User Name* to document who attested to the data and when.

# REVIEW AND EDIT THE PROVIDER DATA INFORMATION FORM CONT'D.

## USPS Validation Result

In the event an update was made to the primary address and/or the Remit address, the USPS Validation Result screen will display.

7. Select the “USPS Validation Result” radio button
8. Click Next

The screenshot shows the 'Provider Self-Service' interface with the 'PDIF Update' step active. The 'Primary Address' section is expanded, showing 'Entered Address' and 'USPS Validation Result' side-by-side. Both sections display the same address: 2701 BLAIR MILL RD, SUITE 18, WILLOW GROVE, PA, 19090-1041. A red box highlights the 'Please select an option' section, which contains three radio buttons: 'Use "USPS Validation Result"' (selected), 'Go Back and Update Address', and 'Use "Entered Address"'. A red circle with the number '7' is placed over the selected radio button. A 'PREVIOUS' button is at the bottom left, and a 'NEXT' button is at the bottom right, with a red circle and the number '8' placed over the 'NEXT' button.

Provider Self-Service

Provider Selection PDIF Update Patient Acceptance Request Summary

Primary Address

Entered Address

Address Line 1  
2701 BLAIR MILL RD

Address Line 2  
SUITE 18

Address Line 3

City  
Willow Grove

State  
PA

Zip  
19090-1041

USPS Validation Result

Address Line 1  
2701 BLAIR MILL RD

Address Line 2  
STE 18

Address Line 3

City  
WILLOW GROVE

State  
PA

Zip  
19090-1041

Please select an option \*

Use "USPS Validation Result"

Go Back and Update Address

Use "Entered Address"

PREVIOUS

NEXT

# COMPLETE THE PATIENT ACCEPTANCE FORM

## Patient Acceptance Form

If you opt to complete a Patient Acceptance form, you will need to follow the steps below. *If you only opted to complete a PDIF update, please skip this section and move on to the [Submit the PDIF section on page 15](#) of this guide.*

1. Review the Patient Acceptance form and **answer either Yes or No** to the questions listed.

## Not Accepting Insurance At All Locations

If you answer ‘No’ to the fifth question, you will also need to identify which locations ARE accepting members.

2. Select accepting locations by checking the box on the left side of the screen that corresponds with each location.

Provider Self-Service

Provider Selection PDIF Update Patient Acceptance Request Summary

### Patient Acceptance form for AmeriHealth Caritas

Please complete this form to help us keep correct information for our members and your patients.

Provider's Name: [Field] Business/Facility Name: [Field] Provider's NPI: [Field] Federal Tax ID#: [Field]

How you answer the following questions will determine how you are listed in the AmeriHealth Caritas Provider Directory.

1. Are you accepting members with this insurance as new patients?  Yes  No
2. Are you accepting members with this insurance as established patients?  Yes  No
3. Are you accepting this insurance as primary insurance?  Yes  No
4. Are you accepting this insurance as secondary insurance?  Yes  No
5. Are you accepting this insurance at all locations?  Yes  No

Locations

How you answer the following questions will determine how you are listed in the AmeriHealth Caritas Pennsylvania Provider Directory.

1. Are you accepting members with this insurance as new patients?  Yes  No
2. Are you accepting members with this insurance as established patients?  Yes  No
3. Are you accepting this insurance as primary insurance?  Yes  No
4. Are you accepting this insurance as secondary insurance?  Yes  No
5. Are you accepting this insurance at all locations?  Yes  No

Please select the locations that do accept ACLA

Address #1

Locations from previous submission

- Address #1 - Marked as NOT ACCEPTING upon last submission
- Address #2 - Marked as ACCEPTING upon last submission



**Note:** Once you have completed the Patient Acceptance form, future versions of the form will also display “Locations from previous submission” to remind you what was selected during the previous form submission.

# COMPLETE THE PATIENT ACCEPTANCE FORM CONT'D.

## Patient Acceptance Form Cont'd.

- To complete the form, **provide your Digital Signature** by typing your first and last name in the following format: **/First Last/** (including the forward slash).
  - Example: /Jane Doe/**
- Click **Next** to submit the form for this practitioner
  - If you selected multiple practitioners at the beginning of your workflow, you will automatically be taken to a blank form for the next practitioner until all forms for all practitioners have been completed.

Provider Self-Service

Provider Selection PDF Update Patient Acceptance Request Summary

### Patient Acceptance form for AmeriHealth Caritas

Please complete this form to help us keep correct information for our members and your patients.

Provider's Name: [Redacted] Provider's NPI: [Redacted]  
Business/Facility Name: [Redacted] Federal Tax ID#: [Redacted]

How you answer the following questions will determine how you are listed in the AmeriHealth Caritas Provider Directory.

- Are you accepting members with this insurance as new patients?  Yes  No
- Are you accepting members with this insurance as established patients?  Yes  No
- Are you accepting this insurance as primary insurance?  Yes  No
- Are you accepting this insurance as secondary insurance?  Yes  No
- Are you accepting this insurance at all locations?  Yes  No

Locations

[Redacted]

**3** Digital Signature  Date: Aug 29, 2024  
Name: Jane Doe Username: Your NavNet Username

PREVIOUS **4** NEXT



**Note:** If you are also completing the Patient Acceptance form in this workflow, you will be prompted to complete that form before you are taken to the Change Summary. If you are not completing the Patient Acceptance form, you will be taken directly to the [Change Summary, step 5](#), in this guide.

# SUBMIT THE PDFIF AND THE PATIENT ACCEPTANCE FORM

## Change Summary

When you complete your workflow for all forms and all practitioners, a Change Summary screen will display to indicate what has been changed for each provider. Items with a + sign on the left under the heading “Field” may be expanded by clicking on the item. You will see the original value as well as the new value you input. **This is your opportunity to review edits and updates for accuracy.** If additional edits are required, select BACK to make additional changes (do **NOT** use the browser back button).

5. On this screen, you can also **input your email address** to receive updates about the change(s) you are submitting. To do this, check the box near the upper left corner of the screen where it says, “Would you like to receive an email when a data update/correction is completed successfully?” Then, enter your email address into the field that appears below.
6. If you are satisfied with the updates as they appear, select **SUBMIT**.

Provider Self-Service

PDFIF Update

You have successfully submitted your PDFIF Update, LDH Patient Acceptance form(s) for the following provider(s):

Would you like to receive an email when a data update/correction is completed successfully?

Confirmation Email Address \*

test.email@amerihealthcaritas.com

Change Summary for Provider Name

Field	Original Value	New Value	Modified By	Modified Date
+ Provider Demographics				
+ [1235 OLD YORK RD - PBI - Work Hours]Sa				
+ [1235 OLD YORK RD - PBI - Work Hours]S				
+ [1235 OLD YORK RD - PBI - Work Hours]M				
+ [1235 OLD YORK RD - PBI - Work Hours]T				
+ [1235 OLD YORK RD - PBI - Work Hours]W				
+ [1235 OLD YORK RD - PBI - Work Hours]Th				
+ [1235 OLD YORK RD - PBI - Work Hours]F				
+ Remit Address				
+ Office Information/Certifications				
+ CLIA				
+ ADA Accessibility				
+ Primary Address				
+ Patient Acceptance				

BACK

SUBMIT

## Confirmation Number

7. Upon submission, you will receive a confirmation number to track the attestation/changes you have submitted. Please retain this number for your records.

Provider Self-Service

Please keep your confirmation number #35123781 to track your attestations/updates/corrections.

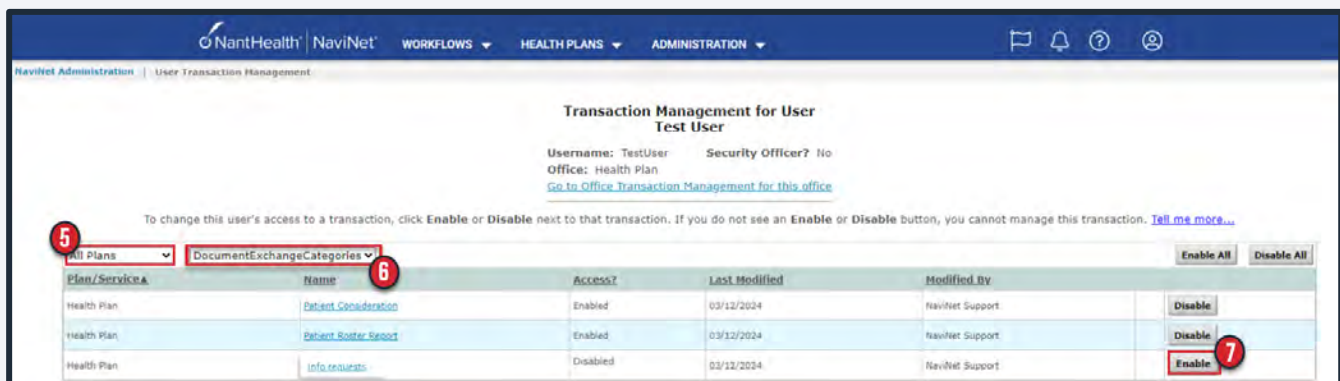
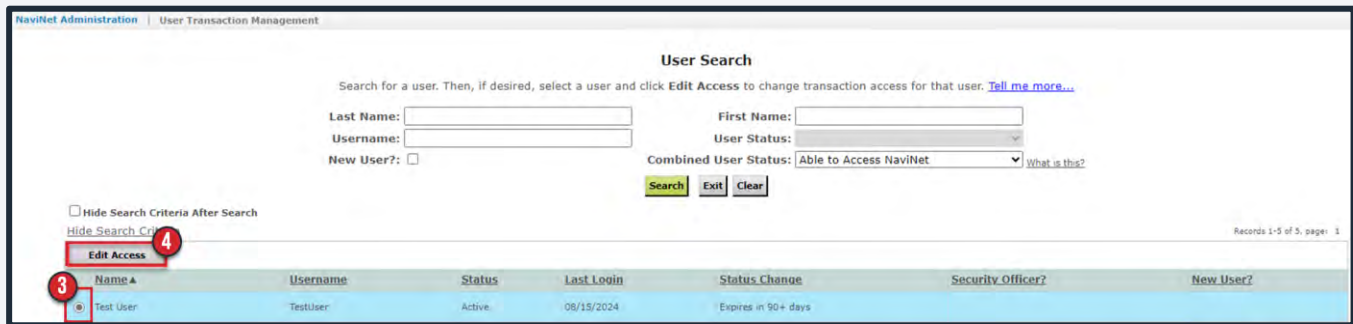
If there are additional provider groups that need attestations/updates/corrections please navigate to Navinet to perform additional attestations/updates/corrections

You may now close this window

## Appendix A: Security Officers – Enabling Document Exchange Category “Info Request” for Users in your office

As a NaviNet Security Officer, you can follow the steps below to enable the Document Exchange category “Info Request” for users within your office.

1. Click **Administration** from the menu bar
2. Select **Manage User Permissions**
3. On the user search screen, **select the user** whose permissions you want to adjust
4. Click **Edit Access**
5. In the Transaction Management screen, select **NaviNet** from the plans drop-down list
6. Select **DocumentExchangeCategories** from the Groups drop-down
7. Click **Enable** for Info Request





## Appendix B: Alternate Workflow – Notifications via the Activity Tab

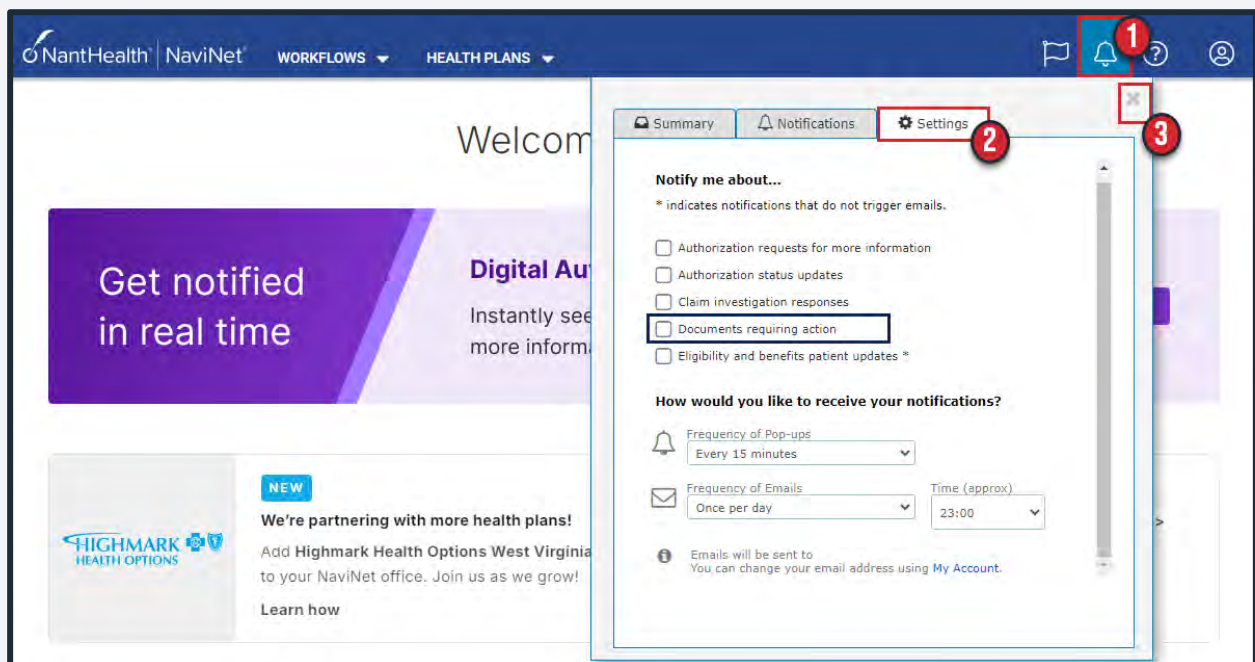
### About Access

In order to receive future “Notifications” in the Activities tab (as described below), and to access the “Practice Documents” (workflow in Appendix C), you must first complete the mandatory User Attestation for the Billing Entities associated with your practice. This important step confirms that you are authorized to access the data in these workflows. If you have not already done so, please complete the steps for [Completing a Patient Acceptance Form on pages 13-15](#) of this guide to enable your access to receive notifications and use Practice Documents.

### About Workflows


The steps below describe the Activity tab workflow:

1. Click on the **Activity icon** in the upper right corner of the screen (bell icon)
2. Click the **Settings Tab** to select the notifications you want to receive.
  - Checking the “Documents requiring action” box means you will receive notifications for PDIF requests.
  - You can also select the frequency of notifications and whether or not you want to receive pop-ups.
3. Once you set up your notifications, click the **X** to close out of the Activity screen.

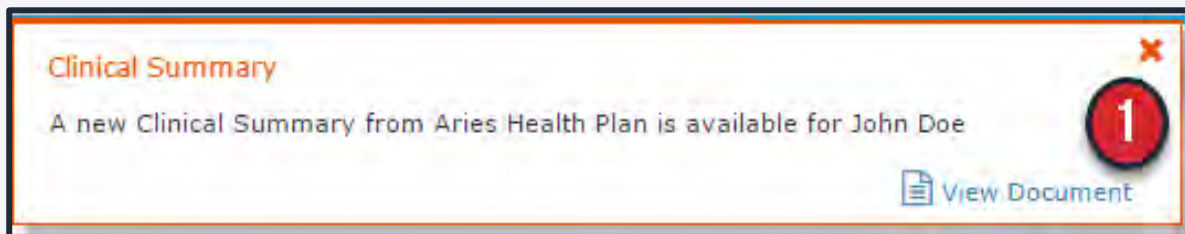


## Appendix B: Alternate Workflow – Notifications via the Activity Tab Cont'd.

### Notifications

When new notifications are available, a red badge appears on the Activity icon (  ). To view your notifications, you can either:

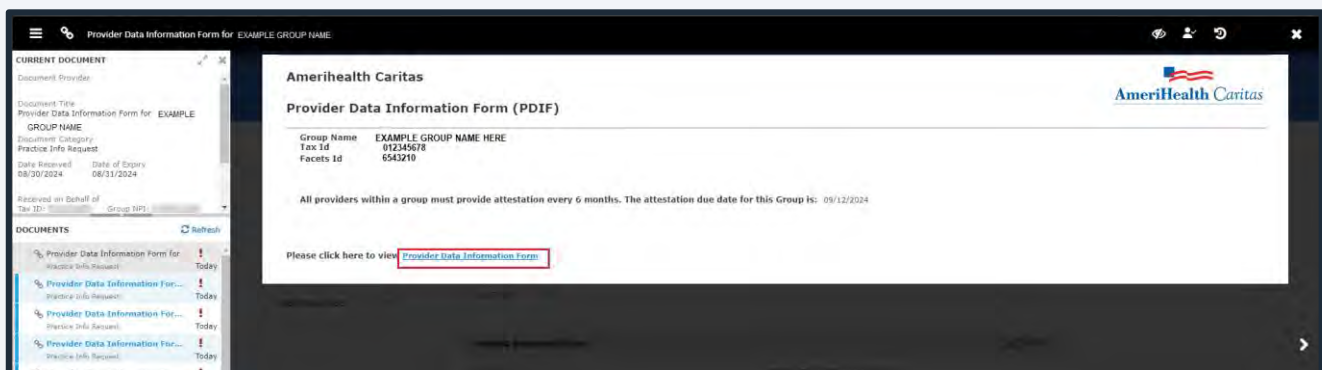
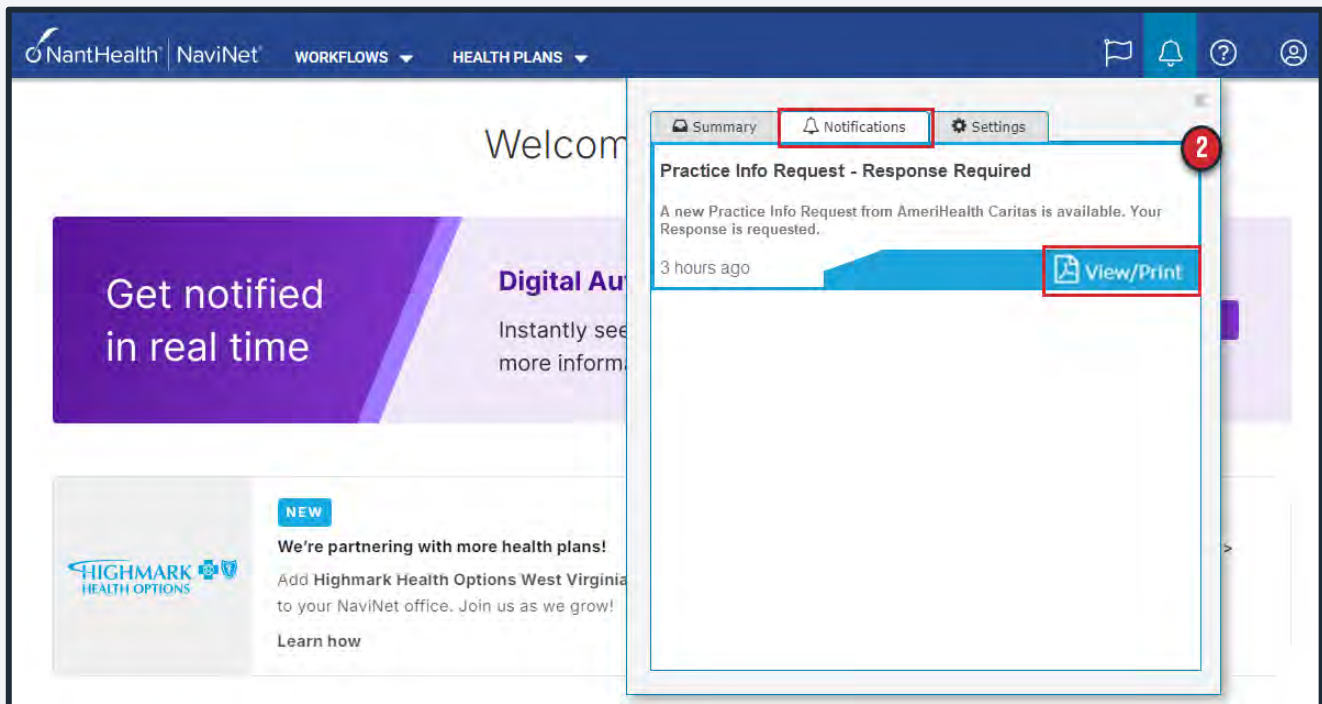
1. Click on **pop-ups** as they appear
  - You can close the notification by clicking Close in the upper-right corner. This does not acknowledge that you read the notification, and it will still appear as a new message in the notification history.



## Appendix B: Alternate Workflow – Notifications via the Activity Tab Cont'd.

### Notifications cont'd.

2. Use the Notifications tab within the Activity screen
  - Hover over the bottom section of each notification for the option to **View/Print**.
  - Once you click View/Print, you will be taken to the individual request record where you can click **Provider Data Information Form**.
  - Continue completing the form by picking up at [step 10 on page 6 of this guide](#).

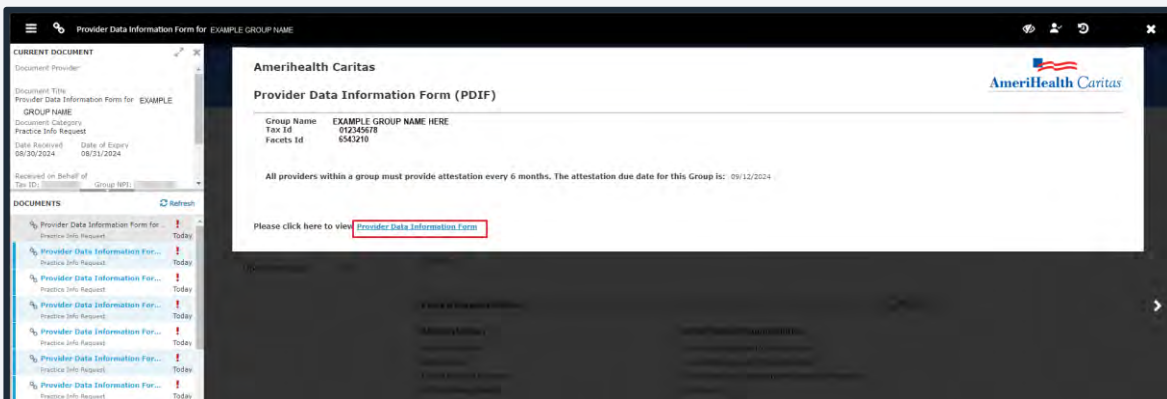
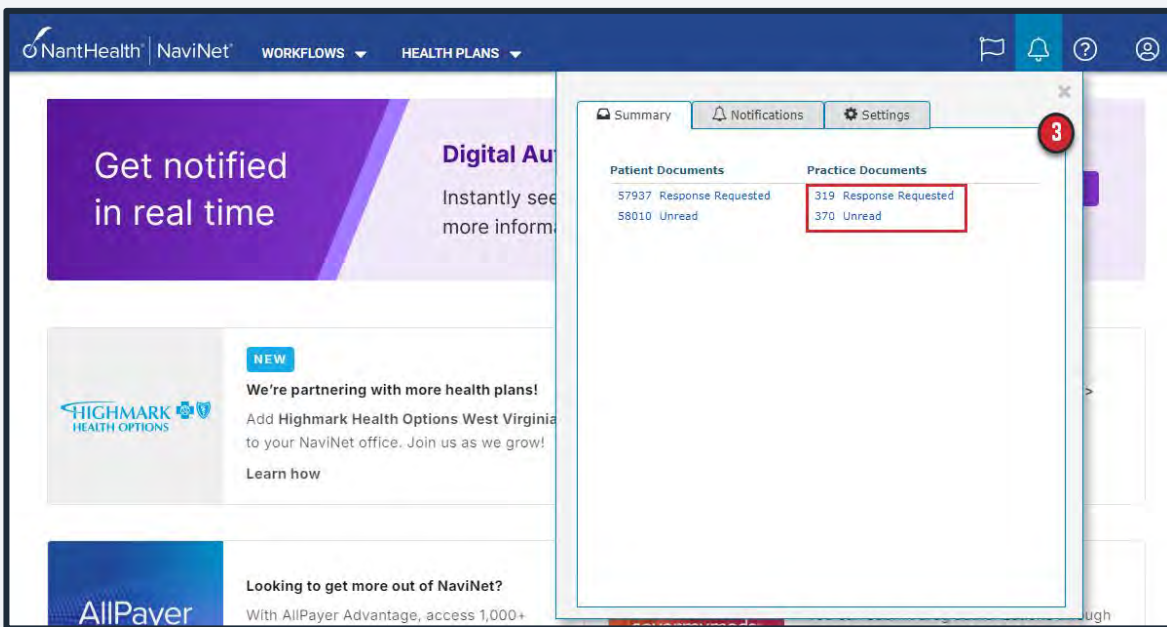


## Appendix B: Alternate Workflow – Notifications via the Activity Tab Cont'd.

### Notifications cont'd.

#### 3. Use the Summary tab within the Activity screen

- Click on the **Responses Requested** or **Unread** to see a list of requests on the left.
- Then, look in the list for “Provider Data Information Form” requests
- When you select a specific request, you will be taken to the individual request record where you can click Provider Data Information Form.
- Continue completing the form by picking up at [step 10 on page 6 of this guide](#).



## Appendix C: Alternate Workflow – Practice Documents

### About Access

To receive future “Notifications” in the Activities tab (workflow in Appendix B), and to access the “Practice Documents” (as described below), you must first complete the mandatory User Attestation for the Billing Entities associated with your practice. This important step confirms that you are authorized to access the data in these workflows.

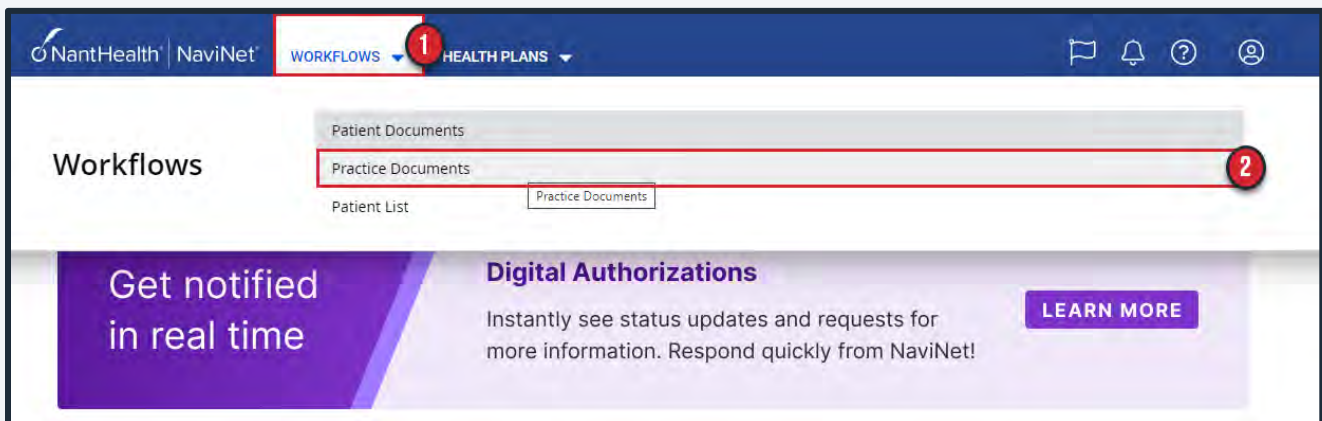
**If you have not already done so, please complete the steps for [Completing a Patient Acceptance Form on pages 13-15](#) of this guide to enable your access to receive notifications and use Practice Documents.**

### About Workflows

The steps below describe the “Practice Documents” workflow. Another way to work PDIF requests is by notification, as requests become “due.” Notifications are managed under the Activity tab, as described in [Appendix B](#) of this guide.

### To access the Practice Documents:

1. Click **Workflows** from the menu bar
2. Select **Practice Documents**



## Appendix C: Alternate Workflow – Practice Documents Cont'd.

### About Workflows cont'd.

- To view PDIF requests, **filter for Info Request** under “Document Category”
  - Another filter option is to **type Provider Data Request** into the “Document Tags” field
- Check for a Red **Exclamation Point** on “Provider Data Information Form” requests to verify if a response is needed. Click on the blue title of a request to view the record.

The screenshot displays the NantHealth NaviNet Practice Documents interface. The top navigation bar includes the NantHealth logo, NaviNet, and menu items for WORKFLOWS and HEALTH PLANS. The main content area is titled "Practice Documents" and shows a list of 89 documents. On the left, there are several filter sections: "Response Status" (Awaiting Response, Response Sent), "Health Plan" (checkboxes), "Document Category" (Financial Report, Info Request, Patient Roster Report, Patient Transition Report, Pharmacy Report, Program Enrollment Report), "Line Of Business" (Commercial, Dual Eligibles, Medicaid, Medicare, Other), and "Document Tags" (Type here to search tags..., Condition Optimization Program, Pended Claim, Provider Data Request, Rejection Letter). The "Info Request" checkbox is checked, and "Provider Data Request" is selected in the tags dropdown. A red box highlights the "Document Category" and "Document Tags" sections, with a red circle containing the number 3. The main document list shows a "Provider Data Information Form for EXAMPLE GROUP NAME" with a red exclamation point icon and a red circle containing the number 4. The document details include: Practice Info Request, Tax ID: 012345678, Received: Today, Health Plan Name, Group NPI: 122244455, and Expires: 08/31/2024.

## Appendix C: Alternate Workflow – Practice Documents Cont'd.

### About Workflows cont'd.

5. The document you selected will display on the document viewer
6. Click on the hyperlinked **Provider Data Information Form** at the bottom to access the PDIF
7. Continue completing the form by picking up at [step 10 on page 6 of this guide.](#)

