Provider Authorization Portal User Guide

Version 12.15.2021

What's Inside?

Introduction

Bright Health's Prior Authorization Portal is a web-based utilization management solution that will allow you to:
- Submit authorizations electronically
- Keep track of authorizations and their statuses
- Respond to additional requests for information

Key features include:
- Dashboard displaying the status of previously submitted authorizations
- Advanced Filters allowing you to easily sort through previously submitted authorizations and check status
- Ability to view and respond to notifications about authorizations that require additional action
- Check if authorization request is needed
- Quickly and easily add supporting clinical documentation
- Progress bar guides you through the authorization request process

Logging In

To access the Bright Health prior authorization portal, you will need to login to the provider portal on Availity.

How to Initiate Electronic Authorization Submission

After logging into Availity, click on the **Patient Registration** tab. You will see a drop-down menu, click on **Authorizations & Referrals** to start an authorization.

On the Authorizations & Referrals page, click on either **Auth/Referral Inquiry** or **Authorizations**.

On the Authorizations page, select the appropriate **Organization** and then select <u>**Bright Health**</u> from the **Payer** field.

This will take you to the next screen where you will **Select a Provider**.

Note: If this is the first time you are submitting an authorization for a provider, you may need to add a provider using the Express Entry feature.

You can find instructions for how to use Express Entry on page 8.

After you select your provider and click **Submit**, a new tab will launch and take you to the Bright Health Prior Authorization Portal home page.

Express Entry

To add or edit providers in Availity use **Express Entry**. You can find Express Entry by clicking on the **My Providers** tab in the navigation bar and then selecting **Express Entry**.

On the **Manage Express Entry** page, choose your organization under **Select Organization** to edit an existing provider's information or click on **Add Provider** to add a new provider.

You will need to enter a valid National Provider Identifier (NPI) containing 10 numeric digits and beginning with a 1, 2, 3, or 4.

Add a single provider by entering the provider's NPI and clicking the **Add Provider** button.

Add multiple providers by clicking the **Add Multiple Providers** link under the provider NPI field.

Create a CSV file to upload up to 500 NPIs at one time. If you need help, click on the **Show Me How** link for additional instructions.

Add Multiple Providers

Instead of adding providers one at a time, you can upload them all at once in a CSV file that you can create using almost any spreadsheet program.

Step 1

Create a CSV file containing the NPIs of the providers to upload. Show me how.

Step 2

Click **Browse** and select the CSV file to upload.

Choose File | No file chosen

Step 3

Select the organization(s) associated with your providers.

	Organization	Customer ID	Address	Tax ID	Organization Type
☐	Bright Health (Manual)	265935	10333 E Dry Creek Rd Englewood, CO 80112	811078509	Manual
☐	Bright Health Plan - Commercial	275773	10333 E Dry Creek Rd Englewood, CO 80112	811078509	Payer

Continue   Cancel

Welcome to the new Authorization Portal!

The top right header is the navigation bar, where you can return to the **Home** page, access **Resources**, and **Log Out** by clicking on your user name in the upper right corner.

On the home page you will see an authorization dashboard that will show a list of previously submitted authorizations and their statuses for the provider you selected on Availity.

***Note**: If this is the first time you are logging in, you will not see any cases here. Cases will appear here following electronic or faxed entry starting on October 1, 2021.*

Dashboard features:
- Look up previously submitted authorizations by searching member ID or name, member date of birth, or using one of the Advanced Filters.
- View case status
- Launch and review details of an authorization by clicking on one of the rows in the dashboard
- Review and respond to requests for additional information (indicated by cases with an orange bell icon and the status Action Needed)
- Attach additional clinical documentation to a case that is still pending
- Start a new authorization

Note: After a period of inactivity, your session will time out and you will be automatically logged out. To continue working on authorizations, you will need to log back into Availity. Additionally, if you need to submit an authorization for a different provider, you will also need to go back into Availity, select a different provider, and re-enter the portal with that provider NPI.

Starting an Authorization

There are 5 steps in the authorization workflow:

1. Member Search
2. Confirm the Requesting Information
3. Enter the Servicing Information
4. Enter Authorization Request details
5. Review/Submit the authorization request

To start a new authorization, click on the **New Authorization** button under the navigation bar.

This will take you to the Member Search screen where you can look up a member by searching the member ID, name, or date of birth.

Select a member by clicking on the appropriate row or name to proceed. This will start the authorization workflow.

1. Requesting Information

Following member selection, you will need to confirm the requesting provider information. Please select the appropriate provider based on name, NPI, address, and tax ID by clicking on the row with the correct information.

After you make your selection, you will be brought to the next screen where you can:

- review the information,
- add a preferred phone or fax number (click Add Preferred Phone or Add Preferred Fax to activate the fields),
- or switch provider should you need to (this would bring you back to the previous screen).

Bright HealthCare | Authorization Portal

HOME   RESOURCES ∨   👤 Jane Smith ∨

‹ Start over

Member info

FIRST_81b74dab30
LAST_004e99508b
ID 14b71938e
DOB 8/11/2016
Female

Address

1234 Road St.
New Townsville, CO 80000

Requesting Provider

Joe Doctor
NPI 1234567890
TIN 123456781

✅ IN-NETWORK

Servicing Provider

Not yet selected

Servicing Facility

Not yet selected

① Requesting ② Servicing ③ Authorization ④ Clinical ⑤ Review &
   Information   Information   Request   Documentation   Submit

👤 **Requesting provider**

Provider details   Joe Doctor

                    Gastroenterology

                    NPI 1234567890

                    TIN 123456781

                    ✅ IN-NETWORK

Practice details   MMG Occupational Health

                    3201 W Gore Blvd, Lawton, OK 73505

Contact Info   📞 (555) 555-5550   ⊕ Add preferred phone

                🖨 (555) 555-5551   ⊕ Add preferred fax

‹ Back   Continue

Bright HealthCare | Authorization Portal

HOME   RESOURCES ∨   👤 Jane Smith ∨

‹ Start over

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Practice details   MMG Occupational Health

                    3201 W Gore Blvd, Lawton, OK 73505

Contact Info   📞 (555) 555-5550   Preferred Phone: (555) 555-5555

                🖨 (555) 555-5551   Preferred Fax: (999) 999-9999

‹ Back   Continue

Once complete, click the **Continue** button on the bottom right.

2. Servicing Information

The next step is entering the Servicing Provider information.

If the Servicing Provider is the same as the requesting provider, select the first option and the information from the previous step will carry over. If it is someone else, select the second option to activate a search where you can look up a different provider by searching a NPI number or name. If the servicing provider is a facility, DME supplier, or Home Health Provider, select the third option.

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HOME RESOURCES ∨ ⊕ Jane Smith ∨

< Start over

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Joe Doctor
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✓ IN-NETWORK

Servicing Provider

Joe Doctor
NPI 1234567890
TIN 123456781

✓ IN-NETWORK

Servicing Facility

Not yet selected

① Requesting Information — ② Servicing Information — ③ Authorization Request — ④ Clinical Documentation — ⑤ Review & Submit

👤 **Servicing provider**

Provider details   Joe Doctor
                     Gastroenterology
                     NPI 1234567890
                     TIN 123456781
                     ✓ IN-NETWORK

Practice details   MMG Occupational Health
                     3201 W Gore Blvd, Lawton, OK 73505

Contact Info   📞 (555) 555-5550   Preferred Phone: (555) 555-5555
                     🖨 (555) 555-5551   Preferred Fax: (999) 999-9999

< Back   Continue

Next you will fill out the Servicing Facility information. You can search for a facility by NPI number or name and select the appropriate option from the results in the table. If the provider's practice is the servicing facility, click on the check box to proceed.

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HOME RESOURCES ∨ ⊕ Jane Smith ∨

< Start over

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Servicing Provider

Joe Doctor
NPI 1234567890
TIN 123456781

✓ IN-NETWORK

Servicing Facility

Not yet selected

NPI 1234567890
TIN 123456781
✓ IN-NETWORK

Practice details   MMG Occupational Health
                     3201 W Gore Blvd, Lawton, OK 73505

Contact Info   📞 (555) 555-5550   Preferred Phone: (555) 555-5555
                     🖨 (555) 555-5551   Preferred Fax: (999) 999-9999

[Switch Provider]

📍 **Servicing facility**

Servicing Facility NPI# / Facility Name
[🔍   ]   [Search]   Reset

☐ The Provider's Practice is the Servicing Facility

< Back   Continue

If you cannot find a servicing provider or servicing facility that is INN and see zero results, you may enter in the details for an OON servicing provider or servicing facility by clicking the **Add OON** option and completing the information in the pop-up modal.

After completing the Servicing Information, click on the **Continue** button in the bottom right to proceed to the next step.

3. Authorization Request

Please select the case priority, setting of service, and area of service.

Depending on your selections, you will either proceed to the authorization details screen where you will enter more information or be presented with an authorization check screen.

For some outpatient selections, you will see a Check if Authorization is Required section where you can enter CPT, HCPC, and REV codes to see which require an authorization to be submitted. In the case that there is a combination of codes that do and do not require an authorization, all codes will be carried over into the authorization for context when proceeding to complete the authorization.

If all codes do not require an authorization, you do not need to proceed with the request. If you need a record of this, please screenshot the code check results.

Authorization Check Screen

After completing the code check, click **Continue** in the bottom right to proceed to the next step.

Authorization Details

Next you will enter the authorization details.

<u>If you did not have a code check</u>, you will see this screen immediately after your initial selections.

Using the drop downs or search fields, select the relevant options. All fields are required, unless stated otherwise.

If you would like to enter medication information, you can click on the **Add Medication** button under Medications to activate additional fields. Alternatively, you can attach a medications list or document on the next step.

If you had an authorization check section on the previous step, that information will carry over into the next section where you will add additional information. If you did not have an authorization check, please add CPT, HCPC, or REV codes and their details here. If you need to add codes, click on the **Add Code** button.

After entering all the authorization details, click on the **Continue** button on the bottom right to proceed to the next step.

4. Clinical Documentation

Please attach any relevant clinical documentation by either dragging and dropping the file into the upload files box or by clicking on choose file(s). We recommend that you include all clinical information demonstrating medical necessity of the requested service to help with faster processing. This may include reason for request, medications, additional notes, symptoms, exam findings, and treatment history.

If you need to review or preview your attachments, click on the attachment name. After selecting and adding your attachments, click on **Continue** in the bottom right to proceed to the final step.

HOME RESOURCES ∨   Jane Smith ∨

‹ Start over

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Female

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1234 Road St.
New Townsville, CO 80000

Requesting Provider

Joe Doctor
NPI 1234567890
TIN 123456781

✓ IN-NETWORK

Servicing Provider

Joe Doctor
NPI 1234567890
TIN 123456781

✓ IN-NETWORK

Servicing Facility

The Provider's Practice is the
Servicing Facility

1	2	3	4	5
Requesting Information	Servicing Information	Authorization Request	Clinical Documentation	Review & Submit

📎 **Clinical Documentation**

For faster processing, please include all clinical documentation demonstrating medical necessity of the requested service. This may include reason for request, symptoms, exam findings, and treatment history.

File Upload

Drag & drop files here or **browse files**
(Recommend 4MB max file size)

Attachments

clinical evidence x-ray.png   ✓   PNG ✕

‹ Back   Continue

5. Review & Submit

The final step and screen is the Review/Submit, where you can review all the information you have previously entered and submit the authorization.

If you need to make any edits, you can click on the **Edit** button next to the section you would like to make changes in, which will bring you back to the section and allow you to make edits.

After reviewing the authorization request, click **Submit** on the bottom right to complete the request.

Give it some time to process and submit.

Once submitted, you will see a confirmation screen pop up with the authorization number and date/time stamp.

Click **OK** to return the home screen (dashboard), where you can see the authorization pending.

Reviewing Authorization Details

If you want to review case details or add documentation to a case that is pending, you can click on the authorization row which will bring you to the authorization details page.

Viewing Determinations

Once a decision has been made on an authorization, you will see an updated status on the dashboard screen. To view the decision and any associated determination letters, click on the authorization row to view authorization details.

On the authorization details page, you will see the decision and a link to the determination letter indicated by a document icon.

To view it, simply click on it and it will launch a new tab where you can view or download the determination letter.

Action Needed

If additional information is required to make a determination, you will see an Action Needed status on an authorization.

To respond to this request, click on the appropriate authorization on the dashboard and go to authorization details. There you can drag and drop or select a file from your computer to add to the authorization.

Once finished attaching the documentation, remember to click **Submit**. This will update your authorization and remove the Action Needed status.

Concurrent Reviews

You may submit concurrent reviews as an initial authorization by going through the new authorization workflow.

For existing inpatient authorizations that have a partially approved or approved status, you may request a concurrent review to initiate a request for extension of service. To do this, you will click on an authorization with the partially approved or approved status from the dashboard to go to the authorization details view.

From there, when applicable, you will see the option to request a concurrent review. To initiate the request, click on the **Request a Concurrent Review** button and add the relevant documentation by either dragging and dropping the files or selecting from your desktop.

Bright HealthCare

RESOURCES ⌄   Ⓜ Molly Francis ⌄

‹ Start over

Member info

Ann Callahan
ID 9994852
DOB 10/05/84
Female

Address

63829 Rollingwood Dr
Austin, TX 78759

Requesting provider

Jonathan Smtih
NPI 1234567890
TIN 234567890

✓ IN-NETWORK

Servicing provider

Jonathan Smtih
NPI 1234567890
TIN 234567890

❗ OUT-OF-NETWORK

Servicing facility

Jonathan Smtih
NPI 1234567890
TIN 234567890

✓ IN-NETWORK

Request History & Details

Authorization #1234567890

✓ **Initial Review** Approved on 10/22/2021

Submitted by Molly Francis on 10/21/2021 at 10:21am

This request has been [status]. Please see the determination letter below for more details.

📎 Determination_letter.pdf

Request Concurrent Review

Request a Concurrent Review

Please submit additional clinical documentation to support the extension of this request. Our clinicians will review the information submitted and will relay a new service end date if the request is approved.

📁

Drag & drop files here or browse files

Submit   Cancel

Service details: Inpatient Medical

Case priority: Standard request times

Service type: Inpatient Hospitalization

Place of service: Hospital

Associated with a clinical trial: NCT#: 98373333

Anticipated start date: 03/11/2021

Anticipated end date: 11/11/2021

Type of authorization: Concurrent Request ❓

‹ Back to Dashboard

After having selected the clinical evidence you wish to provide, click **Submit** to submit your request. This will put your case into the concurrent review - pending status and will be reviewed by the clinical team. Once a decision has been made, the case will have an updated status and new determination letter for you to review.

RESOURCES ⌄   M Molly Francis ⌄

< Start over

Member info
Ann Callahan
ID 9994852
DOB 10/05/84
Female

Address
63829 Rollingwood Dr
Austin, TX 78759

Requesting provider
Jonathan Smtih
NPI 1234567890
TIN 234567890
✔ IN-NETWORK

Servicing provider
Jonathan Smtih
NPI 1234567890
TIN 234567890
⊘ OUT-OF-NETWORK

Servicing facility
Jonathan Smtih
NPI 1234567890
TIN 234567890
✔ IN-NETWORK

Request History & Details
Authorization #1234567890

✔ **Initial Review** Approved on 10/22/2021

Submitted by Molly Francis on 10/21/2021 at 10:21am
This request has been [status]. Please see the determination letter below for more details.
📎 Determination_letter.pdf

Request Concurrent Review

Request a Concurrent Review

Please submit additional clinical documentation to support the extension of this request. Our clinicians will review the information submitted and will relay a new service end date if the request is approved.

📁

Drag & drop files here or browse files

📎 File Name.pdf   ⊘ ✕

📎 File Name.pdf   ⊘ ✕

📎 File Name.pdf   ⊘ ✕

Submit   Cancel

Service details: Outpatient Medical

< Back to Dashboard

RESOURCES ∨   M Molly Francis ∨

< Start over

Member info

Ann Callahan
ID 9994852
DOB 10/05/84
Female

Address

63829 Rollingwood Dr
Austin, TX 78759

Requesting provider

Jonathan Smtih
NPI 1234567890
TIN 234567890

✓ IN-NETWORK

Servicing provider

Jonathan Smtih
NPI 1234567890

Request History & Details

Authorization #1234567890

⊕ Concurrent Review Pending   ∧

Submitted by Molly Francis on 10/21/2021 at 10:21am

Awaiting determination from payer. You will be notified when a decision has been made or if
more information is needed.

Add documentation

Submitted Clinical Documentation

📎 File Name.pdf   07/18/2021   3:32pm

📎 File Name.pdf   07/18/2021   3:32pm

📎 File Name.pdf   07/18/2021   3:32pm

Reconsiderations

If you receive a denied or partially approved determination on a case and would like to initiate a reconsideration, you will click on an authorization with the denied or partially approved status from the dashboard and go to the authorization details view. From there, when applicable (within 30 days of initial determination), you will see the option to request a reconsideration.

To initiate the request, click on the **Request a Reconsideration** button and add the relevant documentation by either dragging and dropping the files or selecting from your desktop. After having selected the clinical evidence you wish to provide, click **Submit** to submit your request. This will put your case into the reconsideration status and will be

reviewed by the clinical team. Once a decision has been made, the case will have an updated status and new determination letter for you to review. If you receive another denial and want to initiate an appeal, you may do so by following the instructions that will be provided within the most recent determination letter.

RESOURCES ⌄   M   Molly Francis ⌄

< Start over

Member info

Ann Callahan
ID 9994852
DOB 10/05/84
Female

Address

63829 Rollingwood Dr
Austin, TX 78759

Request History & Details

Authorization #1234567890

➕ **Reconsideration** Pending   ⌃

Submitted by Molly Francis on 10/21/2021 at 10:21am

Awaiting determination from payer. You will be notified when a decision has been made or if more information is needed.

[Add documentation]   [Withdraw]

Frequently Asked Questions

What are the Authorization Status Definitions?

Pending
Services are pending clinical review and final determination or awaiting action before final determination can be made.

Action Needed
Services need additional information before final determination can be made.

Approved
A determination by an organization that an admission, extension of stay, or other health care service has been reviewed and, based on the information provided, meets the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the auspices of the applicable health benefit plan.

Partial Approval
A determination for an item and/or service request that is partially covered (i.e. request for 10 therapy services was processed but only 5 were approved; request for a wheelchair is processed but only some of the accessories are approved; request is received for 12 months of services but only 3 months are approved).

Denied
A decision to deny or reduce a benefit for some or all of the lines of a prior authorization or claim.

Withdrawn
A written or verbal request by party that submitted the authorization request to cancel the service authorization request.

Cancelled
A decision not to review a request for an initial determination or appeal because it is considered invalid or does not otherwise meet standards for a valid request according to Federal, State, and accreditation standards.

Why should I submit electronically?

Submitting authorizations electronically is faster, easier and accessible via a free, secure portal. Benefits of submitting authorizations electronically include:

- Receive immediate confirmation that a request was submitted successfully
- Receive a reference number for each authorization
- Able to view the status of an authorization
- Ability to submit clinical documentation for concurrent review
- Able to view determination letters for any authorization

When are reviews needed?

- Inpatient and Outpatient Services (Medical and Mental Health)
- Before Services are Performed (Pre-service/prospective)
- During Service Period (Concurrent)
- After service was performed (Retro)

When will my authorization be processed?

Utilization Review Timelines				
Category	**Standard**	**Urgent**	**Concurrent**	**Retrospective**
URAC Standard	15 calendar days	72 hours	24 hours	30 calendar days
States following URAC: Alabama, Arizona, Florida, Illinois, Nebraska, Oklahoma, Tennessee				
Unique State Requirements				
North Carolina	3 business days			30 calendar days
Colorado*	5 calendar days	Less of 2 business days/72 hours	24 hours	30 calendar days
South Carolina	2 business days		1 business day	30 calendar days
*Turnaround times apply so long as complete documentation is submitted with the prior authorization request in order to make a determination.				

For faster processing: Please include all pertinent clinical documentation to substantiate medical necessity of the requested service.

Details and documentation may include:

- Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Symptoms and their duration, physical exam findings and progress notes, initial or follow-up screening (if follow-up, include outcome of previous screening and date)
- Conservative treatment (and its attempted duration) patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, referrals to specialist)
- Items/services are related to a confirmed rare disease diagnosis per NIH/National standards.

What do I do if I receive a denial?

In the event that you receive a denied prior authorization request you may request to:

1. **Complete a Peer-to-Peer reconsideration.**
   To schedule a peer to peer, please call: **Calling 1-844-990-0375**
   Bright Health Clinical Services - English 1 or Spanish 2

   You will hear: *Thank you for calling Bright Health Clinical Services. If this is a medical emergency, please call 911. If you are a Provider currently servicing a member that lives in the state of Oklahoma, press 5. Otherwise please select from the following options: For Prior authorizations and Inpatient Concurrent Review, Press 1. For Help finding an in-network physician, Press 2. For Appeals & Grievances, Press 3. For Physician Peer Review, Press 4. If you know your party's extension, please enter now. For all other calls, press 9 and a member of your Bright Health team will be with you shortly*

2. **File an appeal**
   You may request an appeal without completing a Peer to Peer or following. All appeals must be in writing and the packet for submission will be included with your authorization denial.

   If you need to speak to the Appeals team, you may reach them by: **Calling 1-844-990-0375**
   Bright Health Clinical Services - English 1 or Spanish 2

   You will hear: *Thank you for calling Bright Health Clinical Services. If this is a medical emergency, please call 911. If you are a Provider currently servicing a member that*

lives in the state of Oklahoma, press 5. Otherwise please select from the following options: For Prior authorizations and Inpatient Concurrent Review, Press 1. For Help finding an in-network physician, Press 2. For Appeals & Grievances, Press 3. For Physician Peer Review, Press 4. If you know your party's extension, please enter now. For all other calls, press 9 and a member of your Bright Health team will be with you shortly.

How do I escalate an issue?

Please reach out to Bright's UM team to resolve the following issues:

- Untimely decision/determinations (late reviews, unresolved requests)
- Escalate an authorization request due to a member's condition and/or status
- Unresolved issues (NOT authorization status, which should be referenced via Availity)

Call: 1-844-990-0375

- Opt 1: PA/Inpt-Concurrent Review
- Opt 2: INN Physician
- Opt 3: A&G
- Opt 4: Peer to Peer
- Opt 5: Providers calling about members living in Oklahoma
- Opt 9: All other calls

How do I get help?

For any questions or concerns, please contact provider services at 866-239-7191 Monday - Friday 8:00am - 8:00pm local time.

How do I provide feedback?

We are continuously working to improve our experiences and solutions so if you have any feedback to share with the product team, please contact provider services at 866-239-7191 Monday - Friday 8:00am - 8:00pm local time.