

Bright Health Group^{**}

Provider Authorization Portal User Guide

Version 12.15.2021

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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 <u>Availity</u>.

Availity ⁻	
Please enter your credentials	
User ID:	=
Password:	
Show password	11.1-
Forgot your password? Forgot your user ID?	

How to Initiate Electronic Authorization Submission

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

🗞 Availity 🎉 🕈 Home	A Notifications	2 My Favorites			Illinois ~	
Patient Registration ~ Cl	aims & Payments ∨ N	ly Providers ~	Reporting	Payer Spaces ~	More ∨	
C EB Eligibility and E		have no notifi	cations.			
M Tell us what you think.						
© ©	8					
A&R	EB		CS	6	PC	
Authorizations & Referrals	Eligibility an Benefits Inqu	d iry	Claim St	tatus	Professional Claim	
News and Announcements You're all caught up for now.						

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</u>** <u>**Health**</u> from the **Payer** field.

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Patient Registration V Claims & Pay	ments ∨ My Providers ∨ Reporting	Payer Spaces V More			Keyword Search Q
Home > Authorizations & R	eferrals > Authorizations		Need help	? Watch a demo about Authoriza	ations and Referrals.
A Authorizations	8			Give Feedback	New Request 🎒
SELECT A P					-
Payer @ Select a F					•
Request T Select Au	ype ● thorization Type				•
Next		v4.922.1			

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 <u>Express Entry</u> feature.

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Patient Registration \lor Claims & Payments \lor	My Providers ~ Reporting P	Payer Spaces V More V			Keyword	Search Q
Home > Authorizations & Referrals >	Authorizations		Need help? Watch a dem	o about Authorizations	and Referrals.	
A Authorizations			c	Give Feedback Ne	w Request 🚑	
Transaction Type Inpatient Authorizatio	Organization n Bright Health (Manual)	Payer BRIGHT HEALTH	Bright HealthC	Care-		
Select a Provider of Select Provider				٣		
link to this site for your	e re-directed to a third-party site away convenience and reference only. Avail , or services. You will remain logged in	lity cannot control such sites, de				
Back Submi	t	v4.922.1				

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.

thorizations	700					New Authoriza
Doctor, NPI #1234567	/89					
Member name or ID	Me	ember date of birth				
Q	n	nm/dd/yyyy	Ċ	-		÷ Advanced Filters
Authorization number	Member details	Date of birth	Submit date	Last update	Request type	0 Status 🔺
202108260034	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484	6/25/2012	8/25/2021 8:00am	10/18/2021 9:28am	Initial Request	Action Needed ()
202108260033	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Action Needed ()
202109010007	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/2/2021 8:00am	9/3/2021 1:35pm	Concurrent Review	Action Needed ()
0000233846	Joel ID: 100206515		5/28/2021 12:00am	6/3/2021 12:00am	Initial Request	Approved
202109170007	FIRST_990c1fadac LAST_f83f4865a9	12/15/2020	9/17/2021 8:00am	9/17/2021 3:02pm	Initial Request	Approved

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**.

Availity essentials 🖶 Home A Notifications 🗢 My Favorites 🗸							
Patient Registration < Claims & Payments <	My Providers ~ Reporting ~	Payer Spaces V More V					
Notification Center	EE Express Entry	ons.					
My Top Applications							

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.

Select Organization			Add Provider
	Select an Organization	~	
	Provider's NPI		Add Provider
	Add multiple providers This provider is	not requi	red to have an NPI

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

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

Select Organization		Add Provider
	Select an Organization	~
	Provider's NPI	Add Provider
	Add multiple providers This provider i	is not required to have an NPI

<u>Add multiple providers</u> by clicking the **Add Multiple Providers** link under the provider NPI field.

Select Organization			Add Provider
	Select an Organization	~	
	Provider's NPI		Add Provider
	Add multiple providers This provider is	s not requir	red to have an NPI

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	\frown
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
	Co	ontinue		

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.

horizations octor, NPI #12345678 zation Search	890					New Authoriza
Aember name or ID		nber date of birth m/dd/yyyy	Ċ			
Authorization number	Member details	Date of birth	Submit date	Last update	Request type	1 Status 🔺
202108260034	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484	6/25/2012	8/25/2021 8:00am	10/18/2021 9:28am	Initial Request	Action Needed ()
202108260033	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Action Needed ①
202109010007	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/2/2021 8:00am	9/3/2021 1:35pm	Concurrent Review	Action Needed ()
0000233846	Joel ID: 100206515		5/28/2021 12:00am	6/3/2021 12:00am	Initial Request	Approved
202109170007	FIRST_990c1fadac LAST_f83f4865a9 ID:	12/15/2020	9/17/2021 8:00am	9/17/2021 3:02pm	Initial Request	Approved

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.

1	Bright HealthCare	Authorization Portal				HOME	RESOURCES 🗸	e Jane Smith ∨
	uthorizations Doctor, NPI #12345678	390					New	Authorization
	Member name or ID	Mer	nber date of birth					
	۹	m	m/dd/yyyy	Ċ	-		<u></u>	ed Filters
	Authorization number	Member details	Date of birth	Submit date	Last update	Request type	🕕 Status 🔺	
	202108260034	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484	6/25/2012	8/25/2021 8:00am	10/18/2021 9:28am	Initial Request	Action Ne	eded ()
	202108260033	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Action Ne	eded ()
	202109010007	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/2/2021 8:00am	9/3/2021 1:35pm	Concurrent Review	Action Net	eded ()

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.

mber Search ch for a member to start a new author se be sure you are selecting the Mer		ing the service.			
Member name or ID	Member date of birth				
Q first	mm/dd/yyyy 🗖	Search Rese	t		
Search results: At least 100 records r	natched your criteria. Please cho	oose from the list belo	w, or narrow your search	٦.	
Member ID	Name 🔺	Gender	Birth date	State/Zipcode	
14b71938e2806a6a5c18fced8e	FIRST_81b74dab30 LAST_004e99508b	Female	08/12/2016	CO - 80000	
1535f03cefd755baf44ffc26d85	FIRST_6d6283d333 LAST_031c9a87f5	Female	09/25/1908	NY - 10000	
07fafb7805ce51aed4bae880b	FIRST_81aefe25fe LAST_047bd90556	Female	08/24/1917	-	
1491e1189c28763b6482c2254	FIRST_e46f42a1e8 LAST_08e569e536	Female	12/04/1934	FL - 30000	
1a4a6ebe64c32441b3a8f3b59	FIRST_9048cb50b0 LAST_0ba456fb18	Female	12/12/1970	CO - 80000	
147c410c49c06ab5bfd40def9	FIRST_0e576dc9c1 LAST_0dcf414751	Female	06/14/1953	CO - 80000	
0803cdbd4b011336b293695a	FIRST_81b74dab30 LAST_1213f63bb6	Female	04/12/1971	CO - 80000	
1a53abbaa1df5930749899ca07	FIRST_ba91a00ada LAST_150f4a1d79	Female	01/21/1923	FL - 30000	
24d2590a8740f4f4450c75e8a	FIRST_cb491d6c29 LAST_1960bd9227	Female	11/07/1909	÷	
1431dd1f6907f96859de24d28	FIRST_9d819bbaf5 LAST_19a1c2ee5e	Female	01/01/1996	÷	

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.

Bright HealthCare Authorization	Portal			HOME R	ESOURCES 🗸	y 😫 Jan	e Smith
< Start over							
Member info		2	3	4)	5		
IRST_81b74dab30 AST_004e99508b o 14b71938e os 8/11/2016	Request Informa	0	Authorization Request	Clinical Documentation	Review 8 Submit		
Female	Requesting	provider					
Address	Search results: 6 rec	ords matched your sea	rch criteria. Pleas	e choose from the	list below.		
234 Road St.							
New Townsville, CO 80000	PROVIDER Name/NPI#	Address		Tax	D (TIN)	Status 🤅)
equesting Provider	Doctor, Joe 1234567890	Mmg Occupational 3201 W Gore Blvd	Health	123	456781	INN	
lot yet selected	1201007000	Lawton, OK 73505					
ervicing Provider	Doctor, Joe	Integris Bass Baptist	t Health Center I	ntearis 123	456782	INN	
lot yet selected	1234567890	Bass Specialty - Gas 707 S. Monroe Stree	troenterology	120	400702		
ervicing Facility		Enid, OK 73701					
lot yet selected	Doctor, Joe 1234567890	Integris Medical Gro 707 S Monroe St Enid, OK 73701	oup	123	456783	INN	
	Dector los	Directive Disease St	necialiste	100	156701	INN	

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).

< Start over	G				r	
Member info		2	3	4	5	
FIRST_81b74dab30	Reque		Authorization Request	Clinical Documentation	Review & Submit	
LAST_004e99508b ID 14b71938e		intornation	Nequest	Documentation	ouonin	
DOB 8/11/2016						
Female	😩 Requestin	g provider				
Address	Provider details	Joe Doctor				
1234 Road St.		Gastroenterology				
New Townsville, CO 80000						
		NPI 1234567890				
Requesting Provider		TIN 123456781				
Joe Doctor		IN-NETWORK				
NPI 1234567890						
TIN 123456781	Practice details	MMC Occupational L	le alth			
	Practice details	MMG Occupational H				
Condition Describer		3201 W Gore Blvd, La	wton, OK 73505			
Servicing Provider						
Not yet selected	Contact Info	La (555) 555-5550	Add pref	ferred phone		
Servicing Facility		🖶 (555) 555-5551	Add pret	ferred fax		
Not yet selected		0 (000) 000 0001	O ride prov	ion ou have		
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						And a second
Bright HealthCare Authorizati	< Back			HOME		Jane Smith
Bright HealthCare Authorizati				НОМЕ	RESOURCES V	
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ember info	Reque	•	Authorization Request	Clinical	Review & Submit
RST_81b74dab30 \ST_004e99508b 14b71938e	2 Requesting		Request	Documentation	oublin
male	Provider details	Joe Doctor			
dress		Gastroenterology			
34 Road St. ew Townsville, CO 80000		NPI 1234567890			
questing Provider		TIN 123456781			
e Doctor I 1234567890 I 123456781 IN-NETWORK	Practice details	MMG Occupational 3201 W Gore Blvd, I			
rvicing Provider ot yet selected	Contact Info	(555) 555-5550	Preferred Ph	none: (555) 5	55-5555
rvicing Facility		 (555) 555-5551	Preferred Fa	ix: (999) 999	-9999

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.

		ane Smith 🥆
< Start over Member info FIRST_81b74dab30 LAST_004e99508b ID 14b71938e DOB 8/11/2016 Female	1 2 3 4 5 Requesting Information Servicing Information Authorization Request Clinical Documentation Review & Submit	
Address 1234 Road St. New Townsville, CO 80000 Requesting Provider	Who is the Servicing Provider? Joe Doctor Copy information from the Requesting Provider Someone else Search for another Servicing Provider	
Joe Doctor NPI 1234567890 TIN 123456781 Ø IN-NETWORK	O The Servicing Provider is a facility, DME supplier, or Home Health Provider	
Servicing Provider Not yet selected		
Servicing Facility Not yet selected		
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						(F .
< Start over						
Member info	1	2	3	4	5	
FIRST_81b74dab30 _AST_004e99508b ¤ 14b71938e	Reque Inform		Authorization Request	Clinical Documentation	Review & Submit	
оов 8/11/2016						
Female	Servicing	provider				
Address	Provider details	Joe Doctor				
1234 Road St.		Gastroenterology				
New Townsville, CO 80000		NPI 1234567890				
		TIN 123456781				
Requesting Provider						
Joe Doctor		IN-NETWORK				
NPI 1234567890 TIN 123456781						
	Practice details	MMG Occupational	Health			
-		3201 W Gore Blvd, L	awton, OK 73505			
Servicing Provider						
Joe Doctor NPI 1234567890	Contact Info	🐛 (555) 555-5550	Preferred I	Phone: (555) 555-5	555	
TIN 123456781		(555) 555-5551	Preferred	Fax: (999) 999-999	99	
		LF (000,000,000)				
Consistent Freilles						
Servicing Facility Not yet selected	< Back					ntinue

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.

Bright HealthCare Authorization	n Portal		HOME RE	ESOURCES V 🕒 Jane Smith V
 Start over Member info FIRST_81b74dab30 LAST_004e99508b 10 14b71938e 		NPI 1234567890 TIN 123456781 IN-NETWORK		
DOB 8/11/2016 Female Address	Practice details	MMG Occupational He 3201 W Gore Blvd, Law		
1234 Road St. New Townsville, CO 80000	Contact Info	 (555) 555-5550 (555) 555-5551 	Preferred Phone: (555) 555-55 Preferred Fax: (999) 999-999	
Requesting Provider Joe Doctor №1 1234567890 TIN 123456781	Switch Provider			
	9 Servicing	facility		
Servicing Provider Joe Doctor NPI 1234567890	Servicing Facility NP	I# / Facility Name	Search Reset	
TIN 123456781	The Provider's	s Practice is the Servicing F	acility	
Servicing Facility Not yet selected	< Back			Continue

< Start over	Servicing facility			
Member info	Servicing Facility NPI# / Facility Name			
FIRST_81b74dab30 _AST_004e99508b	Q Mercy	Search Reset		
D 14b71938e DOB 8/11/2016	Search results: 39 records matched your search o	criteria. Please choose f	rom the list belo	w.
Female Address	FACILITY Name/NPI#	Address	Tax ID (TIN)	Status ①
1234 Road St. New Townsville, CO 80000	Ascension NE Wisconsin-Mercy Campus 1407803638	500 S. Oakwood Road Oshkosh, WI 54904	390816818	OON
Requesting Provider		54904		
Joe Doctor NPI 1234567890 rin 123456781	Bergan Mercy Surgery Center LLC 1881858918	7500 Mercy Rd Ste 4300 Omaha, NE 68124	208671994	INN
Servicing Provider	CHI Health Bergan Mercy Ref Lab 1508941097	7710 Mercy Rd Omaha, NE	470484764	INN
loe Doctor IPI 1234567890		68124		
TIN 123456781	CHI Health Creighton University Medical	2412 Cuming St	470484764	INN
IN-NETWORK	Center-Bergan Mercy University Camp 1508941097	Ste 100 Omaha, NE		

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.

< Start over	Bergan Mercy 1508941097	Omaha, NE 68124		
Member info FIRST_81b74dab30 LAST_004e99508b	CHI Health Rehabilitation Care CUMC - Bergan Mercy 1508941097	5020 L St Omaha, NE 68117	470484764	INN
10 14b71938e pos 8/11/2016 Female Address	CHI Health Sleep Center - Mercy Council Bluffs 1265517759	801 Harmony St Ste 305 Council Bluffs, IA 51503	470484764	INN
1234 Road St. New Townsville, CO 80000	Gramercy Outpatient Surgery Center 1225091630	2727 Gramercy Street Houston, TX 77025	752399524	OON
Requesting Provider Joe Doctor NPI 1234567890 NII 123456781	< 1 2	34>		
	If you still don't see your Facility, you can manuall	ly add an out-of-netwo	rk Facility for one	e time use for
Servicing Provider Joe Doctor NPI 1234567890 TIN 123456781	Add Out-of-Network Facility The Provider's Practice is the Servicing Facili		,	
Servicing Facility		7		
Not yet selected	< Back			Continue

	Bergan	Mercy		Omaha, NE	
< Start over	Add Out-of-Network	Servicing Facility	,		1
Member info		certiening ruenity			4764 INN
FIRST_81b74dab30 LAST_004e99508b	Facility Name				
ID 14b71938e DOB 8/11/2016					4764 INN
Female	Facility NPI		Facility Tax ID (TIN)		
Address					
1234 Road St. New Townsville, CO 80000	Facility Type/Specialty				9524 OON
Requesting Provider	Address				
Joe Doctor NPI 1234567890 TIN 123456781	Street Address				
	City	State	Zip Co	ode	
Servicing Provider					for one time use for
Јое Doctor NPI 1234567890 тіл 123456781	Contact information				
	Phone Number		Fax Number		
Servicing Facility	-				

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

Bright HealthCare Authorization Port	al		нс	DME RESOURCES ✓	e Jane Smith ✓
< Start over		NPI 1234567890			
Member info		TIN 123456781			
FIRST_81b74dab30 LAST_004e99508b ID 14b71938e					
ров 8/11/2016	Practice details	MMG Occupational Healt	th		
Female		3201 W Gore Blvd, Lawto	on, OK 73505		
Address					
1234 Road St. New Townsville, CO 80000	Contact Info	L (555) 555-5550	Preferred Phone: (555)	555-5555	
		iga (555) 555-5551	Preferred Fax: (999) 99	9-9999	
Requesting Provider					
Joe Doctor NPI 1234567890 TIN 123456781	Switch Provider]			
	0 • • • •				
Servicing Provider	ervicing f	acility			
Joe Doctor	The Provider's Prac	tice is the Servicing Facility			
NPI 1234567890 TIN 123456781	Switch Facility				
	,				
Servicing Facility					
The Provider's Practice is the Servicing Facility	< Back			Ca	ontinue

3. Authorization Request

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

Bright HealthCare Authorization	on Portal			HOME RE	SOURCES V Same Smith
< Start over					
Member info		2	3	4	5
FIRST_81b74dab30	Descention		Authorization	Clinical	Review &
LAST_004e99508b	Requesting	Servicing Information	Request	Documentation	Submit
№ 14b71938e Doв 8/11/2016		mornation	rioquoti	Decounterration	oubrint
Female					
	Authorization Re	equest			
Address					
1234 Road St.	Case priority				
New Townsville, CO 80000	 Service request can b 	e reviewed withir	n standard times.		
	The health or life of m		riously be jeopar	dized if the service	requested is not
Requesting Provider	reviewed expeditious	у.			
Joe Doctor	What is the setting of service	?			
NPI 1234567890	Inpatient Outpa				
TIN 123456781					
	What is the area of service?				
	Behavioral Med	lical			
Servicing Provider					
Joe Doctor	Is request associated with a c	linical trial?			
NPI 1234567890	Yes No				
TIN 123456781					
Servicing Facility					
The Provider's Practice is the					
Servicing Facility	< Back				Continue

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



< Start over					
	Is request associated with a clinical trial?				
Member info	Yes 💿 No				
FIRST_81b74dab30					
LAST_004e99508b	Is request associated with a transplant?				
□ 14b71938e	Ves 💿 No				
ров 8/11/2016					
Female					
	Check if an authorization is required				
Address	Some requests don't require prior authorization wh	an all providers a	nd facilities are	in-netw	ork for
1234 Road St.	outpatient services. Search for all CPT/HCPC/REV			in-netw	OIKIO
New Townsville, CO 80000	outpatient services. Search for all CF1/HCFC/REV	codes relevant to	your request.		
	Procedure/Billing Code or Description				
Requesting Provider	Type to search and enter codes here		Q		
loe Doctor					
NPI 1234567890					
TIN 123456781	Procedure/Billing Code	Auth Require	ed		
	32851-LUNG TRANSPLANT SINGLE	Yes	×		
Servicing Provider	R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	No	×		
Servicing Provider Joe Doctor	R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	No	×		
Servicing Provider Joe Doctor NPI 1234567890			×		
Servicing Provider Joe Doctor NPI 1234567890 NN 123456781	R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT Authorization is required for the procedure/billing		×		
Servicing Provider Joe Doctor NPI 1234567890 NN 123456781		code(s) entered.			
Servicing Provider Joe Doctor NPI 1234567890 IIN 123456781 SIN-NETWORK	Authorization is required for the procedure/billing	code(s) entered.			
IN-NETWORK Servicing Provider Joe Doctor NPI 1234567890 Tin 123456781 IN-NETWORK Servicing Facility The Provider's Practice is the	Authorization is required for the procedure/billing	code(s) entered.			

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

< Start over	Is request associated with a clinical trial?			
Member info	Yes No			
FIRST_81b74dab30				
LAST_004e99508b	Is request associated with a transplant?			
ID 14b71938e	Yes No			
DOB 8/11/2016				
Female				
	Check if an authorization is required			
Address	Come requests dep't require price with existing	when all providers as	ad facilities are im	a matura de fan
1234 Road St.	Some requests don't require prior authorization outpatient services. Search for all CPT/HCPC/R			I-network IOF
New Townsville, CO 80000	outpatient services. Search for all CF1/HCFC/R	LEV CODES relevant to	your request.	
	Procedure/Billing Code or Description			
Requesting Provider	Type to search and enter codes here		Q	
	Type to search and enter codes here		~	
Joe Doctor				
NPI 1234567890	Procedure/Billing Code	Auth Require	he	
TIN 123456781	ricedule, bining code	Addit toquit		
	32851-LUNG TRANSPLANT SINGLE	Yes	×	
	SZOSI-LUNG TRANSPLANT SINGLE	Tes	^	
Servicing Provider	R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	No	×	
Joe Doctor		110	1.5	
NPI 1234567890				
TIN 123456781	Authorization is required for the procedure/billing	ng code(s) entered.		
	If all codes associated with your request have be	an added you may	continue	
	in all codes associated with your request have be	een added, you may	continue.	
IN-NETWORK				
Servicing Facility				

Authorization Details

Next you will enter the authorization details.

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

Bright HealthCare Authorization	n Portal	HOME RESOURC	ES V 😝 Jane Smith V
< Start over	Outpatient Medical Health Service		
FIRST_81b74dab30 LAST_004e99508b ID 14b71938e DOB 8/11/2016 Female Address 1234 Road St. New Townsville, CO 80000	 One or more procedure/billing coordinates Select Service Type Anticipated Date of Service mm/dd/yyyy 	de(s) require prior authorization. Place of Service Type to search	٩
Requesting Provider Joe Doctor NPI 1234567890 TIN 123456781	Diagnosis Diagnosis (ICD - 10) code		
Servicing Provider Joe Doctor	1 Primary		Q.
осе Боска NPI 1234567890 ТIN 123456781 Ø IN-NETWORK	Add Another Code		
Servicing Facility	Medications (Optional)		
The Provider's Practice is the Servicing Facility	< Back		Continue

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

Start over	Outpatient Medical Health Service	
tember info IRST_81b74dab30 AST_004e99508b 14b71938e os 8/11/2016 emale ddress 234 Road St. lew Townsville, CO 80000	Other Outpatient Medical Treatmost Occe ① One or more procedure/billing code(s) require prior authorization. Service Type Other Outpatient Medical Service Anticipated Date of Service 12/20/2021	utpatient Hospital X
equesting Provider De Doctor PI 1234567890 NI 123456781 Dinnetwork	Diagnosis Diagnosis (ICD - 10) code A15.0 - TUBERCULOSIS OF LUNG Primary	×
ervicing Provider be Doctor № 1234567890 № 123456781 ۇ IN-NETWORK	Add Another Code Medications (Optional)	

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.

< Start over	Medications (Optional)							
/lember info	If applicable	e, add medicati	ions here or inclu	ude list a	as an attachme	ent on the next	bage	
IRST_81b74dab30 AST_004e99508b 9 14b71938e Iola 8/11/2016 Female		C/REV Codes	Il codes associa	ted with	n vour request t	to help provide	additiona	context for
Address	determinati				,			
234 Road St. New Townsville, CO 80000	1	Procedure/Bil	lling Code or Desc	ription				Ō
		32851-LUN	IG TRANSPLAN	T SINGI	LE		×	0
Requesting Provider	Authorization Required							
loe Doctor		Quantity			Frequency			
IPI 1234567890 IN 123456781		0	Select	~	0	Select	~	
		Authorization	Start Date		Authorization	End Date		
Servicing Provider		12/20/202	21		mm/dd/y	ſУŶ		
loe Doctor IPI 1234567890 IN .123456781								
	- í	Procedure/Bi	lling Code or Desc	ription				
ervicing Facility	2		ANS PRTBL XRA		&PERS-TRIP1	т	×	Ō
he Provider's Practice is the ervicing Facility	< Back							Continue

Start over	Medication	s (Optional)					
/lember info	If applicable	, add medicati	ions here or inclu	de list	as an attachm	nent on the next p	age
FIRST_81b74dab30 _AST_004e99508b ▷ 14b71938e ››୦8 8/11/2016	1	Medication N	ame				
Female		Dosage			Frequency		
Address	(0	Select	~	0	Select	~
234 Road St.		Route					
New Townsville, CO 80000		Select		~			
Joe Doctor NPI 1234567890	🕀 Add Me						
lee Doctor IPI 1234567890 IIN 123456781	CPT/HCPC	/REV Codes					
loe Doctor IPI 1234567890 INI 123456781 INI-NETWORK	CPT/HCPC	/REV Codes de details for a	II codes associate	ed with	h your request	t to help provide a	additional context
Joe Doctor NPI 1234567890 TIN 123456781 ⊘ IN-NETWORK Servicing Provider Joe Doctor	CPT/HCPC/ Please include	/REV Codes de details for a on.			h your request	t to help provide a	additional context
Requesting Provider Joe Doctor NPI 1234567890 IN-NETWORK Servicing Provider Joe Doctor NPI 1234567890 TIN 123456781	CPT/HCPC/ Please include	/REV Codes de details for a on. Procedure/Bil	lling Code or Descri	ption		t to help provide a	Ō
loe Doctor IIP 1234567890 IIN 123456781 IN IN IN INTERVORK Servicing Provider Ioe Doctor IIP 1234567890	CPT/HCPC. Please included determination	/REV Codes de details for a on. Procedure/Bil 32851-LUN	ling Code or Descri	ption		t to help provide i	
De Doctor PI 1234567890 NI 123456781 DIN-NETWORK ervicing Provider Doctor PI 1234567890 NI 123456781	CPT/HCPC. Please included determination	/REV Codes de details for a on. Procedure/Bil 32851-LUN	lling Code or Descri	ption		t to help provide a	Ō

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.

< Start over	CPT/HCPC	C/REV Codes					
Member info			codes associated wit	h your request t	o help provide	additiona	al context for
FIRST_81b74dab30	determinati	determination.					
LAST_004e99508b ID 14b71938e		Procedure/Billi	ing Code or Description				
DOB 8/11/2016	1		G TRANSPLANT SING	i F		×	Ō
Female		() Authorizat					
Address		Ŭ	on Reguined				
1234 Road St.		Quantity		Frequency			
New Townsville, CO 80000		1	Units ~	0	Select	~	
		Authorization S		Authorization			
Requesting Provider		12/20/202		12/23/202	1		
Joe Doctor NPI 1234567890 TIN 123456781							
	2	Procedure/Billi	ng Code or Description				÷.
Servicing Provider	2		ing Code or Description	&PERS-TRIP1P	т	×	ō
Servicing Provider Joe Doctor NPI 1234567890	2	R0070-TRA		&PERS-TRIP1P	Υ	×	Ō
Joe Doctor	2	R0070-TRA	ANS PRTBL XRAY EQP	P&PERS-TRIP1P	т	×	٥
Joe Doctor NPI 1234567890	2	R0070-TRA	ANS PRTBL XRAY EQP		Select	×	ō
Joe Doctor NH 1234567890 TIN 123456781 @ IN-NETWORK	2	ROO70-TRA () No Author Quantity	INS PRTBL XRAY EQP	Frequency	Select		٥
Joe Doctor NPI 1234567890 TIN 123456781	2	ROO7O-TRA () No Author Quantity 1	INS PRTBL XRAY EQF ization Required Units ~ Start Date	Frequency	Select End Date	~	
Joe Doctor NMI 1224567890 TIM 123456781 IN-NETWORK Servicing Facility	2	R0070-TRA () No Author Quantity 1 Authorization S	INS PRTBL XRAY EQF ization Required	Frequency O Authorization	Select End Date		σ
Joe Doctor NM 1234567890 TM 123456781 Servicing Facility The Provider's Practice is the	2	R0070-TRA () No Author Quantity 1 Authorization S	INS PRTBL XRAY EQF ization Required Units ~ Start Date	Frequency O Authorization	Select End Date	~	٥
Joe Doctor NM 1234567890 TM 123456781 Servicing Facility The Provider's Practice is the		R0070-TR/ ① No Author Guantity 1 Authorization S 12/20/2021	INS PRTBL XRAY EQF ization Required Units ~ Start Date	Frequency O Authorization	Select End Date	~	Ū
Joe Doctor NM 1234567890 TM 123456781 Servicing Facility The Provider's Practice is the	2 • Add Co	R0070-TR/ ① No Author Guantity 1 Authorization S 12/20/2021	INS PRTBL XRAY EQF ization Required Units ~ Start Date	Frequency O Authorization	Select End Date	~	Ū

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.

Bright HealthCare Authorization Portal	HOME RESOURCES V 😝 J	Jane Smith 🗸
< Start over Member info FIRST_81b74dab30 LAST_004e99508b ID 14b71938e DOB 8/11/2016 Female	1 2 3 4 5 Requesting Information Servicing Information Authorization Request Clinical Documentation Review & Submit 0 Clinical Documentation Submit	
Address 1234 Road St. New Townsville, CO 80000	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	
Requesting Provider Joe Doctor NPI 1234567890 TIN 123456781 INN NETWORK	Drag & drop files here or <u>browse files</u> (Recommend 4MB max file size)	
Servicing Provider Joe Doctor NPI 1234567890 TIN 123456781 SIN-NETWORK		
Servicing Facility The Provider's Practice is the Servicing Facility		
	< Back Continue	

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.

< Start over		
Member info	0 2 3	5
FIRST_81b74dab30	Requesting Servicing Authorization	Clinical Review &
LAST_004e99508b	Information Information Request	Documentation Submit
ID 14b71938e DOB 8/11/2016		
Female	Clinical Documentation	
Address	For faster processing, please include all clinical documentation	
1234 Road St.	the requested service. This may include reason for request, s history.	ymptoms, exam findings, and treatment
New Townsville, CO 80000	File Upload	
Requesting Provider		
Joe Doctor		
NPI 1234567890		
TIN 123456781	Drag & drop files here or bro	
	(Recommend 4MB max file) size)
Servicing Provider		
Joe Doctor NPI 1234567890	Attachments	
TIN 123456781	clinical evidence x-ray.png	PNG ×
Servicing Facility		
The Provider's Practice is the		
Servicing Facility		

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.

< Start over		
Member info		
	Requesting Servicing Authorization Clinical Review &	
FIRST_81b74dab30 LAST_004e99508b	Information Information Request Documentation Submit	
ID 14b71938e		
DOB 8/11/2016		
Female	🔒 Review & Submit	
Address	Case priority: Service request can be reviewed within standard times.	
1234 Road St.		
New Townsville, CO 80000	Outpatient Medical Health Service	Edit
	Service type: Other Outpatient Medical Service	
Requesting Provider		
Joe Doctor	Place of service: 19-Off Campus- Outpatient Hospital	
NPI 1234567890	Anticipated date of service: 12/20/2021	
TIN 123456781	Type of authorization: Pre-Service Request 0	
Servicing Provider	Diagnosis	Edit
Joe Doctor		
NPI 1234567890	A15.0 - TUBERCULOSIS OF LUNG 9 Primary	
TIN 123456781		
	CPT/HCPC/REV Codes	Edit
- IN-ALTHORK	32851 - LUNG TRANSPLANT SINGLE Authorization Required	
Servicing Facility	Quantity: 1 Units Service dates: 12/20/2021 - 12/23/2021	
The Provider's Practice is the	R0070 - TRANS PRTBL XRAY EQP&PERS No Authorization Required	
Servicing Facility	Quantity: 1 Units Service dates: 12/20/2021 - 12/29/2021	

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.

uthorizations De Doctor, NPI #123456	7890					New Authorization
Member name or ID		date of birth d/yyyy				⊊ Advanced Filters
Authorization number	Member details	Date of birth	Submit date	Last update	Request type	🜒 Status 👻
202112090014	FIRST_01bc578b9c LAST_2de4a19879 ID: 50b5459d2dff72	3/18/1986	12/9/2021 1:55pm	12/9/2021 3:12pm	Initial Request	Pending
202108250026	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484186	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Withdrawn
202112090014	FIRST_01bc578b9c LAST_2de4a19879 ID: 50b5459d2dff72	3/18/1986	12/9/2021 1:55pm	12/9/2021 3:12pm	Initial Request	Pending
202110010001	FIRST_a5172256f4 LAST_0027b22735 ID: c1bbfc135791d4c	3/14/2010	10/1/2021 8:57am	10/18/2021 9:26am	Initial Request	Pending
202108030068	FIRST_0af50673e4 LAST_a558ea485c ID: d7b4cf20109282	6/17/2013	6/3/2021 8:00am	8/10/2021 11:54am	Initial Request	Pending
202109010006	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/1/2021 8:00am	10/18/2021 9:23am	Initial Request	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.

Ithorizations Doctor, NPI #1234	567890					New Authorizatio
Member name or ID	Member dat mm/dd/y					- Advanced Filters
Authorization number	Member details	Date of birth	Submit date	Last update	Request type	🚯 Status 👻
202112090014	FIRST_01bc578b9c LAST_2de4a19879 ID: 50b5459d2dff72	3/18/1986	12/9/2021 1:55pm	12/9/2021 3:12pm	Initial Request	Pending
202108250026	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484186	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Withdrawn
202112090014	FIRST_01bc578b9c LAST_2de4a19879 ID: 50b5459d2dff72	3/18/1986	12/9/2021 1:55pm	12/9/2021 3:12pm	Initial Request	Pending
202110010001	FIRST_a5172256f4 LAST_0027b22735 ID: c1bbfc135791d4c	3/14/2010	10/1/2021 8:57am	10/18/2021 9:26am	Initial Request	Pending
202108030068	FIRST_0af50673e4 LAST_a558ea485c ID: d7b4cf20109282	6/17/2013	6/3/2021 8:00am	8/10/2021 11:54am	Initial Request	Pending
202109010006	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/1/2021 8:00am	10/18/2021 9:23am	Initial Request	Pending

Bright HealthCare | Authorization Portal < Return to Dashboard **Request History & Details** Authorization #202112090014 Member info FIRST_01bc578b9c + Initial Request Pending LAST_2de4a19879 ID 50b5459d2 Standard Inpatient Medical DOB 3/18/1986 Submitted on 12/9/2021 at 1:55pm Female Awaiting determination from payer. You will be notified when a decision has been made or if more information is needed. Address 1234 Road St. New Townsville, CO 80000 **Requesting Provider Clinical Documentation** Joe Doctor NPI 1234567890 TIN 123456781 None Inpatient Medical Health Service Servicing Provider Service type: Inpatient Medical Joe Doctor Place of service: 02-Telehealth NPI 1234567890 Type of authorization: Pre-Service Request ™ 123456781 Diagnosis Servicing Facility The Provider's Practice is the 110 - ESSENTIAL PRIMARY HYPERTENSION OPrimary Servicing Facility < Back to Dashboard

HOME RESOURCES V 🕒 Jane Smith V

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.

uthorizations e Doctor, NPI #1234567	7890					New Authorization
Member name or ID	Member data mm/dd/y					👳 Advanced Filters
Authorization number	Member details	Date of birth	Submit date	Last update	Request type	🚯 Status 🔺
202108260034	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484186	6/25/2012	8/25/2021 8:00am	10/18/2021 9:28am	Initial Request	Action Needed ①
202108260033	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484186	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Action Needed ①
202109010007	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/2/2021 8:00am	9/3/2021 1:35pm	Concurrent Review	Action Needed ①
0000233846	Joel ID: 100206515		5/28/2021 12:00am	6/3/2021 12:00am	Initial Request	Approved
202109170007	FIRST_990c1fadac LAST_f83f4865a9 ID:	12/15/2020	9/17/2021 8:00am	9/17/2021 3:02pm	Initial Request	Approved
202109020003	FIRST_81cccc6a9f LAST_58f301c283 ID: db883cdacc6b05	11/18/2005	9/2/2021 8:00am	9/2/2021 12:51pm	Concurrent Review	Approved

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.

ght HealthCare Authorization Por	tal HOME RESOURCES ~ 🕒 Jane
 Return to Dashboard 	Request History & Details
Member info	Authorization #202109170007
FIRST_990c1fadac	✓ Initial Request Approved on 9/17/2021
LAST_f83f4865a9	
ID DOB 12/15/2020	Standard Outpatient Medical
Male	Submitted on 9/17/2021 at 8:00am
Address	This request has been Approved. Please see the determination letter below for more details.
1234 Road St.	
New Townsville, OK 70000	202109170007-FIRST_990c1fadac LAST_f83f4865a9 - UM - Benefit Exception Approval (EN) 2021-09-17_02_03_11.pdf
Requesting Provider	Clinical Documentation
Joe Doctor	
NPI 1234567890	None
TIN 123456781	Outpatient Medical Health Service
Servicing Provider	Service type: Office/Clinic Visits
Joe Doctor	Place of service: 11-Office
NPI 1234567890	
TIN 123456781	Diagnosis
Servicing Facility	110 - ESSENTIAL PRIMARY HYPERTENSION 9 Primary
Oklahoma Sleep Associates	CPT/HCPC/REV Codes
NPI 1700882578 TIN 357004117	



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.

Ithorizations	890					New Authorizatio
Member name or ID		date of birth				2
Q	mm/d	d/yyyy				- Advanced Filters
Authorization number	Member details	Date of birth	Submit date	Last update	Request type	1 Status 🔺
202108260034	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484186	6/25/2012	8/25/2021 8:00am	10/18/2021 9:28am	Initial Request	Action Needed 1
202108260033	FIRST_7deb74174b LAST_5b5846fc55 ID: 073b54ff4484186	6/25/2012	8/25/2021 8:00am	10/18/2021 9:29am	Initial Request	Action Needed ()
202109010007	FIRST_019ce184bb LAST_80f5990bb0 ID:	11/26/2004	9/2/2021 8:00am	9/3/2021 1:35pm	Concurrent Review	Action Needed ①
0000233846	Joel ID: 100206515		5/28/2021 12:00am	6/3/2021 12:00am	Initial Request	Approved



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.

Start over	Request History & Details	
	Authorization #1234567890	
Member info		
Ann Callahan 10 9994852 оов 10/05/84	Initial Review Approved on 10/22/2021	
Female	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.	
Address	Determination_letter.pdf	
63829 Rollingwood Dr		
Austin, TX 78759		
	Request Concurrent Review	
Requesting provider		
Jonathan Smtih	Service details: Outpatient Medical	
NPI 1234567890	Case priority: Standard request times	
TIN 234567890	Service type: Inpatient Hospitalization	
	Place of service: Hospital Associated with a clinical trial: NCT#:98373333	
Constato a succidar	Associated with a clinical that: NC1#: 963/3533 Anticipated start date: 03/11/2021	
Servicing provider Jonathan Smtih	Anticipated and date: 11/11/2021	
лы 1234567890 ты 234567890	Type of authorization: Concurrent Request @	
OUT-OF-NETWORK	Determination letters and Requests for Information	
Servicing facility		
Jonathan Smtih	Determination Letter.pdf 07/21/2021 3:	:32pm
NPI 1234567890 TIN 234567890	Determination Letter,pdf 07/19/2021 3:	:32pm
IN-NETWORK	Request for Informatino.pdf 07/18/2021 33	:32pm
	Submitted Clinical Documentation	

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.

Start over	Request History & Details Authorization #1234567890
lember info	Authonization #1234567890
Ann Callahan o 9994852 oob 10/05/84	Initial Review Approved on 10/22/2021
emale	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.
Address	Determination letter.pdf
3829 Rollingwood Dr	
Austin, TX 78759	Request Concurrent Review
)	
Requesting provider	
Ionathan Smtih IPI 1234567890	Request a Concurrent Review
IN 234567890	
IN-NETWORK	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.
ervicing provider	
lonathan Smtih	
ірі 1234567890 ім 234567890	
OUT-OF-NETWORK	Drag & drop files here or browse files
OUT-OF-NETWORK	Drag & drop mes here or <u>browse mes</u>
ervicing facility	
lonathan Smtih IPI 1234567890 IN 234567890	
	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

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.

Bright HealthCare

Member info	Authorization #1234567890	
Ann Callahan 9994852 DOB 10/05/84	Initial Review Approved on 10/22/2021	
Female	Submitted by Molly Francis on 10/21/2021 at 10:21am	
	This request has been [status]. Please see the determination	n letter below for more details.
	Determination_letter.pdf	
63829 Rollingwood Dr Austin, TX 78759	Request Concurrent Review	
Requesting provider		
Jonathan Smtih NPI 1234567890 TIN 234567890	Request a Concurrent Review	
IN-NETWORK	Please submit additional clinical documentation to sup request. Our clinicians will review the information sub- service end date if the request is approved.	
Servicing provider		
Jonathan Smtih NPI 1234567890 NIN 234567890		
OUT-OF-NETWORK	Drag & drop files here or bro	owse files
Servicing facility		
Jonathan Smtih NPI 1234567890 TIN 234567890	🕖 File Name.pdf	⊘ ×
IN-NETWORK	🗓 File Name.pdf	⊘ ×
	File Name.pdf	⊘ ×
	Service details: Outpatient Medical	



Request History & Details Start over Authorization #1234567890 Member info Ann Callahan + Concurrent Review Pending ID 9994852 ^ ров 10/05/84 Female 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 Address more information is needed. 63829 Rollingwood Dr Austin, TX 78759 Add documentation **Requesting provider Submitted Clinical Documentation** Jonathan Smtih NPI 1234567890 TIN 234567890 File Name.pdf 07/18/2021 3:32pm IN-NETWORK File Name.pdf 07/18/2021 3:32pm Servicing provider 07/18/2021 3:32pm File Name.pdf Jonathan Smtih NPI 1234567890

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.

Bright HealthCare ⁻		RESOURCES V M Molly Francis V
Start over	Request History & Details	
	Authorization #1234567890	
Member info		
Ann Callahan 10 9994852 ров 10/05/84	× Initial Review Denied on 10/22/2021	
Female	Submitted by Molly Francis on 10/21/2021 at 10:21am	
	This request has been [status]. Please see the determination letter belo	ow for more details.
Address	Determination_letter.pdf	
63829 Rollingwood Dr		
Austin, TX 78759		
	Request Reconsideration	
De succetions avantidas		
Requesting provider Jonathan Smtih	Service details: Outpatient Medical	
Jonathan Smtin NPI 1234567890	Case priority: Standard request times	
TIN 234567890	Service type: Inpatient Hospitalization	
	Place of service: Hospital	
	Associated with a clinical trial: NCT#: 98373333	
Servicing provider	Anticipated start date: 03/11/2021	
Jonathan Smtih	Anticipated end date: 11/11/2021	
NPI 1234567890 TIN 234567890	Type of authorization: Concurrent Request @	
OUT-OF-NETWORK	Determination letters and Requests for Information	
Servicing facility		07/04/0004 0.00
Jonathan Smtih NPI 1234567890	Determination_Letter.pdf	07/21/2021 3:32p
NPI 1234567890 TIN 234567890	Determination Letter.pdf	07/19/2021 3:32p
	V	5
	Request for Informatino.pdf	07/18/2021 3:32p
	Submitted Clinical Documentation	
	/ Pack to Dashbaard	
	K Back to Dashboard	

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.

Start over	Request History & Details
	Authorization #1234567890
Member info	
Ann Callahan 10 9994852 дов 10/05/84	✓ Initial Review Approved on 10/22/2021
Female	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.
Address	0 Determination letter.pdf
63829 Rollingwood Dr	
Austin, TX 78759	
	Request Reconsideration
Requesting provider	
Jonathan Smtih	
NPI 1234567890	Request a Reconsideration
TIN 234567890	
IN-NETWORK	Please submit additional clinical documentation to further support the medical necessity of this request. Our clinicians will review the additional information
	submitted and reconsider the previous decision.
Servicing provider	· · · · · · · · · · · · · · · · · · ·
Jonathan Smtih	
NPI 1234567890	
TIN 234567890	
OUT-OF-NETWORK	Drag & drop files here or <u>browse files</u>
Servicing facility	· · · · · · · · · · · · · · · · · · ·
Jonathan Smtih	
NPI 1234567890	Please provide rationale as to why this should be reconsidered
TIN 234567890	
	4
	· · · · · · · · · · · · · · · · · · ·
	Submit Cancel
	Cancer
	Service details: Outpatient Medical
	Service details: Outpatient Medical
	Case priority: Standard request times
	Service type: Inpatient Hospitalization

Bright HealthCare

Start over

Member info

Ann Callahan id 9994852 doв 10/05/84 Female

Address

63829 Rollingwood Dr Austin, TX 78759

Request History & Details

Authorization #1234567890



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 day	2 business days 1 business day				
*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.