

Bright Health Group<sup>\*\*</sup>

# 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 <sup>-</sup>         |   |
|-------------------------------|---|
| Please enter your credentials |   |
| User ID:                      | = |
| Password:                     |   |
| Show password                 |   |
| Forgot your password? Log in  |   |
|                               |   |

## 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                 | OMy Favorites  |           |                | Illinois ~         |  |
|------------------------------------------------------|---------------------------------|----------------|-----------|----------------|--------------------|--|
| Patient Registration ~ Cl                            | aims & Payments ∨ N             | ly Providers ~ | Reporting | Payer Spaces ~ | More ∨             |  |
| C EB Eligibility and E                               | & Referrals You                 | have no notifi | cations.  |                |                    |  |
| M Tell us what you think.                            |                                 |                |           |                |                    |  |
| © ©                                                  | 8                               |                |           |                |                    |  |
| A&R                                                  | EB                              |                | CS        | 6              | PC                 |  |
| Authorizations &<br>Referrals                        | Eligibility an<br>Benefits Inqu | d<br>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.

| 🗞 Availity   🍂 🖶 Home 🔺 Notifica     | ations 🗢 My Favorites 🗸          |                     | Illinois ~ | Help & Training ~                | Account 🗸 🤷 Logout   |
|--------------------------------------|----------------------------------|---------------------|------------|----------------------------------|----------------------|
| Patient Registration V Claims & Paym | nents V My Providers V Reporting | Payer Spaces ~ More |            |                                  | Keyword Search Q     |
| Home > Authorizations & Re           | ferrals > Authorizations         |                     | Need help  | o? Watch a demo about Authorizat | tions and Referrals. |
| Authorizations                       |                                  |                     |            | Give Feedback                    | New Request 🚑        |
| SELECT A PA                          | YER                              |                     |            |                                  | -                    |
| Payer e<br>Select a Pa               | Select Bright Health             |                     |            |                                  | ×                    |
| Request Ty<br>Select Auth            | pe 🛛                             |                     |            |                                  | •                    |
| 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.

| Availity 26 At Home A Notifications                                             | ♡ My Favorites ∨                                                                                                           |                                                                                       | Illinois 🗸 🔞 He                                         | elp & Training 🗸 🔹 💄                                       | Account ~          | 🔒 Logout   |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|--------------------|------------|
| Patient Registration $\lor$ Claims & Payments $\lor$                            | My Providers ~ Reporting Pa                                                                                                | ayer Spaces - More -                                                                  |                                                         |                                                            | Keyword            | d Search Q |
| Home > Authorizations & Referrals > A                                           | uthorizations                                                                                                              |                                                                                       | Need help? Watch                                        | a demo about Authorizatio                                  | ons and Referrals. |            |
| Authorizations                                                                  |                                                                                                                            |                                                                                       |                                                         | Give Feedback                                              | New Request 🚑      |            |
| Transaction Type<br>Inpatient Authorization                                     | Organization<br>Bright Health (Manual)                                                                                     | Payer<br>BRIGHT HEALTH                                                                | 💟 Bright He                                             | ealthCare <sup>.</sup>                                     |                    |            |
| Select a Provider @<br>Select Provider                                          | >                                                                                                                          |                                                                                       |                                                         |                                                            | •                  |            |
| • You are about to be<br>link to this site for your<br>their content, products, | re-directed to a third-party site away<br>convenience and reference only. Availi<br>or services. You will remain logged in | from Availity's secure site, whi<br>ity cannot control such sites, do<br>to Availity. | ch may require a separate<br>oes not necessarily endors | log-in. Availity provides the seand is not responsible for | e<br>or            |            |
| Back Submit                                                                     |                                                                                                                            | 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.

| Bright HealthCare   Authorization Portal |                                           |                                                         |                                 |                      |                      |                   | ESOURCES V Same Smith V |  |
|------------------------------------------|-------------------------------------------|---------------------------------------------------------|---------------------------------|----------------------|----------------------|-------------------|-------------------------|--|
| <b>Au</b><br>Joe                         | Authorizations Joe Doctor, NPI #123456789 |                                                         |                                 |                      |                      |                   |                         |  |
|                                          | Member name or ID                         | Mem                                                     | nber date of birth<br>m/dd/yyyy | C                    | נ                    |                   | 👳 Advanced Filters      |  |
|                                          | Authorization number                      | Member details                                          | Date of birth                   | Submit date          | Last update          | Request type      | 1 Status 🔺              |  |
|                                          | 202108260034                              | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484 | 6/25/2012                       | 8/25/2021<br>8:00am  | 10/18/2021<br>9:28am | Initial Request   | Action Needed ()        |  |
|                                          | 202108260033                              | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484 | 6/25/2012                       | 8/25/2021<br>8:00am  | 10/18/2021<br>9:29am | Initial Request   | Action Needed ()        |  |
|                                          | 202109010007                              | FIRST_019ce184bb<br>LAST_80f5990bb0<br>ID:              | 11/26/2004                      | 9/2/2021<br>8:00am   | 9/3/2021<br>1:35pm   | Concurrent Review | Action Needed ()        |  |
|                                          | 0000233846                                | Joel<br>ID: 100206515                                   |                                 | 5/28/2021<br>12:00am | 6/3/2021<br>12:00am  | Initial Request   | Approved                |  |
|                                          | 202109170007                              | FIRST_990c1fadac<br>LAST_f83f4865a9<br>ID:              | 12/15/2020                      | 9/17/2021<br>8:00am  | 9/17/2021<br>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 V My Favorites V |                            |                       |  |  |  |  |
|-------------------------------------------------------------|----------------------------|-----------------------|--|--|--|--|
| 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<br>Englewood, CO 80112 | 811078509 | Manual            |
| Bright Health Plan - Commercial | 275773      | 10333 E Dry Creek Rd<br>Englewood, CO 80112 | 811078509 | Payer             |
|                                 | C           | ontinue 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.

| Doctor, NPI #1234567 | 890                                                     |                    |                      |                      |                   | New Authorizat     |
|----------------------|---------------------------------------------------------|--------------------|----------------------|----------------------|-------------------|--------------------|
| Member name or ID    | Me                                                      | mber date of birth |                      |                      |                   |                    |
| Q                    | m                                                       | m/dd/yyyy          | Ċ                    |                      |                   | - Advanced Filters |
| Authorization number | Member details                                          | Date of birth      | Submit date          | Last update          | Request type      | 🚯 Status 🔺         |
| 202108260034         | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484 | 6/25/2012          | 8/25/2021<br>8:00am  | 10/18/2021<br>9:28am | Initial Request   | Action Needed ()   |
| 202108260033         | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484 | 6/25/2012          | 8/25/2021<br>8:00am  | 10/18/2021<br>9:29am | Initial Request   | Action Needed ()   |
| 202109010007         | FIRST_019ce184bb<br>LAST_80f5990bb0<br>ID:              | 11/26/2004         | 9/2/2021<br>8:00am   | 9/3/2021<br>1:35pm   | Concurrent Review | Action Needed ()   |
| 0000233846           | Joel<br>ID: 100206515                                   |                    | 5/28/2021<br>12:00am | 6/3/2021<br>12:00am  | 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.

| i.             | Bright HealthCare                       | Authorization Portal                                    |                    |                     |                      | HOME              | RESOURCES 🗸      | e Jane Smith ∨ |
|----------------|-----------------------------------------|---------------------------------------------------------|--------------------|---------------------|----------------------|-------------------|------------------|----------------|
| <b>م</b><br>Jo | Authorizations<br>Doctor, NPI #12345678 | 390                                                     |                    |                     |                      |                   | New              | Authorization  |
|                | Member name or ID                       | Men                                                     | nber date of birth |                     |                      |                   |                  |                |
|                | Q                                       | m                                                       | m/dd/yyyy          | Ċ                   |                      |                   | <u></u> ∓ Advand | ced Filters    |
|                | Authorization number                    | Member details                                          | Date of birth      | Submit date         | Last update          | Request type      | Status A         |                |
|                | 202108260034                            | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484 | 6/25/2012          | 8/25/2021<br>8:00am | 10/18/2021<br>9:28am | Initial Request   | Action Ne        | eded ①         |
|                | 202108260033                            | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484 | 6/25/2012          | 8/25/2021<br>8:00am | 10/18/2021<br>9:29am | Initial Request   | Action Ne        | eded ①         |
|                | 202109010007                            | FIRST_019ce184bb<br>LAST_80f5990bb0<br>ID:              | 11/26/2004         | 9/2/2021<br>8:00am  | 9/3/2021<br>1:35pm   | Concurrent Review | Action Ne        | 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<br>ch for a member to start a new author<br>se be sure you are selecting the Mer | rization<br>nber ID of the individual receiv | 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<br>LAST_004e99508b          | Female                  | 08/12/2016               | CO - 80000    |  |
| 1535f03cefd755baf44ffc26d85                                                                  | FIRST_6d6283d333<br>LAST_031c9a87f5          | Female                  | 09/25/1908               | NY - 10000    |  |
| 07fafb7805ce51aed4bae880b                                                                    | FIRST_81aefe25fe<br>LAST_047bd90556          | Female                  | 08/24/1917               | -             |  |
| 1491e1189c28763b6482c2254                                                                    | FIRST_e46f42a1e8<br>LAST_08e569e536          | Female                  | 12/04/1934               | FL - 30000    |  |
| 1a4a6ebe64c32441b3a8f3b59                                                                    | FIRST_9048cb50b0<br>LAST_0ba456fb18          | Female                  | 12/12/1970               | CO - 80000    |  |
| 147c410c49c06ab5bfd40def9                                                                    | FIRST_0e576dc9c1<br>LAST_0dcf414751          | Female                  | 06/14/1953               | CO - 80000    |  |
| 0803cdbd4b011336b293695a                                                                     | FIRST_81b74dab30<br>LAST_1213f63bb6          | Female                  | 04/12/1971               | CO - 80000    |  |
| 1a53abbaa1df5930749899ca07                                                                   | FIRST_ba91a00ada<br>LAST_150f4a1d79          | Female                  | 01/21/1923               | FL - 30000    |  |
| 24d2590a8740f4f4450c75e8a                                                                    | FIRST_cb491d6c29<br>LAST_1960bd9227          | Female                  | 11/07/1909               |               |  |
| 1431dd1f6907f96859de24d28                                                                    | FIRST_9d819bbaf5<br>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<br>AST_004e99508b<br>9 14b71938e<br>9 0 0 140005 | Reques<br>Informa             | ting Servicing<br>tion Information                        | Authorization<br>Request | Clinical<br>Documentation | Review 8<br>Submit | 8        |         |
| 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<br>Name/NPI#         | Address                                                   |                          | Tax                       | D (TIN)            | Status 🧃 | )       |
| equesting Provider                                               | <b>Doctor, Joe</b>            | Mmg Occupational                                          | 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<br>707 S. Monroe Stree               | troenterology            | 120                       | 400702             |          |         |
| ervicing Facility                                                |                               | Enid, OK 73701                                            |                          |                           |                    |          |         |
| lot yet selected                                                 | <b>Doctor, Joe</b> 1234567890 | Integris Medical Gro<br>707 S Monroe St<br>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).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                  |                                                                                                                                                        |                                                                                          |                                                                        |                                        | <b>S</b> Jane Smith |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------|---------------------|
| < Start over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                                                  |                                                                                                                                                        |                                                                                          |                                                                        |                                        |                     |
| Member info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                  | 2                                                                                                                                                      | 3                                                                                        | 4)                                                                     | 5                                      |                     |
| FIRST_81b74dab30<br>_AST_004e99508b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Reque                                                                                | esting<br>nation                                                                                                 | Servicing<br>Information                                                                                                                               | Authorization<br>Request                                                                 | Clinical<br>Documentation                                              | Review &<br>Submit                     |                     |
| 5 1457 19386<br>508 8/11/2016<br>Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 😩 Requestin                                                                          | ıg provide                                                                                                       | er                                                                                                                                                     |                                                                                          |                                                                        |                                        |                     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Provider details                                                                     | Joe Do                                                                                                           | ctor                                                                                                                                                   |                                                                                          |                                                                        |                                        |                     |
| 234 Road St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | Gastroe                                                                                                          | enterology                                                                                                                                             |                                                                                          |                                                                        |                                        |                     |
| New Townsville, CO 80000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      | NPI 123                                                                                                          | 4567890                                                                                                                                                |                                                                                          |                                                                        |                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | TIN 122                                                                                                          | 456791                                                                                                                                                 |                                                                                          |                                                                        |                                        |                     |
| Requesting Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                  | 430781                                                                                                                                                 |                                                                                          |                                                                        |                                        |                     |
| Joe Doctor<br>NPI 1234567890<br>rin 123456781                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | IN-NE                                                                                                            | TWORK                                                                                                                                                  |                                                                                          |                                                                        |                                        |                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | 3201 W                                                                                                           | / Gore Blvd, La                                                                                                                                        | wton, OK 73505                                                                           |                                                                        |                                        |                     |
| Servicing Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                  |                                                                                                                                                        |                                                                                          |                                                                        |                                        |                     |
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| Servicing Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <b>a</b> (55)                                                                                                    | 5) 555-5551                                                                                                                                            | Add pre                                                                                  | eferred fax                                                            | )                                      |                     |
| Not yet selected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | - (JJ.                                                                                                           | 5) 555-5551                                                                                                                                            | O ridd pit                                                                               | sierred lax                                                            |                                        |                     |
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| Bright HealthCare   Authorizati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on Portal                                                                            |                                                                                                                  |                                                                                                                                                        |                                                                                          | HOME                                                                   | PESOUPCES                              | Lane Smith          |
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| Start over  Member info  Start over  Start over  Start over  Member info  Start over  Member in | on Portal                                                                            | Desting<br>mation<br>Doe Doo<br>Gastroe<br>NPI 1234<br>TIN 1234<br>C IN-NE<br>MMG C<br>3201 W<br>€ (55<br>€ (55) | 2<br>Servicing<br>Information<br>er<br>enterology<br>4567890<br>456781<br>erwork<br>Docupational F<br>/ Gore Blvd, La<br>55) 555-5550<br>55) 555-5551  | 3<br>Authorization<br>Request<br>Health<br>wwton, OK 73505<br>Preferred F<br>Preferred F | HOME<br>(Clinical<br>Documentation<br>Phone: (555) f<br>Fax: (999) 995 | RESOURCES ~<br>Submit                  | Jane Smith          |
| Start over Member info Start over S | on Portal                                                                            | Ag provide<br>Joe Doo<br>Gastroe<br>NPI 1234<br>C IN-NE<br>MMG C<br>3201 W<br>C (55<br>C (55)                    | 2<br>Servicing<br>Information<br>er<br>enterology<br>4567890<br>456781<br>etwork<br>Doccupational F<br>/ Gore Blvd, La<br>55) 555-5550<br>55) 555-5551 | 3<br>Authorization<br>Request<br>Health<br>wyton, OK 73505<br>Preferred F<br>Preferred F | HOME<br>(Clinical<br>Documentation<br>Phone: (555) f<br>Fax: (999) 995 | RESOURCES ~                            | Jane Smith          |

| Bright HealthCare   Authorization                                    | Portal           |                                              |                         | HOME RESOURCE         | ES 🗸 🕒 Jane Smith 🗸 |
|----------------------------------------------------------------------|------------------|----------------------------------------------|-------------------------|-----------------------|---------------------|
| < Start over                                                         | Reque            | 2<br>sting Servicing                         | 3<br>Authorization      | 4 5<br>Clinical Revie | w &                 |
| FIRST_81b74dab30<br>LAST_004e99508b<br>ip 14b71938e<br>ров 8/11/2016 | Requesting       | g provider                                   | Request                 | Sumentation           | THK .               |
| Female                                                               | Provider details | Joe Doctor                                   |                         |                       |                     |
| Address                                                              |                  | Gastroenterology                             |                         |                       |                     |
| 1234 Road St.                                                        |                  | NPI 1234567890                               |                         |                       |                     |
| New Townsville, CO 80000                                             |                  | TIN 123456781                                |                         |                       |                     |
| Requesting Provider                                                  |                  |                                              |                         |                       |                     |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781<br>SIN-NETWORK         | Practice details | MMG Occupational He<br>3201 W Gore Blvd, Lav | ealth<br>vton, OK 73505 |                       |                     |
| Servicing Provider                                                   | Contact Info     | (555) 555-5550                               | Proformed Pho           |                       |                     |
| Not yet selected                                                     |                  | (333) 333-3330                               | Fleiened Flio           | (555) 555-5555        |                     |
| Servicing Facility                                                   |                  | iga (555) 555-5551                           | Preferred Fax:          | (999) 999-9999        |                     |
| Not yet selected                                                     |                  |                                              |                         |                       |                     |
|                                                                      | < 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.

| < Start over<br>Member info<br>FIRST_81b74dab30<br>LAST_004e99508b<br>ID 14b71938e<br>DOB 8/11/2016<br>Female | 1     2     3     4     5       Requesting<br>Information     Servicing<br>Information     Authorization<br>Request     Clinical<br>Documentation     Review &<br>Submit       Servicing provider |   |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Address<br>1234 Road St.<br>New Townsville, CO 80000<br>Requesting Provider                                   | Who is the Servicing Provider?         Joe Doctor       Copy information from the Requesting Provider         Someone else       Search for another Servicing Provider                            |   |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781<br>Ø IN-NETWORK                                                 | The Servicing Provider is a facility, DME supplier, or Home Health Provider                                                                                                                       |   |
| Servicing Provider<br>Not yet selected                                                                        |                                                                                                                                                                                                   |   |
| Servicing Facility<br>Not yet selected                                                                        |                                                                                                                                                                                                   |   |
|                                                                                                               |                                                                                                                                                                                                   | _ |

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| < Start over                                       |                  |                                       |                          |                           |                    |              |
| Member info                                        | 1                | 2                                     | 3                        | 4                         | 5                  |              |
| FIRST_81b74dab30<br>_AST_004e99508b<br>¤ 14b71938e | Reque<br>Inform  | sting Servicing<br>lation Information | Authorization<br>Request | Clinical<br>Documentation | Review &<br>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                                |                  | 111 120400701                         |                          |                           |                    |              |
| Joe Doctor                                         |                  | IN-NETWORK                            |                          |                           |                    |              |
| TIN 1234567890                                     |                  |                                       |                          |                           |                    |              |
|                                                    | Practice details | MMG Occupational                      | Health                   |                           |                    |              |
| -                                                  |                  | 3201 W Gore Blvd, L                   | awton, OK 73505          |                           |                    |              |
| Servicing Provider                                 |                  |                                       |                          |                           |                    |              |
| Joe Doctor                                         | Contact Info     | 🐛 (555) 555-5550                      | Preferred I              | Phone: (555) 555-5        | 555                |              |
| TIN 123456781                                      |                  |                                       | Preferred                | Fax: (999) 999-999        | 99                 |              |
|                                                    |                  | LF (000,000,000)                      |                          |                           |                    |              |
| Consistent Freilles                                |                  |                                       |                          |                           |                    |              |
| Servicing Facility                                 |                  |                                       |                          |                           |                    |              |

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<br>Member info<br>FIRST_81b74dab30<br>LAST_004e99508b<br>In 14F-7029en |                       | NPI 1234567890<br>TIN 123456781<br>IN-NETWORK              |                                                               |                           |
| DOB 8/11/2016<br>Female<br>Address                                                  | Practice details      | MMG Occupational He                                        | aith<br>ton, OK 73505                                         |                           |
| 1234 Road St.<br>New Townsville, CO 80000                                           | Contact Info          | <ul> <li>(555) 555-5550</li> <li>(555) 555-5551</li> </ul> | Preferred Phone: (555) 555-55<br>Preferred Fax: (999) 999-999 | 9                         |
| Requesting Provider<br>Joe Doctor<br>№1 1234567890<br>TIN 123456781                 | Switch Provider       |                                                            |                                                               |                           |
|                                                                                     | <b>9</b> Servicing    | facility                                                   |                                                               |                           |
| Servicing Provider<br>Joe Doctor<br>NPI 1234567890                                  | Servicing Facility NP | I# / Facility Name                                         | Search Reset                                                  |                           |
| TIN 123456781                                                                       | The Provider's        | s Practice is the Servicing F                              | acility                                                       |                           |
| Servicing Facility<br>Not yet selected                                              | < Back                |                                                            |                                                               | Continue                  |

| Start over                              | Servicing facility                                |                                                 |                   |          |
|-----------------------------------------|---------------------------------------------------|-------------------------------------------------|-------------------|----------|
| ember info                              | Servicing Facility NPI# / Facility Name           |                                                 |                   |          |
| RST_81b74dab30<br>AST_004e99508b        | Q. Mercy                                          | Search Reset                                    |                   |          |
| 14b71938e<br>08 8/11/2016<br>emale      | Search results: 39 records matched your search o  | criteria. Please choose f                       | rom the list belo | w.       |
| ddress                                  | FACILITY Name/NPI#                                | Address                                         | Tax ID (TIN)      | Status ① |
| 34 Road St.<br>ew Townsville, CO 80000  | Ascension NE Wisconsin-Mercy Campus<br>1407803638 | 500 S. Oakwood<br>Road<br>Oshkosh, WI<br>54904  | 390816818         | OON      |
| equesting Provider                      |                                                   |                                                 |                   |          |
| e Doctor<br>1 1234567890<br>1 123456781 | Bergan Mercy Surgery Center LLC<br>1881858918     | 7500 Mercy Rd<br>Ste 4300<br>Omaha, NE<br>68124 | 208671994         | INN      |
| IN-NETWORK                              |                                                   |                                                 |                   |          |
| ervicing Provider                       | CHI Health Bergan Mercy Ref Lab<br>1508941097     | 7710 Mercy Rd<br>Omaha, NE                      | 470484764         | INN      |
| e Doctor                                |                                                   | 68124                                           |                   |          |
| 123456781                               | CHI Health Creighton University Medical           | 2412 Cuming St                                  | 470484764         | INN      |
| IN-NETWORK                              | Center-Bergan Mercy University Camp<br>1508941097 | Ste 100<br>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                                                         | <b>Bergan Mercy</b><br>1508941097                                               | Omaha, NE<br>68124                                       |                     |                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|---------------------|----------------|
| <b>Member info</b><br>FIRST_81b74dab30<br>LAST_004e99508b            | CHI Health Rehabilitation Care CUMC -<br>Bergan Mercy<br>1508941097             | 5020 L St<br>Omaha, NE<br>68117                          | 470484764           | INN            |
| 10 14b71938e<br>Doв 8/11/2016<br>Female<br>Address                   | CHI Health Sleep Center - Mercy Council<br>Bluffs<br>1265517759                 | 801 Harmony St<br>Ste 305<br>Council Bluffs, IA<br>51503 | 470484764           | INN            |
| 1234 Road St.<br>New Townsville, CO 80000                            | Gramercy Outpatient Surgery Center<br>1225091630                                | 2727 Gramercy<br>Street<br>Houston, TX<br>77025          | 752399524           | OON            |
| Requesting Provider<br>Joe Doctor<br>NPI 1234567890<br>TIN 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 |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781                        | Add Out-of-Network Facility     The Provider's Practice is the Servicing Facili | ty                                                       |                     |                |
| IN-NETWORK                                                           |                                                                                 | 7                                                        |                     |                |
| Servicing Facility                                                   | ( Paak                                                                          |                                                          |                     | 0              |

|                                               | Bergan                  | Mercy              | Omaha, NE             |                      |
|-----------------------------------------------|-------------------------|--------------------|-----------------------|----------------------|
| < Start over                                  | Add Out-of-Network      | Servicing Facility |                       |                      |
| Member info                                   | Add Odt-of-Network      | Servicing Facility |                       | 4764 INN             |
| FIRST_81b74dab30<br>LAST_004e99508b           | Facility Name           |                    |                       |                      |
| ID 14b/1938e<br>ров 8/11/2016                 |                         |                    |                       | 4764 INN             |
| Female                                        | Facility NPI            |                    | Facility Tax ID (TIN) |                      |
| Address                                       |                         |                    |                       |                      |
| 1234 Road St.<br>New Townsville, CO 80000     | Facility Type/Specialty |                    |                       | 9524 OON             |
| Requesting Provider                           | Address                 |                    |                       |                      |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781 | Street Address          |                    |                       |                      |
|                                               | City                    | State              | Zip Code              | _                    |
| Servicing Provider                            |                         |                    |                       | for one time use for |
| Joe Doctor<br>NPI 1234567890<br>TIN 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                  |                                  | но                      | DME RESOURCES V | ⊖ Jane Smith ✓ |
|------------------------------------------------------|---------------------|----------------------------------|-------------------------|-----------------|----------------|
| < Start over                                         |                     | NPI 1234567890                   |                         |                 |                |
| Member info                                          |                     | TIN 123456781                    |                         |                 |                |
| FIRST_81b74dab30<br>LAST_004e99508b<br>ID 14b71938e  |                     |                                  |                         |                 |                |
| ров 8/11/2016                                        | Practice details    | MMG Occupational Healt           | th                      |                 |                |
| remaie                                               |                     | 3201 W Gore Blvd, Lawto          | on, OK 73505            |                 |                |
| Address                                              |                     |                                  |                         |                 |                |
| 1234 Road St.<br>New Townsville, CO 80000            | Contact Info        | the second states (555) 555-5550 | Preferred Phone: (555)  | 555-5555        |                |
|                                                      |                     | iga (555) 555-5551               | Preferred Fax: (999) 99 | 9-9999          |                |
| Requesting Provider                                  |                     |                                  |                         |                 |                |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781        | Switch Provider     | ]                                |                         |                 |                |
|                                                      | 0                   |                                  |                         |                 |                |
| Servicing Provider                                   | Servicing f         | acility                          |                         |                 |                |
| Joe Doctor                                           | The Provider's Prac | tice is the Servicing Facility   |                         |                 |                |
| NPI 1234567890<br>TIN 123456781                      | Switch Facility     |                                  |                         |                 |                |
|                                                      |                     |                                  |                         |                 |                |
| Constation Registra                                  |                     |                                  |                         |                 |                |
| Servicing Facility                                   |                     |                                  |                         |                 |                |
| The Provider's Practice is the<br>Servicing Facility | < Back              |                                  |                         | Co              | ontinue        |
|                                                      |                     |                                  |                         |                 |                |

### 3. Authorization Request

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

| : Bright HealthCare   Authorization | n Portal HOME RESOURCES V 😝 Jane Smith V                                                     |
|-------------------------------------|----------------------------------------------------------------------------------------------|
| < Start over                        |                                                                                              |
| Member info                         |                                                                                              |
| FIRST_81b74dab30                    |                                                                                              |
| LAST_004e99508b                     | Information Information Request Documentation Submit                                         |
| ID 14b71938e                        |                                                                                              |
| Female                              |                                                                                              |
|                                     | E Authorization Request                                                                      |
| Address                             | Case releasing                                                                               |
| 1234 Road St.                       | Case priority                                                                                |
| New Townsville, CO 80000            | Service request can be reviewed within standard times.                                       |
|                                     | The health or life of member may be seriously be jeopardized if the service requested is not |
| Requesting Provider                 | reviewed expeditiously.                                                                      |
| Joe Doctor                          | What is the setting of service?                                                              |
| NPI 1234567890                      | Inpatient Outpatient                                                                         |
| TIN 123456781                       |                                                                                              |
|                                     | What is the area of service?                                                                 |
|                                     | Behavioral Medical                                                                           |
| Servicing Provider                  |                                                                                              |
| Joe Doctor                          | Is request associated with a clinical trial?                                                 |
| NPI 1234567890                      |                                                                                              |
| TIN 123456781                       |                                                                                              |
|                                     |                                                                                              |
|                                     |                                                                                              |
| Servicing Facility                  |                                                                                              |
| Servicing Facility                  |                                                                                              |

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                                                                                                                        | Yes () 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/DEV                                                                                                               | codes relevant to                          | vour request      | 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                |         |         |
|                                                                                                                                    |                                                                                                                                                                |                                            |                   |         |         |
| IN NETWORK                                                                                                                         | 32851-LUNG TRANSPLANT SINGLE                                                                                                                                   | Yes                                        | ×                 |         |         |
|                                                                                                                                    |                                                                                                                                                                |                                            |                   |         |         |
| Servicing Provider                                                                                                                 |                                                                                                                                                                |                                            |                   |         |         |
| Servicing Provider                                                                                                                 | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT                                                                                                                      | No                                         | ×                 |         |         |
| Servicing Provider                                                                                                                 | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT                                                                                                                      | No                                         | ×                 |         |         |
| Servicing Provider<br>Joe Doctor<br>NPI 1234567890<br>NPI 123456781                                                                | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT                                                                                                                      | No                                         | ×                 |         |         |
| Servicing Provider<br>Joe Doctor<br>NPI 1234567890<br>RIN 123456781                                                                | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT<br>Authorization is <b>required</b> for the procedure/billing                                                        | No<br>code(s) entered.                     | ×                 |         |         |
| Servicing Provider<br>Joe Doctor<br>NPI 1234567890<br>TIN 123456781<br>SIN NETWORK                                                 | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT<br>Authorization is <b>required</b> for the procedure/billing<br>If all codes associated with your request have been | No<br>code(s) entered.<br>n added, you may | × continue.       |         |         |
| Servicing Provider<br>loe Doctor<br>HPI 1234567890<br>IIIN 123456781<br>IIIN-NETWORK<br>Servicing Facility                         | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT<br>Authorization is <b>required</b> for the procedure/billing<br>If all codes associated with your request have been | No<br>code(s) entered.<br>n added, you may | × continue.       |         |         |
| IN-NETWORK Servicing Provider Joe Doctor Joe 1254567890 TIN 123456781 IN-NETWORK Servicing Facility The Provider's Practice is the | R0070-TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT<br>Authorization is <b>required</b> for the procedure/billing<br>If all codes associated with your request have been | No<br>code(s) entered.<br>n added, you may | × continue.       |         |         |

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             | Ves  No                                                  |                              |                      |                 |
| ров 8/11/2016            |                                                          |                              |                      |                 |
| Female                   |                                                          |                              |                      |                 |
|                          | Check if an authorization is required                    |                              |                      |                 |
| Address                  | Compared to the second second second second second       | u de ser ell'esserviciones e |                      | and so the face |
| 1234 Road St.            | Some requests don't require prior authorization          | when all providers a         | nd facilities are in | -network for    |
| New Townsville, CO 80000 | outpatient services. Search for all CP1/HCPC/H           | KEV codes relevant to        | o your request.      |                 |
|                          | Procedure/Billing Code or Description                    |                              |                      |                 |
| Requesting Provider      | Tupo to coarch and onter codes here                      |                              | 0                    |                 |
| 1                        | Type to search and enter codes here                      |                              | ~                    |                 |
| Joe Doctor               |                                                          |                              |                      |                 |
| NPI 1234567890           | Procedure/Billing Code                                   | Auth Requir                  | ed                   |                 |
| TIN 123456781            | 1 looddalor binnig oodd                                  | Additioquit                  |                      |                 |
| S IN-NETWORK             | 22051 LUNO TRANSPLANT CINCLE                             | Maria                        | ~                    |                 |
|                          | 32851-LUNG TRANSPLANT SINGLE                             | Tes                          | ~                    |                 |
| Servicing Provider       | ROOTO-TRANS PRTRI XRAY EOP&PERS-TRIP1 PT                 | No                           | ~                    |                 |
| Joe Doctor               |                                                          | .40                          |                      |                 |
| NPI 1234567890           |                                                          |                              |                      |                 |
| TIN 123456781            | Authorization is <b>required</b> for the procedure/billi | ing code(s) entered.         |                      |                 |
|                          | If all and a some sinted with your request hours h       |                              | continue             |                 |
| IN-NETWORK               | If all codes associated with your request have b         | een added, you may           | continue.            |                 |
|                          |                                                          |                              |                      |                 |
| Servicing Facility       |                                                          |                              |                      |                 |
| 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 RE                         | ESOURCES V 😫 Jane Smith V |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|
| < Start over                                                                                                                           | Outpatient Medical Health Service                                                                                       |                                 |                           |
| FIRST_81b74dab30<br>LAST_004e99508b<br>ID 14b71938e<br>DoB 8/11/2016<br>Female<br>Address<br>1234 Road St.<br>New Townsville, CO 80000 | One or more procedure/billing co<br>Service Type     Select Service Type     Anticipated Date of Service     mm/dd/yyyy | Place of Service Type to search | ٩                         |
| Requesting Provider<br>Joe Doctor<br>NPI 1234567890                                                                                    | Diagnosis                                                                                                               |                                 |                           |
| Servicing Provider                                                                                                                     | 1 Primary                                                                                                               |                                 | ٩                         |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781<br>SIN-NETWORK                                                                           | Add Another Code                                                                                                        |                                 |                           |
| Servicing Facility                                                                                                                     | Medications (Optional)                                                                                                  |                                 |                           |
| The Provider's Practice is the<br>Servicing Facility                                                                                   | < Back                                                                                                                  |                                 | Continue                  |

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

|                                                                                                                                              | Outpatient Medical Health Service                                                                                                                                                                              |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| tember info<br>IRST_81b74dab30<br>AST_004e99508b<br>14b71938e<br>0e 8/11/2016<br>emale<br>ddress<br>234 Road St.<br>Lew Townsville, CO 80000 | Image: Service Type       Place of Service         Other Outpatient Medical Service       Image: Service Type         Anticipated Date of Service       Image: Service         12/20/2021       Image: Service | utpatient Hospital X |
| equesting Provider<br>De Doctor<br>PI 1234567890<br>N 123456781<br><b>Dinnetwork</b>                                                         | Diagnosis Diagnosis (ICD - 10) code A15.0 - TUBERCULOSIS OF LUNG Primary                                                                                                                                       | ×                    |
| arvicing Provider<br>≫ Doctor<br>№ 1234567890<br>№ 123456781<br>ὦ IN-NETWORK                                                                 | Add Another Code                                                                                                                                                                                               |                      |

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                                                                 | Medication    | ns (Optional)                                 |                     |           |                |                |           |               |
|------------------------------------------------------------------------------|---------------|-----------------------------------------------|---------------------|-----------|----------------|----------------|-----------|---------------|
| /lember info                                                                 | If applicable | e, add medicati                               | ons here or inclu   | de list a | as an attachme | nt on the next | bage      |               |
| IRST_81b74dab30<br>AST_004e99508b<br>9 14b71938e<br>Iore 8/11/2016<br>iemale | Add M         | edication<br>C/REV Codes<br>ude details for a | ll codes associat   | ed with   | your request t | o help provide | additiona | I context for |
| ddress                                                                       | determinati   | ion.                                          |                     |           |                |                |           |               |
| 234 Road St.<br>√ew Townsville, CO 80000                                     | 1             | Procedure/Bil                                 | ling Code or Descri | ption     |                |                |           | ñ             |
|                                                                              |               | 32851-LUN                                     | IG TRANSPLANT       | SINGL     | LE             |                | ×         | U             |
| Requesting Provider                                                          |               | () Authoriza                                  | tion Required       |           |                |                |           |               |
| Joe Doctor                                                                   |               | Quantity                                      |                     |           | Frequency      |                |           |               |
| IN 123456781                                                                 |               | 0                                             | Select              | ~         | 0              | Select         | ~         |               |
|                                                                              |               | Authorization                                 | Start Date          |           | Authorization  | End Date       |           |               |
| Servicing Provider                                                           |               | 12/20/202                                     | 1                   |           | mm/dd/yy       | /yy            |           |               |
| loe Doctor<br>IPI 1234567890<br>IN .123456781                                |               |                                               |                     |           |                |                |           |               |
| IN-NETWORK                                                                   | - C           | Procedure/Bil                                 | lina Code or Descri | ption     |                |                |           |               |
| Servicing Facility                                                           | 2             | R0070-TR                                      | ANS PRTBL XRA       | Y EQP8    | &PERS-TRIP1F   | т              | ×         | Ô             |
| he Provider's Practice is the                                                | < Back        |                                               |                     |           |                |                |           | Continue      |

| Start over                                                                                                                                                                                                                                                                                         | Medicatio                                          | ns (Optional)                                                                                     |                                                                              |                             |               |                 |               |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------|---------------|-----------------|---------------|-------------|
| /lember info                                                                                                                                                                                                                                                                                       | lf applicabl                                       | e, add medicat                                                                                    | ions here or inclu                                                           | ide list                    | as an attachn | nent on the ne  | kt page       |             |
| IRST_81b74dab30<br>AST_004e99508b<br>≥ 14b71938e<br>∞8 8/11/2016                                                                                                                                                                                                                                   | 1                                                  | Medication N                                                                                      | ame                                                                          |                             |               |                 |               | B           |
| emale                                                                                                                                                                                                                                                                                              |                                                    | Dosage                                                                                            |                                                                              |                             | Frequency     |                 |               |             |
| ddress                                                                                                                                                                                                                                                                                             |                                                    | 0                                                                                                 | Select                                                                       | ~                           | 0             | Select          | ~             |             |
| 234 Road St.                                                                                                                                                                                                                                                                                       |                                                    | Route                                                                                             |                                                                              |                             |               |                 |               |             |
| lew Townsville, CO 80000                                                                                                                                                                                                                                                                           |                                                    | Select                                                                                            |                                                                              | ~                           |               |                 |               | /           |
| Requesting Provider                                                                                                                                                                                                                                                                                |                                                    |                                                                                                   |                                                                              |                             |               |                 |               |             |
| <b>tequesting Provider</b><br>oe Doctor<br>№ 1234567890<br>IN 123456781                                                                                                                                                                                                                            | (+) Add M                                          | edication                                                                                         |                                                                              |                             |               |                 |               |             |
| Requesting Provider<br>log Doctor<br>IPI 1234567890<br>INI 123456781<br>2 IN-NETWORK                                                                                                                                                                                                               | ⊕ Add M<br>CPT/HCP0                                | edication                                                                                         |                                                                              |                             |               |                 |               |             |
| Requesting Provider<br>loe Doctor<br>IPI 1234567890<br>INI 123456781<br>INI-NETWORK<br>iervicing Provider                                                                                                                                                                                          | Add M     CPT/HCPC     Please incli     determinat | edication<br>C/REV Codes<br>ude details for a<br>ion.                                             | Ill codes associat                                                           | ed with                     | h your reques | t to help provi | de additional | context for |
| Requesting Provider<br>Joe Doctor<br>4PI 1234567890<br>(IN 123456781<br>IN-NETWORK<br>Servicing Provider<br>Joe Doctor<br>4PI 1234567890                                                                                                                                                           | Add M     CPT/HCPG     Please incl     determinat  | edication<br>C/REV Codes<br>ude details for a<br>ion.                                             | Ill codes associat                                                           | ed with                     | h your reques | t to help provi | de additional | context for |
| Requesting Provider<br>Joe Doctor<br>NPI 1234567890<br>TIN 123456781<br>Servicing Provider<br>Joe Doctor<br>NPI 1234567890<br>TIN 123456781                                                                                                                                                        | Add M     CPT/HCPC     Please incl     determinat  | edication<br>C/REV Codes<br>ude details for a<br>ion.                                             | Ill codes associat                                                           | ed with                     | h your reques | t to help provi | de additional | context for |
| Requesting Provider<br>Joe Doctor<br>HPI 1234567890<br>INI 123456781<br>SIN-NETWORK<br>Servicing Provider<br>Joe Doctor<br>HPI 1234567890<br>INI 123456781<br>SIN-NETWORK                                                                                                                          | Add M     CPT/HCP4     Please incli     determinat | edication<br>C/REV Codes<br>ude details for a<br>ion.<br>Procedure/Bi<br>32851-LUN                | Ill codes associat<br>Iling Code or Descr<br>IG TRANSPLAN'<br>Iting Required | ed with<br>iption<br>T SING | h your reques | t to help provi | de additional | context for |
| tequesting Provider         oe Doctor         IPI 1234567890         IN 123456781         IN-NETWORK         ervicing Provider         oe Doctor         PI 1234567890         IN 123456781         Doctor         PI 1234567890         IN 123456781         IN-NETWORK         ervicing Facility | Add M     CPT/HCP4     Please incli     determinat | edication<br>C/REV Codes<br>ude details for a<br>ion.<br>Procedure/Bi<br>32851-LUN<br>① Authoriza | Ill codes associat<br>lling Code or Descr<br>NG TRANSPLAN<br>tion Required   | ed with<br>iption<br>T SING | h your reques | t to help provi | de additional | context for |

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                                                                                                                                               | Please inclu  | ude details for al                                                                          | l codes associated wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | h your request to                              | help provide            | additiona | l context for |
| FIRST_81b74dab30                                                                                                                                          | determinati   | on.                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |           |               |
| LAST_004e99508b                                                                                                                                           |               | Procedure/Rill                                                                              | ing Code or Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                         |           |               |
| DOB 8/11/2016                                                                                                                                             | 1             | 32851-LUN                                                                                   | G TRANSPLANT SING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LE                                             |                         | ×         | Ō             |
| Female                                                                                                                                                    |               | Authorizat                                                                                  | ion Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                         |           |               |
| Address                                                                                                                                                   |               |                                                                                             | on required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                         |           |               |
| 1234 Road St.                                                                                                                                             |               | Quantity                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Frequency                                      | Coloret                 |           |               |
| New Townsville, CO 80000                                                                                                                                  |               | ·                                                                                           | Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                              | Select                  | ~         |               |
|                                                                                                                                                           |               | Authorization S                                                                             | Start Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Authorization I                                | End Date                |           |               |
| Requesting Provider                                                                                                                                       |               | 12/20/202                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12/23/202                                      | 1                       |           |               |
| Joe Doctor<br>NPI 1234567890<br>TIN 123456781                                                                                                             |               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |           |               |
|                                                                                                                                                           |               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |           |               |
| IN-NETWORK                                                                                                                                                |               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |           |               |
|                                                                                                                                                           | 2             | Procedure/Bill                                                                              | ing Code or Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                         |           |               |
| Servicing Provider                                                                                                                                        | 2             | Procedure/Bill<br>R0070-TR/                                                                 | ing Code or Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | %PERS-TRIP1P                                   | т                       | ×         | ō             |
| Servicing Provider<br>Joe Doctor<br>NPI 1242567890                                                                                                        | 2             | Procedure/Bill<br>R0070-TR/                                                                 | ing Code or Description<br>ANS PRTBL XRAY EQP<br>ization Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | %PERS-TRIP1P                                   | т                       | ×         | Ō             |
| Servicing Provider<br>Joe Doctor<br>NPH 1234567890<br>TH 123456781                                                                                        | 2             | Procedure/Bill<br>ROO7O-TR/<br>() No Author<br>Quantity                                     | ng Code or Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | *&PERS-TRIP 1 P                                | т                       | ×         | ٥             |
| In-NETWORK  Servicing Provider  Joe Doctor  NM 1234567890  TIM 123456781  IM 0  IM 12456781  IM 0  IM 12456781                                            | 2             | Procedure/Bill<br>ROO70-TR/<br>() No Author<br>Guantity                                     | Ing Code or Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P&PERS-TRIP 1 P                                | T                       | ×         | ٥             |
| IN-NETWORK     Servicing Provider     Joe Doctor     NM 1234567890     TIN 123456781     O     IN-NETWORK     Servicing Facility                          | 2             | Procedure/Bill<br>R0070-TR/<br>() No Author<br>Quantity<br>1<br>Authorization S             | Ing Code or Description ANS PRTBL XRAY EQP ization Required Units Narr Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P&PERS-TRIP 1 P                                | T<br>Select<br>End Date | ×         | ٥             |
| IN-NETWORK  Servicing Provider  Joe Doctor NPI 1234567890 TIMI 123456781      IN-NETWORK  Servicing Facility The Provider's Practice is the               | 2             | Procedure/Bill<br>R0070-TR/<br>① No Author<br>Quantity<br>1<br>Authorization 1<br>12/20/202 | ng Code or Description<br>INS PRTBL XRAY EQF<br>ization Required<br>Units v<br>itart Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | P&PERS-TRIP 1 P                                | T<br>Select<br>End Date | ×         | ٥             |
| IN-NETWORK Servicing Provider Joe Doctor NM 1234567890 TIN 123456781     In-NETWORK Servicing Facility The Provider's Practice is the Servicing Facility  | 2             | Procedure/Bill<br>ROO70-TR/<br>① No Author<br>Guantity<br>1<br>Authorization 1<br>12/20/202 | ng Code or Description<br>INS PRTBL XRAY EQF<br>ization Required<br>Units ~<br>itart Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Frequency<br>0<br>Authorization 1<br>12/29/202 | T<br>Select<br>End Date | ×         | ٥             |
| In-NETWORK Servicing Provider Joe Doctor NPI 1234667890 TIM 123466781     In-NETWORK Servicing Facility The Provider's Practice is the Servicing Facility | 2             | Procedure/Bill<br>R0070-TR/<br>① No Author<br>Quantity<br>1<br>Authorization 1<br>12/20/202 | Ing Code or Description ANS PRTBL XRAY EQF Ization Required Units Identification Identificati Identification Id | Frequency<br>0<br>Authorization 1<br>12/29/202 | T<br>Select<br>End Date | ×<br>~    | ٥             |
| IN-NETWORK Servicing Provider Joe Doctor NPI 124667890 TIN 124466781 Im 124466781 Servicing Facility The Provider's Practice is the Servicing Facility    | 2             | Procedure/Bill<br>R0070-TR/<br>① No Author<br>Quantity<br>1<br>Authorization 1<br>12/20/202 | Ing Code or Description<br>NNS PRTBL XRAY EQF<br>Ization Required<br>Units ~<br>Tart Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Frequency<br>0<br>Authorization I<br>12/29/202 | T<br>Select<br>End Date | ×<br>~    | ٥             |
| IN-NETWORK Servicing Provider Joe Doctor NPI 124867890 TIN 123486781  IN-NETWORK Servicing Facility The Provider's Practice is the Servicing Facility     | 2<br>• Add Co | Procedure/Bill<br>R0070-TR/<br>① No Author<br>Quantity<br>1<br>Authorization 1<br>12/20/202 | Ing Code or Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Frequency<br>0<br>Authorization 1<br>12/29/202 | T<br>Select<br>End Date | ×<br>*    | ٥             |

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                                                                                                                                                                                                                     | ane Smith 🗸 |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| < Start over<br>Member info<br>FIRST_81b74dab30<br>LAST_004e99508b<br>№ 14b71938e<br>№ 8/11/2016<br>Female | 1     2     3     4     5       Requesting<br>Information     Servicing<br>Information     Authorization<br>Request     Clinical<br>Documentation     Review &<br>Submit       0     Clinical Documentation     Submit               |             |
| <b>Address</b><br>1234 Road St.<br>New Townsville, CO 80000                                                | For faster processing, please include all clinical documentation demonstrating medical necessity of<br>the requested service. This may include reason for request, symptoms, exam findings, and treatment<br>history.<br>File Upload |             |
| Requesting Provider<br>Joe Doctor<br>NPI 1234567890<br>TIN 123456781                                       | Drag & drop files here or <u>browse files</u><br>(Recommend 4MB max file size)                                                                                                                                                       |             |
| Servicing Provider<br>Joe Doctor<br>NPI 1234567890<br>TIN 123456781<br>SIN-NETWORK                         |                                                                                                                                                                                                                                      |             |
| Servicing Facility<br>The Provider's Practice is the<br>Servicing Facility                                 |                                                                                                                                                                                                                                      |             |
|                                                                                                            | 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                   |                                                                           |                                       |
| Female                         | Clinical Documentation                                                    |                                       |
| Address                        | For faster processing, please include all clinical documentation          | on demonstrating medical necessity of |
| 1234 Road St.                  | the requested service. This may include reason for request, s<br>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                                             | owse files                            |
|                                | (Recommend 4MB max file                                                   | ) size)                               |
| Servicing Provider             |                                                                           |                                       |
| Joe Doctor<br>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                    |                                                                       |      |
| FIRST_81b74dab30               | Requesting Servicing Authorization Clinical Review &                  |      |
| 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            | Place of service: 19-Off Campus- Outpatient Hospital                  |      |
| Joe Doctor                     | 1.10.00.0001                                                          |      |
| NPI 1234567890                 | Anticipated date of service: 12/20/2021                               |      |
| TIN 123456781                  | Type of authorization: Pre-Service Request                            |      |
| S IN-NETWORK                   |                                                                       |      |
| Servicing Provider             | Diagnosis                                                             | Edit |
| Joe Doctor                     | A15.0 - TUBERCULOSIS OF LUNG 0 Primary                                |      |
| TIN 123456781                  |                                                                       |      |
|                                | CPT/HCPC/REV Codes                                                    | Edit |
| IN-NETWORK                     |                                                                       |      |
| Servicing Facility             | 32851 - LUNG TRANSPLANT SINGLE Authorization Required                 |      |
| Servicing Facility             | Quantity: I 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.

| () E             | Bright HealthCare   A                | uthorization Portal                                        |                                 |                     |                      | нс              | DME RESOURCES V 😝 Jane Smith V |
|------------------|--------------------------------------|------------------------------------------------------------|---------------------------------|---------------------|----------------------|-----------------|--------------------------------|
| <b>Au</b><br>Joe | thorizations<br>Doctor, NPI #1234567 | New Authorization                                          |                                 |                     |                      |                 |                                |
|                  | Member name or ID                    | Member dat<br>mm/dd/y                                      | Member date of birth mm/dd/yyyy |                     |                      |                 | 👳 Advanced Filters             |
|                  | Authorization number                 | Member details                                             | Date of birth                   | Submit date         | Last update          | Request type    | 0 Status 👻                     |
| <                | 202112090014                         | FIRST_01bc578b9c<br>LAST_2de4a19879<br>ID: 50b5459d2dff72  | 3/18/1986                       | 12/9/2021<br>1:55pm | 12/9/2021<br>3:12pm  | Initial Request | Pending                        |
|                  | 202108250026                         | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484186 | 6/25/2012                       | 8/25/2021<br>8:00am | 10/18/2021<br>9:29am | Initial Request | Withdrawn                      |
|                  | 202112090014                         | FIRST_01bc578b9c<br>LAST_2de4a19879<br>ID: 50b5459d2dff72  | 3/18/1986                       | 12/9/2021<br>1:55pm | 12/9/2021<br>3:12pm  | Initial Request | Pending                        |
|                  | 202110010001                         | FIRST_a5172256f4<br>LAST_0027b22735<br>ID: c1bbfc135791d4c | 3/14/2010                       | 10/1/2021<br>8:57am | 10/18/2021<br>9:26am | Initial Request | Pending                        |
|                  | 202108030068                         | FIRST_0af50673e4<br>LAST_a558ea485c<br>ID: d7b4cf20109282  | 6/17/2013                       | 6/3/2021<br>8:00am  | 8/10/2021<br>11:54am | Initial Request | Pending                        |
|                  | 202109010006                         | FIRST_019ce184bb<br>LAST_80f5990bb0<br>ID:                 | 11/26/2004                      | 9/1/2021<br>8:00am  | 10/18/2021<br>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<br>Doctor, NPI #1234 | 567890                                                     |               |                     |                      |                 | New Authorizatio |
|------------------------------------|------------------------------------------------------------|---------------|---------------------|----------------------|-----------------|------------------|
| Member name or ID                  | name or ID Member date of birth mm/dd/yyyy                 |               |                     | 👳 Advanced Filters   |                 |                  |
| Authorization number               | Member details                                             | Date of birth | Submit date         | Last update          | Request type    | 🚯 Status 👻       |
| 202112090014                       | FIRST_01bc578b9c<br>LAST_2de4a19879<br>ID: 50b5459d2dff72  | 3/18/1986     | 12/9/2021<br>1:55pm | 12/9/2021<br>3:12pm  | Initial Request | Pending          |
| 202108250026                       | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484186 | 6/25/2012     | 8/25/2021<br>8:00am | 10/18/2021<br>9:29am | Initial Request | Withdrawn        |
| 202112090014                       | FIRST_01bc578b9c<br>LAST_2de4a19879<br>ID: 50b5459d2dff72  | 3/18/1986     | 12/9/2021<br>1:55pm | 12/9/2021<br>3:12pm  | Initial Request | Pending          |
| 202110010001                       | FIRST_a5172256f4<br>LAST_0027b22735<br>ID: c1bbfc135791d4c | 3/14/2010     | 10/1/2021<br>8:57am | 10/18/2021<br>9:26am | Initial Request | Pending          |
| 202108030068                       | FIRST_0af50673e4<br>LAST_a558ea485c<br>ID: d7b4cf20109282  | 6/17/2013     | 6/3/2021<br>8:00am  | 8/10/2021<br>11:54am | Initial Request | Pending          |
| 202109010006                       | FIRST_019ce184bb<br>LAST_80f5990bb0                        | 11/26/2004    | 9/1/2021<br>8:00am  | 10/18/2021<br>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

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## **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.

| ୍                | Bright HealthCare   A                         | authorization Portal                                       |                                 |                      |                      | но                | ME RESOURCES V 😝 Jane Smith V |
|------------------|-----------------------------------------------|------------------------------------------------------------|---------------------------------|----------------------|----------------------|-------------------|-------------------------------|
| <b>Au</b><br>Joe | <b>Ithorizations</b><br>Doctor, NPI #12345678 | 390                                                        |                                 |                      |                      |                   | New Authorization             |
|                  | Member name or ID                             | Member di<br>mm/dd/                                        | Member date of birth mm/dd/yyyy |                      |                      |                   |                               |
|                  | Authorization number                          | Member details                                             | Date of birth                   | Submit date          | Last update          | Request type      | 🖲 Status 🔺                    |
|                  | 202108260034                                  | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484186 | 6/25/2012                       | 8/25/2021<br>8:00am  | 10/18/2021<br>9:28am | Initial Request   | Action Needed ①               |
|                  | 202108260033                                  | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484186 | 6/25/2012                       | 8/25/2021<br>8:00am  | 10/18/2021<br>9:29am | Initial Request   | Action Needed ①               |
|                  | 202109010007                                  | FIRST_019ce184bb<br>LAST_80f5990bb0<br>ID:                 | 11/26/2004                      | 9/2/2021<br>8:00am   | 9/3/2021<br>1:35pm   | Concurrent Review | Action Needed ①               |
|                  | 0000233846                                    | Joel<br>ID: 100206515                                      |                                 | 5/28/2021<br>12:00am | 6/3/2021<br>12:00am  | Initial Request   | Approved                      |
|                  | 202109170007                                  | FIRST_990c1fadac<br>LAST_f83f4865a9<br>ID:                 | 12/15/2020                      | 9/17/2021<br>8:00am  | 9/17/2021<br>3:02pm  | Initial Request   | Approved                      |
|                  | 202109020003                                  | FIRST_81cccc6a9f<br>LAST_58f301c283<br>ID: db883cdacc6b05  | 11/18/2005                      | 9/2/2021<br>8:00am   | 9/2/2021<br>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.

| Bright HealthCare   Authorization Porta                                                                        | HOME RESOURCES V O Jane Smith                                                                                |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <ul> <li>Return to Dashboard</li> <li>Member info</li> <li>FIRST_990c1fadac</li> <li>LAST_635486559</li> </ul> | Request History & Details<br>Authorization #202109170007                                                     |
| ир<br>ров 12/15/2020<br>Male                                                                                   | Standard Outpatient Medical<br>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.<br>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<br>NPI 1234567890                                                                                   | None                                                                                                         |
|                                                                                                                | Outpatient Medical Health Service                                                                            |
| Servicing Provider                                                                                             | Service type: Office/Clinic Visits                                                                           |
| Joe Doctor<br>NPI 1234567890                                                                                   | Place of service: 11-Office                                                                                  |
| TIN 123456781                                                                                                  | Diagnosis                                                                                                    |
|                                                                                                                |                                                                                                              |
| Servicing Facility                                                                                             | 110 - ESSENTIAL PRIMARY HYPERTENSION 0 Primary                                                               |
| Oklahoma Sleep Associates<br>NPI 1700882578<br>TIN 357004117                                                   | CPT/HCPC/REV Codes                                                                                           |
|                                                                                                                | < Back to Dashboard                                                                                          |



## **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.

| octor, NPI #1234567  | 890                                                        |               |                     |                      |                   | New Authoriz      |
|----------------------|------------------------------------------------------------|---------------|---------------------|----------------------|-------------------|-------------------|
| fember name or ID    | Member dat                                                 | e of birth    |                     |                      |                   |                   |
| Q                    | mm/dd/y                                                    | ууу           |                     |                      |                   | - Advanced Filter |
| Authorization number | Member details                                             | Date of birth | Submit date         | Last update          | Request type      | 🚯 Status 🔺        |
| 202108260034         | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484186 | 6/25/2012     | 8/25/2021<br>8:00am | 10/18/2021<br>9:28am | Initial Request   | Action Needed ①   |
| 202108260033         | FIRST_7deb74174b<br>LAST_5b5846fc55<br>ID: 073b54ff4484186 | 6/25/2012     | 8/25/2021<br>8:00am | 10/18/2021<br>9:29am | Initial Request   | Action Needed ()  |
| 202109010007         | FIRST_019ce184bb<br>LAST_80f5990bb0                        | 11/26/2004    | 9/2/2021<br>8:00am  | 9/3/2021<br>1:35pm   | Concurrent Review | Action Needed ①   |



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<br>10 9994852<br>ров 10/05/84        | <ul> <li>Initial Review Approved on 10/22/2021</li> </ul>           |                         |
| Female                                            | Submitted by Molly Francis on 10/21/2021 at 10:21am                 |                         |
|                                                   | This request has been [status]. Please see the determination letter | pelow 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                             |                         |
| IN-NETWORK                                        | Place of service: Hospital                                          |                         |
|                                                   | Associated with a clinical trial: NCT#: 98373333                    |                         |
| Servicing provider                                | Anticipated start date: 03/TI/2021                                  |                         |
| Jonathan Smtih<br>NPI 1234567890<br>TIN 234567890 | Type of authorization: Concurrent Request                           |                         |
| OUT-OF-NETWORK                                    | Determination letters and Requests for Information                  |                         |
| Servicing facility                                |                                                                     | 07/01/0001 0.00         |
| Jonathan Smtih                                    | U Determination_Letter.pdf                                          | 07/21/2021 3:32pm       |
| NPI 1234567890<br>TIN 234567890                   | Determination Letter.pdf                                            | 07/19/2021 3:32pm       |
|                                                   |                                                                     |                         |
|                                                   | Request_for_Informatino.pdf                                         | 07/18/2021 3:32pm       |
|                                                   |                                                                     |                         |
|                                                   |                                                                     |                         |
|                                                   | 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.

| lember info                                       | Authorization #1234567890                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ann Callahan<br>10 9994852                        | 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<br>Austin, TX 78759          |                                                                                                                                                                                                                            |
|                                                   | Request Concurrent Review                                                                                                                                                                                                  |
| Requesting provider                               |                                                                                                                                                                                                                            |
| Jonathan Smtih<br>ทย 1234567890<br>าาม 234567890  | Request a Concurrent Review                                                                                                                                                                                                |
|                                                   | Please submit additional clinical documentation to support the extension of this<br>request. Our clinicians will review the information submitted and will relay a new<br>consider and data if the request is a parameter. |
| Servicing provider                                | service end date il the request is approved.                                                                                                                                                                               |
| Jonathan Smtih<br>NPI 1234567890<br>TIN 234567890 |                                                                                                                                                                                                                            |
| OUT-OF-NETWORK                                    | Drag & drop files here or <u>browse files</u>                                                                                                                                                                              |
| Servicing facility                                |                                                                                                                                                                                                                            |
| Jonathan Smtih<br>NPI 1234567890<br>TIN 234567890 |                                                                                                                                                                                                                            |
| IN-NETWORK                                        | 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

| Momborinto                                        | Authorization #1234567890                                                                                                                                         |                                                           |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Ann Callahan<br>ID 9994852<br>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.                          |
| Address                                           | Determination_letter.pdf                                                                                                                                          |                                                           |
| Austin, TX 78759                                  | Request Concurrent Review                                                                                                                                         |                                                           |
| Requesting provider                               |                                                                                                                                                                   |                                                           |
| Jonathan Smtih<br>NPI 1234567890<br>TIN 234567890 | Request a Concurrent Review                                                                                                                                       |                                                           |
| IN-NETWORK                                        | Please submit additional clinical documentation to sup<br>request. Our clinicians will review the information subr<br>service and date if the request is approved | port the extension of this<br>nitted and will relay a new |
| Servicing provider                                |                                                                                                                                                                   |                                                           |
| Jonathan Smtih<br>NPI 1234567890<br>TIN 234567890 |                                                                                                                                                                   |                                                           |
| OUT-OF-NETWORK                                    | Drag & drop files here or bro                                                                                                                                     | wse files                                                 |
| Servicing facility                                |                                                                                                                                                                   |                                                           |
| Jonathan Smtih<br>NPI 1234567890<br>TIN 234567890 | 🗓 File Name.pdf                                                                                                                                                   | ⊘ ×                                                       |
| IN-NETWORK                                        | 🕖 File Name.pdf                                                                                                                                                   | ⊘ ×                                                       |
|                                                   | File Name.pdf                                                                                                                                                     | ⊘ ×                                                       |
|                                                   | Submit Cancel                                                                                                                                                     |                                                           |



#### **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.

| Start over                                 | Request History & Details                                                 |                     |
|--------------------------------------------|---------------------------------------------------------------------------|---------------------|
|                                            | Authorization #1234567890                                                 |                     |
| Member info                                |                                                                           |                     |
| Ann Callahan<br>10 9994852<br>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 below | w for more details. |
| Address                                    | Determination_letter.pdf                                                  |                     |
| 63829 Rollingwood Dr                       |                                                                           |                     |
| Austin, IX 78759                           |                                                                           |                     |
|                                            | Request Reconsideration                                                   |                     |
| Pequesting provider                        |                                                                           |                     |
|                                            | 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                          |                     |
| Servicing provider                         | Anticipated start date: 03/11/2021                                        |                     |
| Jonathan Smtih                             | Anticipated end date: 11/11/2021                                          |                     |
| NPI 1234567890<br>TIN 234567890            | Type of authorization: Concurrent Request @                               |                     |
| OUT-OF-NETWORK                             | Determination letters and Requests for Information                        |                     |
| Servicing facility                         |                                                                           | 07/01/0001 0.00     |
| Jonathan Smtih                             | Under <u>Determination Letter.pdf</u>                                     | 07/21/2021 3:32p    |
| NPI 1234567890<br>TIN 234567890            | Determination Letter.pdf                                                  | 07/19/2021 3:32r    |
|                                            |                                                                           | 0771072021 01025    |
|                                            | Request for Informatino.pdf                                               | 07/18/2021 3:32p    |
|                                            |                                                                           |                     |
|                                            | Submitted Clinical Decumentation                                          |                     |
|                                            | Submitted Clinical Documentation                                          |                     |
|                                            |                                                                           |                     |
|                                            |                                                                           |                     |

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<br>10 9994852<br>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 Reconsideration                                                                     |
| B                                      |                                                                                             |
| Requesting provider                    |                                                                                             |
| Jonathan Smtih                         |                                                                                             |
| NPI 1234567890<br>TIN 234567890        | Request a Reconsideration                                                                   |
|                                        | Please submit additional clinical documentation to further support the medical              |
| <b>WIN-NETWORK</b>                     | necessity of this request. Our clinicians will review the additional information            |
| Servicing provider                     | submitted and reconsider the previous decision.                                             |
|                                        |                                                                                             |
|                                        |                                                                                             |
| TIN 234567890                          |                                                                                             |
|                                        | Drag & drap files hara ar browsa files                                                      |
| CONTRACTION                            | Drag & drop mes here or <u>browse mes</u>                                                   |
| Servicing facility                     |                                                                                             |
| Jonathan Cratik                        |                                                                                             |
| NPI 1234567890                         |                                                                                             |
| TIN 234567890                          | Please provide rationale as to why this should be reconsidered                              |
|                                        |                                                                                             |
|                                        |                                                                                             |
|                                        | 4                                                                                           |
|                                        |                                                                                             |
|                                        |                                                                                             |
|                                        | Submit Cancel                                                                               |
|                                        |                                                                                             |
|                                        |                                                                                             |
|                                        |                                                                                             |
|                                        | 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<br>Standard                                                                                                                              | 15 calendar<br>days              | 72 hours                            | 24 hours   | 30 calendar<br>days |  |  |  |
| States following URAC: Alabama, Arizona, Florida, Illinois, Nebraska, Oklahoma,<br>Tennessee                                                  |                                  |                                     |            |                     |  |  |  |
| Unique State Requirements                                                                                                                     |                                  |                                     |            |                     |  |  |  |
| North<br>Carolina                                                                                                                             | 3 business days 30 calendar days |                                     |            |                     |  |  |  |
| Colorado*                                                                                                                                     | 5 calendar<br>days               | Less of 2 business<br>days/72 hours | 24 hours   | 30 calendar<br>days |  |  |  |
| South<br>Carolina2 business days1 business<br>day30<br>da                                                                                     |                                  |                                     |            | 30 calendar<br>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.