



# CareAffiliate®

(Version 3.3.8)

## Provider Portal Authorization Job Aid

Prepared BY



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# Provider Portal

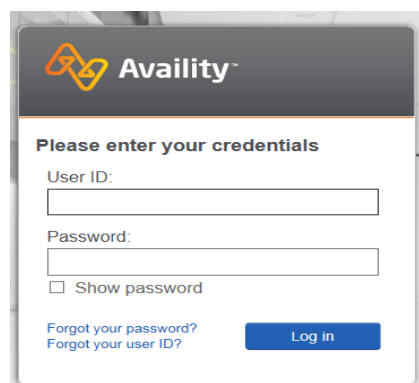
CareAffiliate® is a web-based care management solution that allows managed care staff and providers to interact over the Internet by providing direct access to specific information in the database for the member's health plan or Managed Care Organization (MCO).

CareAffiliate includes the following features:

- > Authorization Submissions
- > Authorization Status check

## Logging In

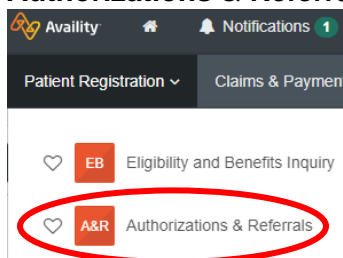
Use the following link to access the Provider Portal: [Availity.com](https://Availity.com)



User ID and Password are unique and should only be used by the end user to whom they are assigned.

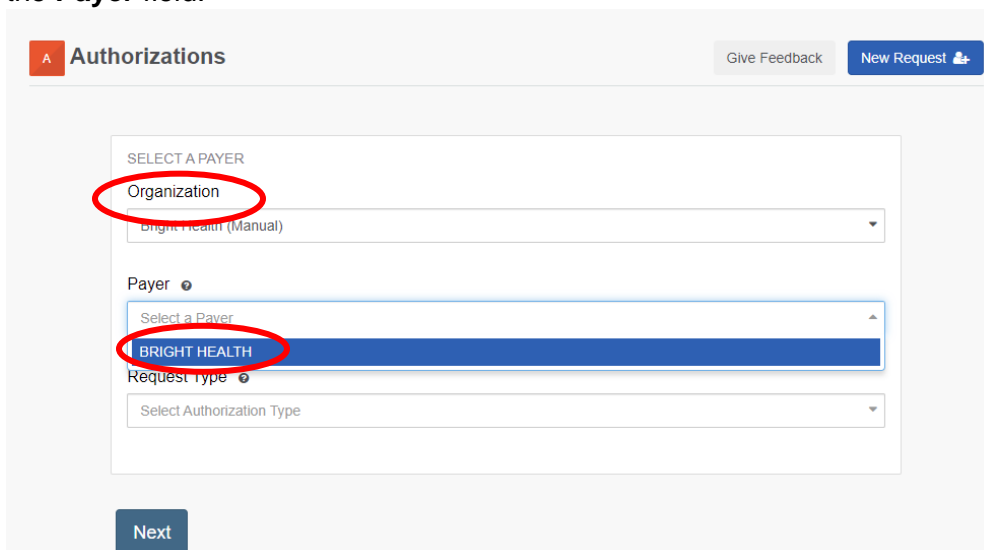
## Initiate Electronic Authorization Submission

1. To submit or check status on authorizations in the Availity Portal, click **Patient Registration | Authorizations & Referrals**.



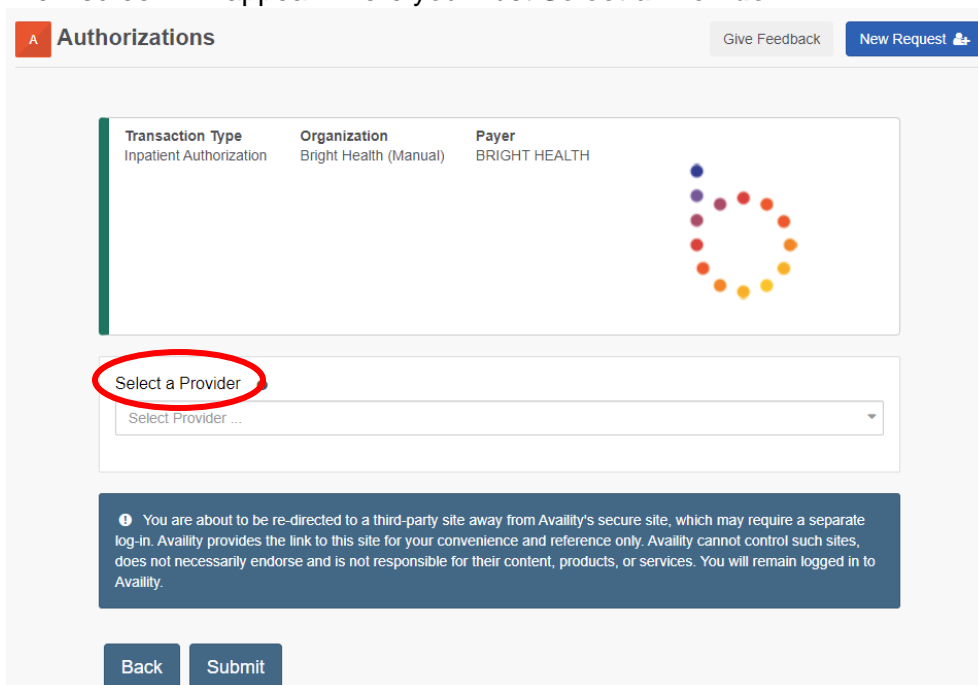
2. On the Authorizations & Referrals page, under Multi-Payer Authorizations & Referrals, click **Auth/Referral Inquiry** or **Authorizations**.

- On the Authorizations page, select the appropriate **Organization**, then select **Bright Health** from the **Payer** field.



The screenshot shows the 'Authorizations' page with a header bar containing 'A Authorizations', 'Give Feedback', and 'New Request'. Below the header, there is a form with three main sections: 'SELECT A PAYER', 'Payer', and 'Request type'. The 'SELECT A PAYER' section has a dropdown menu with 'Bright Health (Manual)' selected. The 'Payer' section has a dropdown menu with 'BRIGHT HEALTH' selected. The 'Request type' section has a dropdown menu with 'Select Authorization Type' selected. A 'Next' button is located at the bottom left of the form.

- A new screen will appear where you must **Select a Provider**.

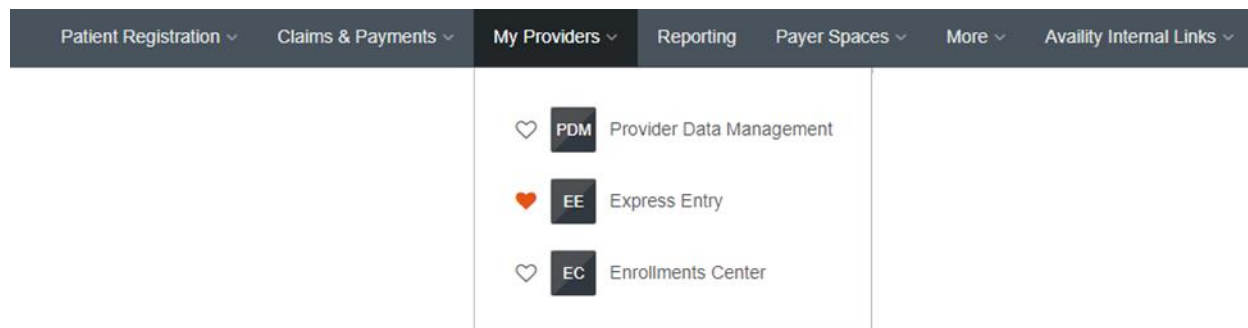


The screenshot shows the 'Authorizations' page with a header bar containing 'A Authorizations', 'Give Feedback', and 'New Request'. Below the header, there is a table with three columns: 'Transaction Type', 'Organization', and 'Payer'. The table contains one row with the following values: 'Inpatient Authorization', 'Bright Health (Manual)', and 'BRIGHT HEALTH'. To the right of the table is a circular logo composed of colored dots. Below the table, there is a 'Select a Provider' dropdown menu with 'Select Provider ...' selected. At the bottom of the page, there is a blue box with a warning message: 'You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.' Below the warning box are 'Back' and 'Submit' buttons.

\*If this is the first time you are submitting an authorization for a provider, you may need to add a provider using the **Express Entry** feature (see next page).

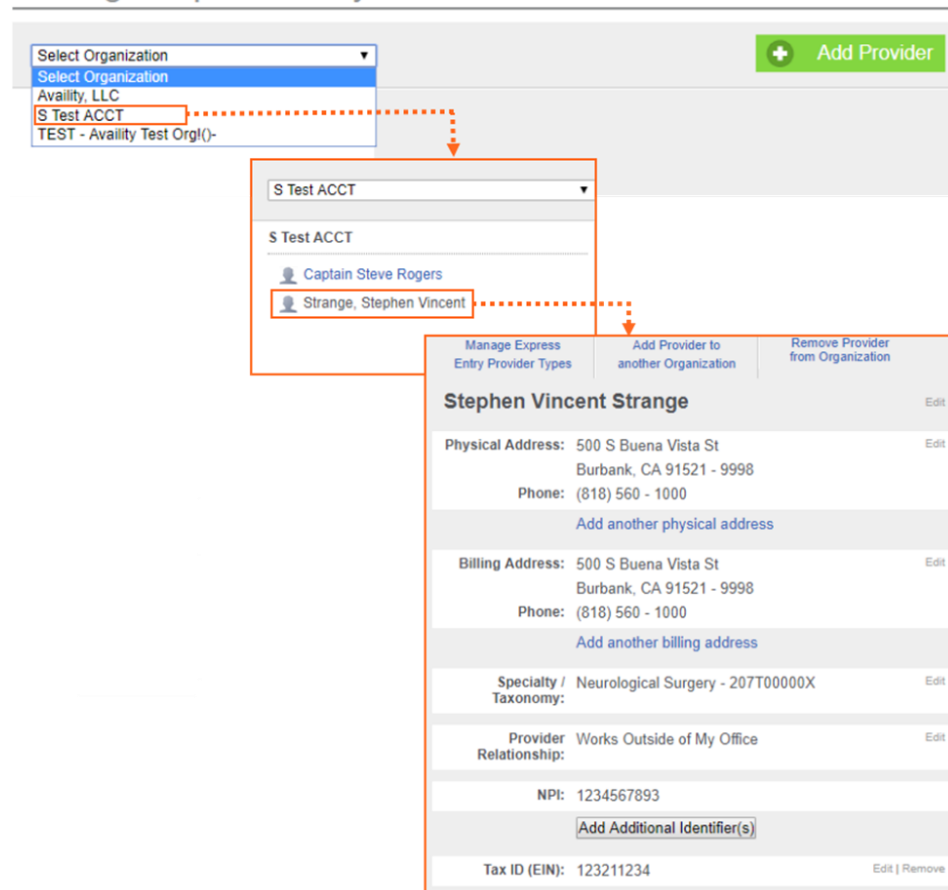
## Express Entry

To add or edit providers in Express Entry, click **My Providers | Express Entry**.



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

### Manage Express Entry



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

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

The screenshot shows a form with a 'Select Organization' dropdown and an 'Add Provider' button. A green overlay box contains a 'Select an Organization' dropdown, a 'Provider's NPI' text input, and an 'Add Provider' button. Below the input fields, a note reads: 'Add multiple providers | This provider is not required to have an NPI'.

Add multiple providers by choosing **Add multiple providers**:

This screenshot is identical to the previous one, but the text 'Add multiple providers' in the green overlay box is circled in red to indicate the option for adding multiple providers.

Create a CSV file to upload up to 500 NPIs at one time. Click **Show me how** for help.

## Add Multiple Providers

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

### Step 1

Create a CSV file containing the NPIs of the providers to upload. [Show me how](#)

### Step 2

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

**Choose File** No file chosen

### Step 3

Select the organization(s) associated with your providers.

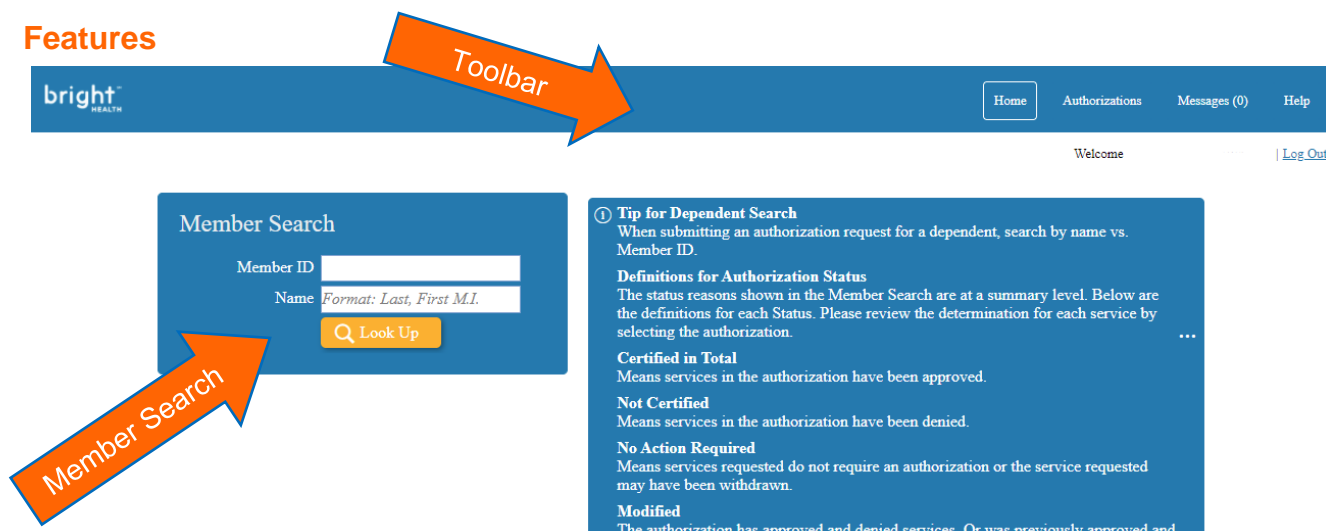
<input type="checkbox"/>	Organization	Customer ID	Address	Tax ID	Organization Type
<input type="checkbox"/>	Bright Health (Manual)	265935	10333 E Dry Creek Rd Englewood, CO 80112	811078509	Manual
<input type="checkbox"/>	Bright Health Plan - Commercial	275773	10333 E Dry Creek Rd Englewood, CO 80112	811078509	Payer

**Continue** **Cancel**

## Home Page

The Home Page opens after you log on.

### Features



### Toolbar

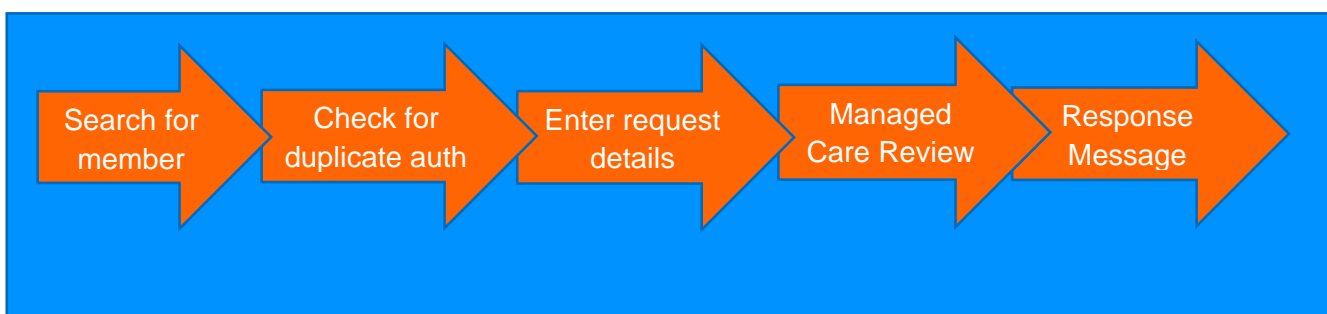
- > Displays Home, Authorizations, Messages and Help links.
- > Member Search
  - + Allows end user to search for and retrieve member records.

#### Note:

- > After a period of inactivity, your CareAffiliate session time outs and you are automatically logged out of CareAffiliate.
  - + You need to log back on to the Authorizations application to continue working.
  - + Information entered prior to submitting an authorization may be lost if not saved prior to time out.

Best Practice – Save information and log out if you will be inactive.

## Authorization Workflow




## Member Search

- > Member search can be performed using member ID or Member Name, and then pressing Tab or clicking Look Up.
  - + When searching for a member, if only a portion of the name is known, the first 5 characters (minimum) can be entered followed by a wild card (\*)
    - E.g. Smith\*

**Member Search**

Member ID

Name  x

 Look Up

Best Practice:  
Search by  
Member ID

**Member Search** X

Member ID

Name

Birth Date

**Search** **Clear** **Cancel**

Records can  
be sorted by  
clicking the  
column  
headers.

5 records matched your criteria. Please choose a record from the grid below.

<u>Member ID</u>	<u>Name</u>	<u>Gender</u>	<u>Birth Date</u>
99954321	TESTER, BESSIE	FEMALE	11/8/1984
987654	TESTER, CHESTER	MALE	1/2/1963
00087654	TESTED, TESTED	MALE	1/2/1967

- + If a large number of records are returned, additional search elements can be added to reduce the number of records.



Adding the date of birth reduced the number of members returned to 1.

### Member Search

Member ID

Name

Birth Date

[Search](#) [Clear](#) [Cancel](#)

1 records matched your criteria. Please choose a record from the grid below.

Member ID	Name	Gender	Birth Date
987654	TESTER, CHESTER	MALE	1/2/1963

- > Click on applicable member to open a dialog showing current activity associated with the member.

Clicking chevron expands to show all authorizations.

Clicking the authorization hyperlink opens the Authorization window.

### Member Search

Member ID

Name

[Look Up](#)

### Search Results

[Clear](#)

[Authorizations \(5\)](#) [New](#)

- [0000000404 - Certified in Total](#)
- [0000000068 - Certified in Total](#)
- [0000000052 - Pended](#)
- [0000000051 - Pended](#)
- [0000000042 - Certified in Total](#)

[Home](#)
[Authorizations](#)
[Help](#)

Welcome Dr. Mary Breiter | [Log Out](#)

**TESTER, CHESTER • MALE • 56 years • Reference # 0000000404 • (Certified in Total)** [Print](#)

[Return To Search](#)

#### Authorization Request

Service 1 - (Approved)  
On Campus - Outpatient Hospital/  
Physical Therapy

#### General Information

[Member ID](#) 987654  
Name TESTER, CHESTER  
Request Type Outpatient Hospital - Physical Therapy

- > You can perform the following tasks in the Authorizations module:
  - Create an authorization request.
  - Search for authorization request records.
  - Edit an authorization request to add clinical.
- > NOTE: Ability to view existing authorizations is driven by permissions and role.

## Generating a New Authorization & Checking for Duplicate Requests

**Member Search**

Member ID

Name

**Search Results**

▶ [Authorizations \(5\)](#)

[New](#)

New authorizations can be generated by

- > Clicking the New hyperlink from the Search Results, or
- > Clicking Authorizations in the Toolbar and searching for the member

**bright HEALTH**

Home **Authorizations** Help

Welcome Dr. Mary Breiter | [Log Out](#)

**Authorizations**

**Search Criteria** ^

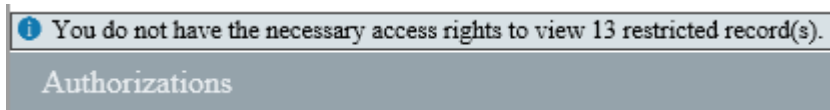
Member ID <input type="text"/>	<input type="button" value="Q"/>	Reference # <input type="text"/>
Name <input type="text" value="Format: Last, First M.I."/>		
Requesting Provider ID <input type="text"/>	<input type="button" value="Q"/>	Diagnosis <input type="text" value="Code"/> <input type="text" value="Description"/>
Name <input type="text" value="Format: Last, First M.I."/>		Procedure <input type="text" value="Begin typing to search favorites"/>
Requesting Group ID <input type="text"/>	<input type="button" value="Q"/>	Place of Service <input type="text" value="(Any)"/>
Name <input type="text" value="Format: Last, First M.I."/>		Service <input type="text"/>
Location <input type="text"/>		Service Dates From <input type="text"/> To <input type="text"/>
<input type="checkbox"/> Include location as criteria		Submission Dates From <input type="text"/> To <input type="text"/>

- > Enter any known criteria.
  - + The minimum fields required to initiate a search are either the Reference #, Member ID, Name, Submission Date or Service Date range fields.
    - If you enter the submission or service dates, you also need to enter the requesting provider ID.

- > Click Search Existing Records on the upper right portion of the screen.



- >
  - + One or more messages may appear at the top of the page regarding the results.

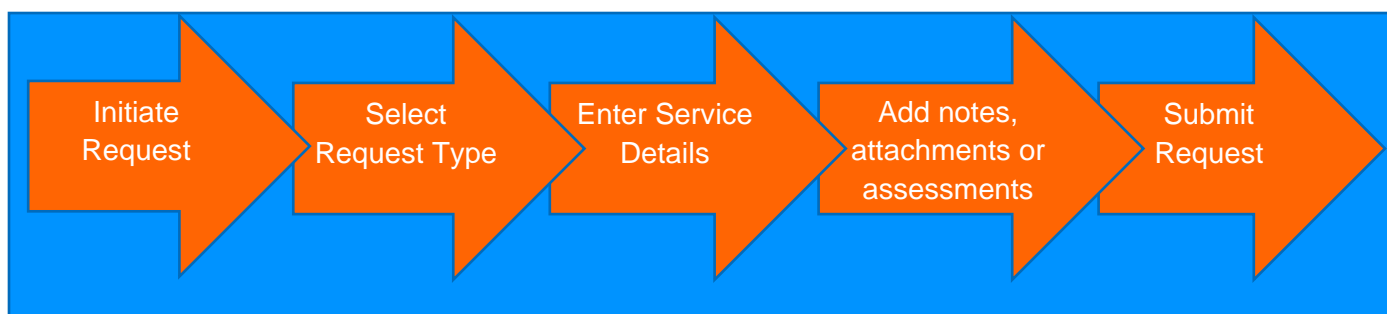


- Example:

Reference #	Authorization #	Member ID	Member Name	Member DOB	Status	Diagnosis
<a href="#">0000010923</a>		987654	TESTER, CHESTER	01/02/1963	Pended	R69 : Illness, unspecified
<a href="#">0000000068</a>		987654	TESTER, CHESTER	01/02/1963	Certified in Total	H49.03 : Third nerve palsy, bilateral

- + To review existing authorizations, e.g. for a potential duplicate authorization, click the Reference number hyperlink.

## Steps to Creating an Authorization Request



### Initiate Request

- > If you wish to proceed with initiating a new request, enter the requested primary procedure code, then click New Authorization.

Authorizations
Search Existing Records
New Authorization
Clear

Search Criteria

Member ID
987654
Name
TESTER, CHESTER
Requesting Provider ID
Requesting Group ID
Location
☐ Include location as criteria

Reference #
Diagnosis
Code
Description
Procedure
Adenosine inj 1MG (HCPCS - J0153)
Place of Service
(Any)
Service
Service Dates From
To
Submission Dates From
To

Please note, if you are submitting an authorization for the number of days a member will be admitted inpatient, key in the **Procedure as IPDAYS**, see screenshot below. This will allow you to continue creating an authorization for the days associated with the inpatient service being performed. There may be times where the procedure being performed inpatient does not require an authorization. Bright HealthCare still requires notification of an inpatient admission which will initiate the authorization process for the approval/denial of the days a member is inpatient and concurrent review will follow.

bright
Home
Authorizations
Messages (11)
Help

Welcome ERIKA BRADSETH | [Log Out](#)

An Authorization is necessary. Please click on the Continue Authorization button.
[1 message\(s\) show all](#)
Clear

Authorizations
Search Existing Records
Continue Authorization
Clear

Search Criteria

Member ID
Name
Requesting Provider ID
Requesting Group ID
Location
☐ Include location as criteria

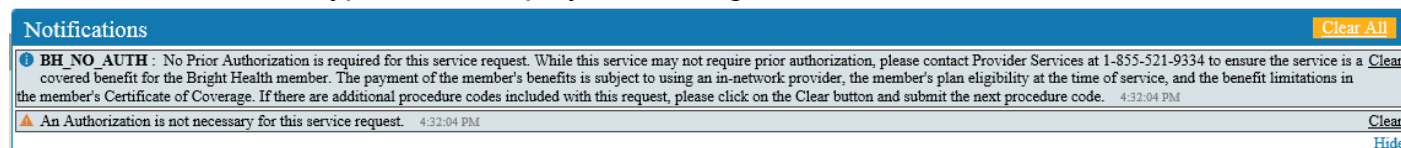
Reference #
Diagnosis
Code
Description
Procedure
Inpatient Days (SITE - IPDAYS)
Place of Service
(Any)
Service
Service Dates From
To
Submission Dates From
To

Reference #	Authorization #	Member ID	Member Name	Member DOB	Status	Diagnosis
There are no records to display.						

If no authorization is required for the selected procedure, this message will display at the top of the window:



Click the '...show all' hyperlink to display all messages and the Clear All button:



If no Procedure is entered in Search Criteria, or if the procedure entered requires authorization, this message will display at the top of the window:



Click the Continue Authorization button to enter the authorization request.



- > To complete fields, either start typing in the open fields or click on the Lookup icon to view options.
  - + You can use a variety of criteria to perform a search.
    - For example, clicking on the Lookup icon in Requesting Provider/Facility field brings up the Provider Location Search dialog box. It is **recommended** to search only using Provider NPI + \* in the Provider ID field.
  - + If searching using other fields in the Provider Location Search dialog (not recommended), a search usually requires at least two values.

- Depending on the provider field, e.g. Provider, Group, Facility, provider search results may vary to include different types of providers.
- + Make sure to use the same Requesting Provider NPI here as you did when logging into Availity

Requester

Contact Name

Contact Phone

Requesting Provider/Facility

Requesting Group

**Reminder**  
Please use the same NPI as used in Availity

- + See Appendices for a table listing the provider types associated with each provider field Lookup icon.
- + Network field is automatically populated based on member's plan benefits. Recommend leaving this populated to ensure most accurate provider search.

Authorization fields have been populated from the search criteria entered.

Authorizations

Provider Location Search

Provider Type

Provider ID

Name

Other ID

Specialty Group

City

State

Postal Code

Network

Date Valid

Contract Only ☒

Records matched your criteria. Please choose a record from the grid below.

Provider ID	Provider Name	Group Name	Street Address	City	State	Postal Code	Contract
1538454	[REDACTED] S		107 [REDACTED]		FL	32701	✓ <a href="#">Details</a>

Recommend leaving Network populated to return provider search

## Select Request Type

- > NOTE: Information that you entered in some search fields on the Authorizations search page automatically populates on the submission page.
- + In the General Information field group, enter the member ID or name in the Member ID or Name field, if not populated from the Authorizations search page.

- + In the Request Type field, begin typing a request type or click the Lookup icon to select a request type.
  - Additional required fields may appear in the General Information field group depending on the request type that you select, such as the Event Classification and Case Type fields.

A panel appears on the left side of the page where you can view or edit services and add notes, assessments, and attachments.

- > Request types are based on request profiles configured by your MCO and determine the available and required fields for an authorization request.
  - + See Appendices for available Request Profiles

## Request Details

- > The Request Details field group appears on the Authorizations submission page when you select inpatient admission as the request type for the authorization request.
  - + Use the Request Details field group to enter additional information about the inpatient admission request.

Request Details

- + The Request Details field group contains the following information:

- Admission Source - Describes the source of the inpatient admission. This information only applies to inpatient admissions and is required for inpatient request types.
- Admission Type – Describes the type of admission, such as Emergency or Urgent. This information is required for inpatient request types.
- Patient Status – Describes the current status of the patient admitted for inpatient treatment. This information is not required.

## Service Details

- > Enter details for the service on the Authorizations submission page. Services appear in numerical order in a panel on the left side of the page.
  - + CareAffiliate may default one or multiple services based on the request type.
  - + To add a service: In the panel on the left side of the Authorizations submission page, click Service 1.
  - + Click the Copy Service Line button
  - + NOTE: The ability to add a service by using the + Copy Service feature depends on the request (profile) type selected. Some profiles do not allow services to be added.

Service #1 - Physical Therapy


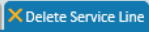
Place of Service Home  
Service Physical Therapy

- + Enter information in all required fields.
  - You can click the Lookup icon, when available, to search for and select a value.

Authorizations Submit

Service #2 - Physical Therapy





Authorization Request

Service 1  
Home/  
Physical Therapy

Service 2  
Home/  
Physical Therapy

Assessment (0)

Attachments (0)

Place of Service Home  
Service Physical Therapy  
Service From 12/09/2019  
To 03/08/2020  
Provider    
Group    
Facility    
Actual Date Admitted   
Actual Discharge Date   
Disposition (None) 



## Inpatient Details Field Group

- > The Inpatient Details field group appears in the Services section when you select an inpatient request type for the authorization request. Inpatient Details will populate with the Service From and To dates entered in the Service section above. Days Requested will be calculated and displayed.

**Inpatient Details**

▼ [Days History](#)

Date	Action	Level Of Care	From	Through	Days	Reason
There are no records to display.						

Days Requested

Level of Care  From

Reason for Stay  Through

## Procedure Information Field Group

- > The Procedure Information field group appears in the Services section when you select inpatient admission as the request type for the authorization request. Procedure Information will populate with a default procedure code for an inpatient stay. You will not be able to edit the defaulted procedure.

**Procedure Information**

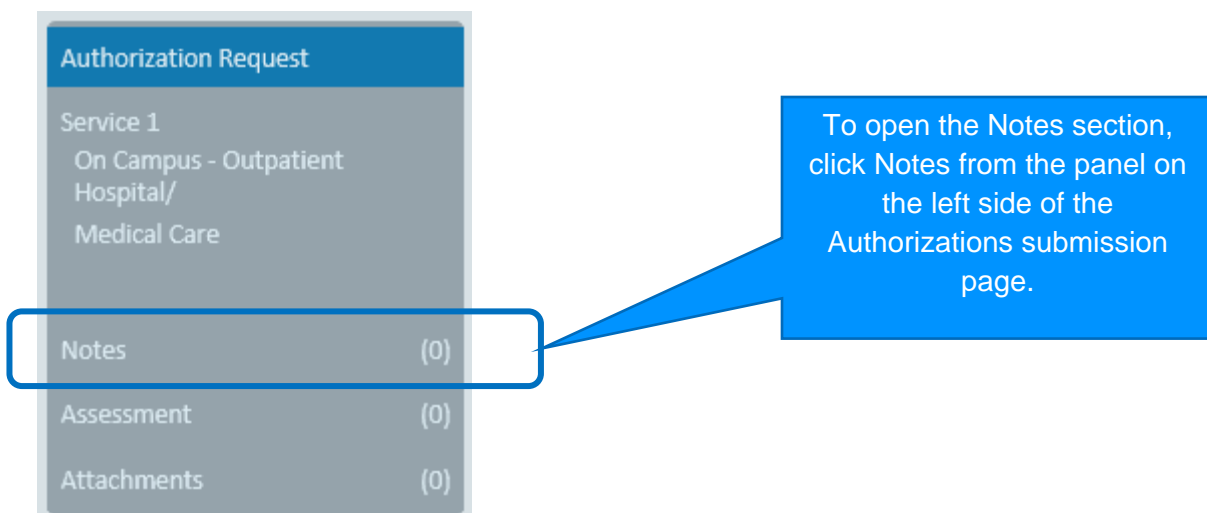
[+ Add Procedure](#) [X Delete Selected](#)

<input type="checkbox"/>	Type	Procedure	Primary
<input type="checkbox"/>	<a href="#">View</a> SITE	<a href="#">IPDAYS</a> - Inpatient Days	<input checked="" type="checkbox"/>

## Attaching Supporting Documentation

### Adding a Note

- > Add notes to the Notes section that can assist the MCO in the decision-making process. You can also add notes to authorization requests after they have been submitted.
  - + Previous notes are view-only and appear with a date/time stamp and the name of the staff member who entered the note.



**Authorization Request**

Service 1  
On Campus - Outpatient  
Hospital/  
Medical Care

Notes (0)

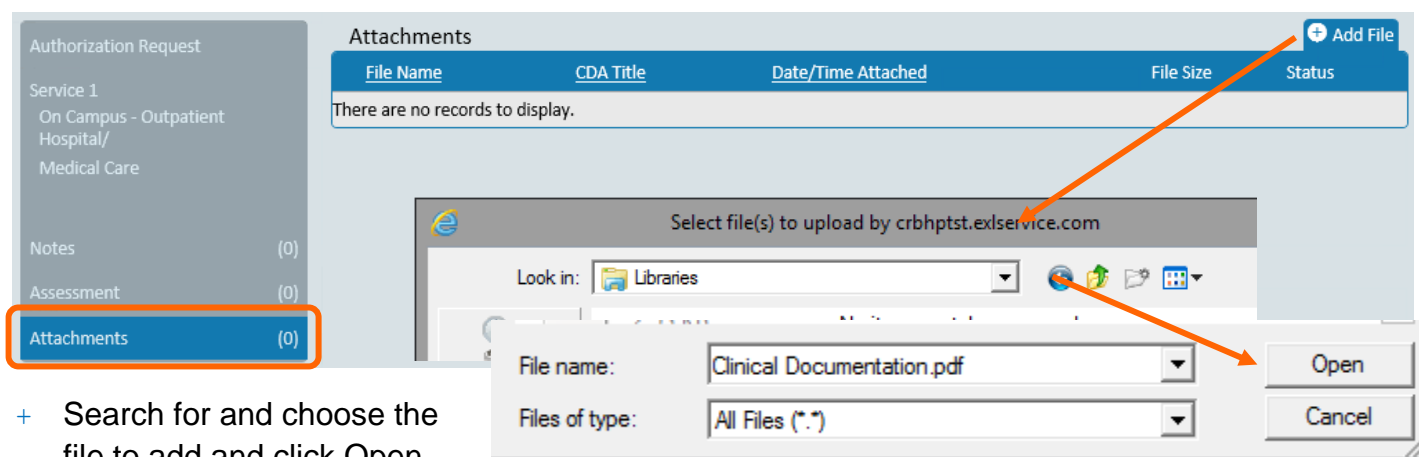
Assessment (0)

Attachments (0)

To open the Notes section, click Notes from the panel on the left side of the Authorizations submission page.

## Attachments

- > Supporting documentation can be added by clicking on Attachments link in the panel on the left side of the Authorizations submission page.
- + Click Add File to open search



**Authorization Request**

Service 1  
On Campus - Outpatient  
Hospital/  
Medical Care

Notes (0)

Assessment (0)

**Attachments (0)**

**Attachments**

File Name	CDA Title	Date/Time Attached	File Size	Status
There are no records to display.				

There are no records to display.

Select file(s) to upload by crbhptst.exlservice.com

Look in: Libraries

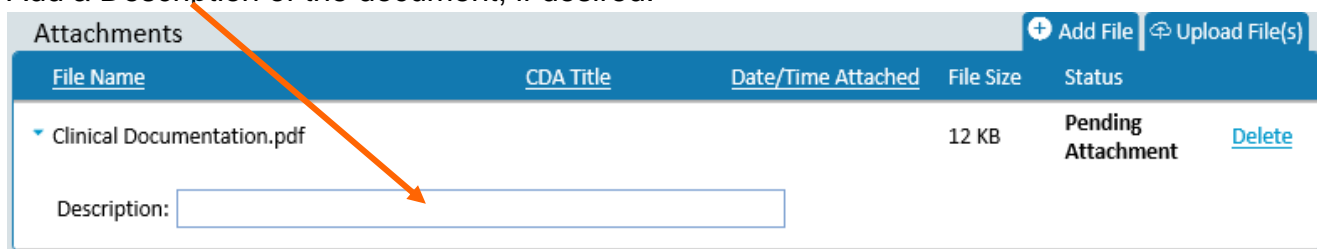
File name: Clinical Documentation.pdf

Files of type: All Files (\*.\*)

Open

Cancel

- + Search for and choose the file to add and click Open.
- + Add a Description of the document, if desired.



**Attachments**

+ Add File + Upload File(s)

File Name	CDA Title	Date/Time Attached	File Size	Status
Clinical Documentation.pdf			12 KB	Pending Attachment

Description:

Delete

- > To add another document/file, click Add File again and follow the steps above.
- > Once all files have been added, click on Upload File(s).

Attachments + Add File **Upload File(s)**

File Name	CDA Title	Date/Time Attached	File Size	Status
▼ Clinical Documentation.pdf			12 KB	Pending Attachment <a href="#">Delete</a>

Description:

+ Status will change from Pending Attachment to Attached.

Attachments + Add File

File Name	CDA Title	Date/Time Attached	File Size	Status
▼ <a href="#">Clinical Documentation.pdf</a>		12/10/2019 10:45 PM	12 KB	Attached <a href="#">Delete</a>

Description:

## Assessments

- > A short assessment is required to complete contact information.
  - + Enter 'NA' in the Servicing Provider fax number field, if not applicable for this request, or
  - + Enter 'NA' in the Servicing Facility fax number field, if not applicable for this request
- > On an inpatient authorization request where specific procedures are being requested, enter one or more procedure codes in the fields provided on the assessment.

Authorization Request

Service 1  
Inpatient Hospital/  
Surgical

Notes (0)

**Assessment (0)**

Attachments (0)

+ In the panel on the left side of the Authorizations submission page, click Assessment.

+ The Assessment page will open.

+ Click Launch Assessment

Assessment

An assessment has not been completed for this request. To complete this request, click the "Launch Assessment" button below.

[Launch Assessment](#)

## Assessment

### Contact Information

☐ Please enter your contact information below. If we need further information for this authorization we would like to contact you via phone and/or fax number.

☐ Phone number for provider submitting request (ex. format: ###-###-####):

☐ Fax number for provider submitting request (ex. format: ###-###-####):

☐ To prevent any unnecessary delays, please provide a fax number for the Servicing Provider, if applicable (ex. format: ###-###-####):

☐ To prevent any unnecessary delays, please provide a fax number for the Servicing Facility, if applicable (ex. format: ###-###-####):

☐ First and Last name of individual submitting authorization request:

☐ If you need to include CPT or HCPCS code's with this Inpatient request you can search and select here. If you need to add multiple codes click on Add Response for each additional code.

Add Response

☐ Just a reminder, please attach all supporting clinical information; e.g. History & Physical, Admissions Orders/Plan of Care, Presenting Sign & Symptoms, Pertinent Lab & Imaging results.

☐

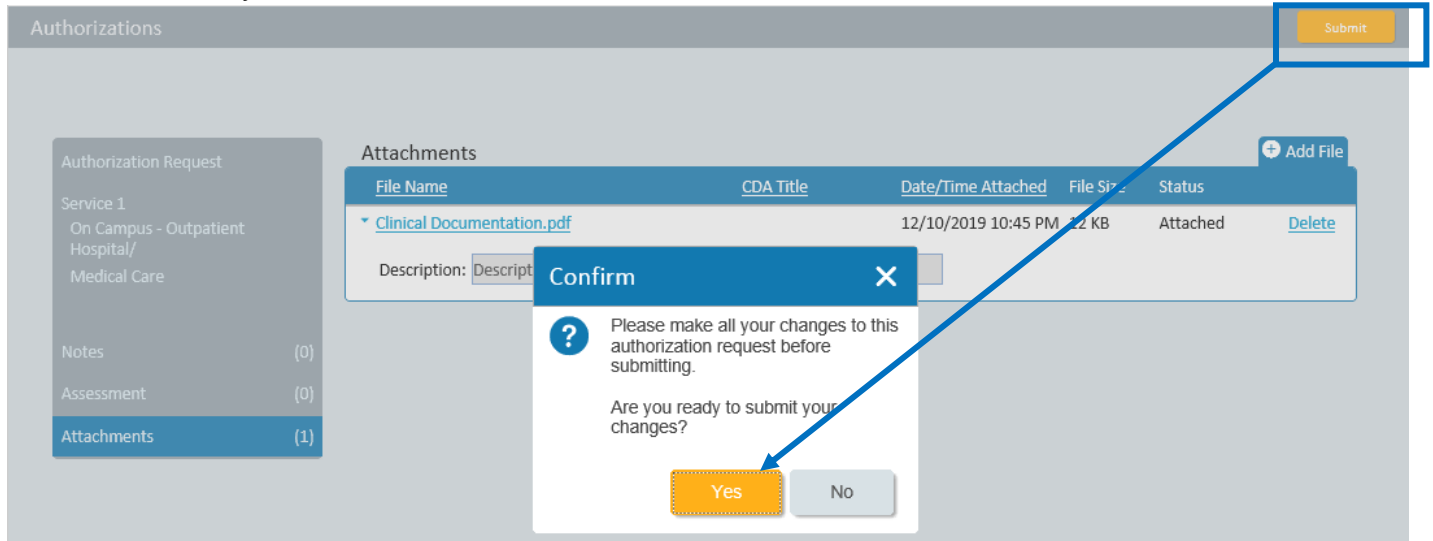
Complete Cancel

If authorization is being requested for specific procedures, search for and select the appropriate procedure code(s)

+ Enter the required information and click Complete

## Submit Request

- > Click on Submit
  - + A confirmation statement will pop up.
    - If ready to submit, click Yes.



Authorizations

Submit

Authorization Request

Service 1  
On Campus - Outpatient Hospital/  
Medical Care

Notes (0)

Assessment (0)

Attachments (1)

Attachments

File Name	CDA Title	Date/Time Attached	File Size	Status
Clinical Documentation.pdf		12/10/2019 10:45 PM	12 KB	Attached

Description: Descript

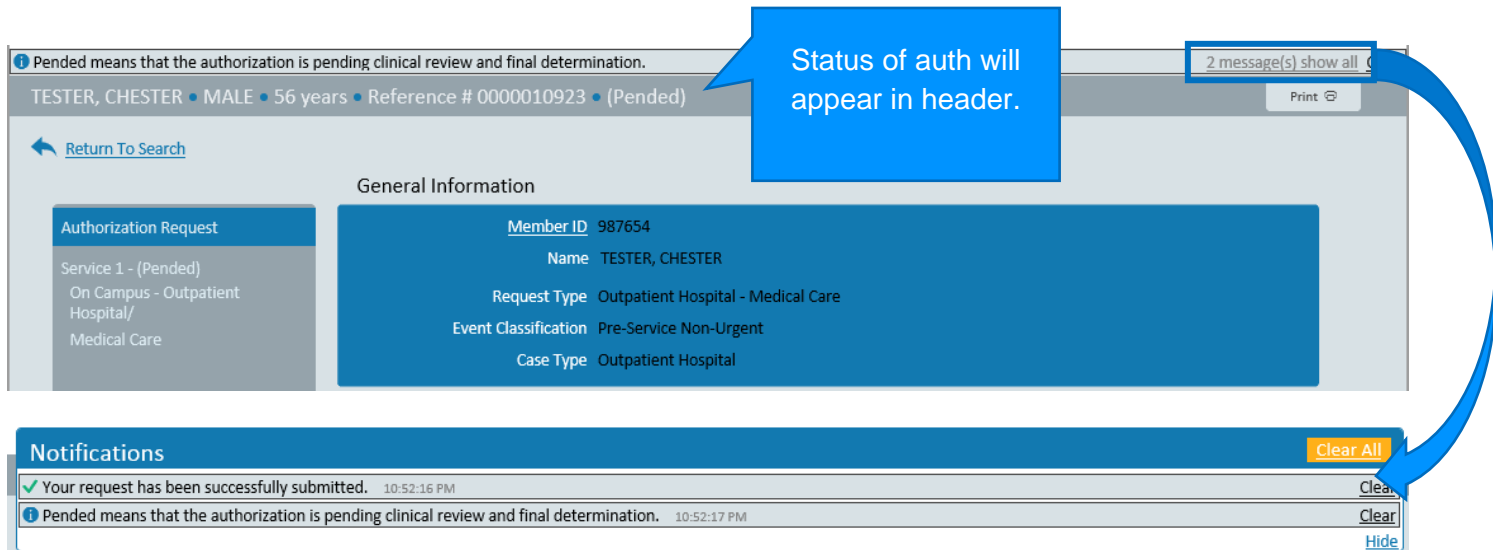
Confirm

?

Please make all your changes to this authorization request before submitting.

Are you ready to submit your changes?

Yes No



Pended means that the authorization is pending clinical review and final determination.

TESTER, CHESTER • MALE • 56 years • Reference # 0000010923 • (Pended)

Return To Search

General Information

Member ID 987654

Name TESTER, CHESTER

Request Type Outpatient Hospital - Medical Care

Event Classification Pre-Service Non-Urgent

Case Type Outpatient Hospital

2 message(s) show all

Print

Notifications

Clear All

✓ Your request has been successfully submitted. 10:52:16 PM

ⓘ Pended means that the authorization is pending clinical review and final determination. 10:52:17 PM

Clear

Clear

Hide

- > Click on the message(s) hyperlink to display notification.

## Searching for an Authorization Request

Search for and retrieve existing authorization request records by performing a search on the Authorizations search page.

- > Click on Authorizations on the Home Page toolbar.
- > Enter any known information.
- > Click on Search Existing Records.
- > Results will be displayed below the search fields.
- > Click the Reference # to select an authorization that appears in search results.

Reference #	Authorization #	Member ID	Member Name	Member DOB	Status	Diagnosis
<a href="#">0000010923</a>		987654	TESTER, CHESTER	01/02/1963	Pended	R69 : Illness, unspecified
<a href="#">0000000068</a>		987654	TESTER, CHESTER	01/02/1963	Certified in Total	H49.03 : Third nerve palsy, bilateral

## Adding Information to an Authorization Request

Once an authorization request has been successfully submitted, you can add or append notes, and add attachments, e.g. additional clinical, by clicking the Edit button.

TESTER, CHESTER • MALE • 57 years • Reference # 0000000052 • (Modified)

[Return To Search](#)

To enter or append Notes, click the Notes link in the panel on the left side of the Authorizations submission page. Type in the Notes text box.

Authorization Request

Service 1 - (Partially Denied)

Office/  
Diagnostic Lab

Notes (1)

Attachments (2)

Notes

Add

This is a note added to an auth request that was submitted via CareAffiliate

To append a Note that was previously entered and saved, click the Edit button, then click the Notes link in the panel on the left side of the Authorizations submission page. The previous note text appears below and cannot be edited. Enter additional text in the Notes text box above.

Authorization Request

Service 1 - (Partially Denied)

Office/  
Diagnostic Lab

Notes (1)

Attachments (2)

Notes

Add

This is additional information added to a note that was previously entered and submitted via CareAffiliate

(4/10/2020 18:57 EDT by Dr. Mary Breiter:)  
This is a note added to an auth request that was submitted via CareAffiliate

To add an attachment, click the Attachments link in the panel on the left side of the Authorizations submission page. Follow the steps in the [Attachments](#) section above to add additional documentation.

When you have finished adding Notes and/or Attachments, click the Submit button to save your changes.

## Authorization Status

Authorization statuses are determined by the MCO.

The following table provides an overview of the statuses that you might see in CareAffiliate:

Service	Status
At least one Pended service.	Pended
No Pended services, and at least one Modified service. - OR - Both Certified in Total and Not Certified services.	Modified

No Pended, Modified, or Not Certified services, and there are Certified in Total services.	Certified in Total
No Pended, Modified, or Certified in Total services, and there are Not Certified services.	Not Certified
Any No Action services.	No Action Required
Zero No Action services, and at least one Canceled service.	Canceled

The following table shows messages displayed in CareAffiliate, to explain Service Statuses:

Status	Message
Pended	Pended means that the authorization is pending clinical review and final determination.
Modified	Modified means that the authorization has both approved and denied services. Or was previously approved and the number of units, days or provider/facility name was updated. Please reference the left panel to confirm the determination for each service.
Certified in Total	Certified in Total means the authorization request has been approved. Please reference the left panel to confirm the determination for each service. Note: Services that do not require an authorization or that have been withdrawn will be marked as No Action Required.
Not Certified	Not Certified means that the authorization request has been denied.
No Action Required	No Action Required means that services requested do not require an authorization or the services requested may have been withdrawn.
Canceled	Please see left panel for details.
Withdrawn	Please see left panel for details.

## Viewing Messages

Messages are the primary means of receiving communication within CareAffiliate. Your MCO may send you messages notifying you that a determination letter is available to view, that the status of an authorization request has changed, or that a request for clinical documentation is available to view.



There are two ways to access messages:

- > Click Messages on the toolbar.



- > Click the Member Messages link after you have searched for and retrieved a member record.

The screenshot shows the 'Member Search' interface. It has input fields for 'Member ID' (containing '99954321') and 'Name' (containing 'TESTER, BESSIE'). Below these is an orange 'Look Up' button with a magnifying glass icon. Under the 'Search Results' section, there are links for 'Authorizations (10)' and 'Member Messages (9)'. Below these links, it says 'Last Member Message(s) Received: 3/26/2020'. There are also 'Clear' and 'New' links on the right side of the results section.

- > Messages are displayed on the Messages page.

The screenshot shows the 'Messages' page. At the top, there are buttons: 'Mark as unread', 'Archive', 'Delete', and 'Refresh'. Below these are filters: 'Inbox (18)', 'Archive (40)', and a checked checkbox for 'Include Member Messages'. The main content is a table with columns: 'Subject', 'Received', and 'Message'.

<input type="checkbox"/>	Subject	Received	Message
<input type="checkbox"/>	Concurrent Clinical Information Request	7/9/2020 18:12	Request for additional clinical letter available to view for Authorization 0000017628 for COM-IN-URG, TIMELY ID # TAT8
<input type="checkbox"/>	Authorization Determination Notification	7/9/2020 18:08	Determination letter available to view for Authorization 0000017628 for COM-IN-URG, TIMELY, ID # TAT8.
<input type="checkbox"/>	Authorization Change of Service Status	7/9/2020 18:08	Authorization 0000017628 status changed to Certified in Total for COM-IN-URG, TIMELY, ID # TAT8.
<input type="checkbox"/>	Clinical Information Request	7/9/2020 18:06	Request for additional clinical letter available to view for Authorization 0000017628 for COM-IN-URG, TIMELY ID # TAT8

When the Provider clicks on a message, it opens the following pop-up and the user needs to click on 'View Notification'.

**Clinical Information Request**
✕

[Archive](#) [Delete](#)

**Subject:** Clinical Information Request

**Member:** COM-IN-URG, TIMELY

**Date Received:** 7/9/2020 18:06

**Message**

Request for additional clinical letter available to view for Authorization 0000017628 for COM-IN-URG, TIMELY ID # TAT8 [View Notification](#)

The Authorization will open and will display all the Attachments, including authorization determination notification, request for clinical, and/or clinical documents associated with the authorization when present. The Provider, can click on any File Name link to view a document. The Provider may also click on the Authorization Request or Service, in gray box on the left, to view details about the request.

File Edit View Favorites Tools Help
Home Authorizations Program Enrollment Messages (57) Help

**bright** HEALTH
Welcome Jackie Palmer | [Log Out](#)

Certified in Total means the authorization request has been approved. Please reference the left panel to confirm the determination for each service. Note: Services that do not require an authorization or that ha... [1 message\(s\) show all](#) [Clear](#)

Submit Authorizations

[Edit](#) [Print](#)

Return To Search

Authorization Request

Service 1 - (Approved)  
Inpatient Hospital/  
Medical Care

Notes (0)

Attachments (3)

File Name	CDA Title	Date/Time Attached	File Size	Status
UMCNROCL - UM Concurrent Request for Clinical		07/09/2020 18:12	N/A	Attached
Description: <input type="text"/>				
UMIFPAPP - UM IFP Approval		07/09/2020 18:08	N/A	Attached
Description: <input type="text"/>				
UMREQCL - UM Request for Clinical		07/09/2020 18:06	N/A	Attached
Description: <input type="text"/>				

Once Provider clicks on a File Name a confirmation pop-up appears. Click Continue to acknowledge receipt of the letter and the letter will be displayed as a PDF.

**Confirm**
×


Keep For Your Records


 By continuing, you acknowledge that you have received this letter and will read it in full:  
**UMIFAPP - UM IFP Approval 03/26/2020 15:43**

Continue
Cancel

Date: 3/26/2020

**Notice of Medical Coverage Approval**

---

**Member Name:** BESSIE TESTER  
**Member ID Number:** 99954321

**Address:** **Request Case Number:** 0000015859  
**Date of Service:** See Below

---

Dear Bessie Tester,

Bright Health Plan has reviewed and approved your authorization request for the services identified on the next page.

The review was completed to ensure that requested services are both medically necessary



If Provider were to click on a message titled Authorization Change of Service Status in the Subject column, the following message displays in a pop-up. Click the View Authorization link to open the Authorization for more detail.

**Authorization Change of Service Status**
×

Archive
Delete

**Subject:** Authorization Change of Service Status  
**Member:** TESTER, BESSIE  
**Date Received:** 3/26/2020 15:42

Message

Authorization 0000015859 status changed to Certified in Total for TESTER, BESSIE, ID # 99954321. [View Authorization](#)

- > Messages remain on the messages page until they are archived or deleted.
  - + To Archive a message, which saves the message for later viewing, click the checkbox to the left of the message (or check multiple messages), then click the Archive button.
  - + To Delete a message, which removed the message permanently, click the checkbox to the left of the message (or check multiple messages), then click the Delete button.

Messages			Mark as unread	Archive	Delete	Refresh
Inbox (9)   <a href="#">Archive</a>						
<input type="checkbox"/>	Subject	Received	Message			
<input type="checkbox"/>	Authorization Determination Notification	3/26/2020 15:46	Determination letter available to view for Authorization 0000015317 for TEST...			
<input type="checkbox"/>	Authorization Determination Notification	3/26/2020 15:46	Determination letter available to view for Authorization 0000015317 for TEST...			
<input type="checkbox"/>	Authorization Determination Notification	3/26/2020 15:42	Determination letter available to view for Authorization 0000015859 for TEST...			
<input type="checkbox"/>	Authorization Change of Service Status	3/26/2020 15:42	Authorization 0000015859 status changed to Certified in Total for TESTER, B...			
<input type="checkbox"/>	Authorization Determination Notification	3/26/2020 15:09	Determination letter available to view for Authorization 0000015857 for TEST...			
<input checked="" type="checkbox"/>	Authorization Change of Service Status	3/26/2020 15:09	Authorization 0000015857 status changed to Not Certified for TESTER, BESSI...			

# Appendices

## Provider Types

The following table lists the provider types associated with each provider field Lookup icon:

Module	Lookup Icon	Provider Types
Authorization	Requesting Provider/Facility	Provider Location Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• physician</li> <li>• health professional</li> <li>• health care facility</li> <li>• medical care center</li> <li>• service provider</li> </ul>
Authorization (Requested Service field group)	Requesting Group	Provider Location Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• practice group</li> <li>• IPA</li> </ul>
Authorization (Requested Service field group)	Provider	Provider Location Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• physician</li> <li>• health professional</li> </ul> Note: A service profile may restrict search results to just physicians, or just health professionals.
Authorization (Requested Service field group)	Group	Provider Location Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• practice group</li> <li>• IPA</li> </ul> Note: A service profile may restrict search results to just practice groups or just IPAs.
Authorization (Requested Service field group)	Facility	Provider Location Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• health care facility</li> <li>• medical care center</li> <li>• service providers</li> </ul> Note: A service profile may restrict search results to just facilities, medical care centers, just service providers.

Module	Lookup Icon	Provider Types
Status	Requesting Provider ID	Provider Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• physician</li> <li>• health care professional</li> <li>• practice group</li> <li>• IPA</li> </ul>
Status	(Requested) Provider ID	Provider Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• physician</li> <li>• health care professional</li> <li>• practice group</li> <li>• IPA</li> </ul>
Status	(Requested) Facility ID	Provider Search dialog box returns the following provider types: <ul style="list-style-type: none"> <li>• health care facility</li> <li>• medical care center</li> <li>• service providers</li> </ul>

## Request Types

Code	Description	Case Type
AMBAIR-MED	Ambulance/Air – Med	Specialty Care
AMBLAND-MED	Ambulance/Land - Med	Specialty Care
CAIP-MEDSURG	Inpatient – Medical/Surgical	Inpatient Acute
CAIP-PSYCH	Behavioral Health - Inpatient	Behavioral Health
CAIP-SNF	Post-Acute Care – SNF, Acute Rehab, LTAC	Skilled Nursing, Facility (SNF)
CAIP-TRANSPLANT	Inpatient Transplant	Transplant
HM-DMEP	Home – DME Purchase	Durable Medical Equipment
HM-DMER	Home – DME Rental	Durable Medical Equipment
OFC-MED	Office – Medical Care	Professional, Office
CAOP-DIAGIMAG	Diagnostic Imaging – CT, MRI, US, Stress Test	Screening/Diagnostics
CAOP-DIAGLAB	Diagnostic Lab	Screening/Diagnostics
CAOP-MEDSURG	Outpatient – Medical/Surgical	Outpatient Hospital
CAOP-PSYCH	Behavioral Health – Outpatient	Behavioral Health

Code	Description	Case Type
OP-OBS	Outpatient Hospital – Observation	Outpatient Hospital

## Error Messages

This error message may appear when a provider is not in network with Bright HealthCare. An example of when this may occur would be when a provider is not yet fully credentialed with Bright HealthCare.

### Log In

[HI\_SEC\_030] Please contact your Bright Health Provider Services Representative to ensure your network status is active for ID: [1780864017].

Log In

## Additional Tips

1. Provider Type = Provider NPI (National Provider Identifier)
2. Use the asterisk (\*) as a wild card function to increase the number of records returned in a search. This can be used after any 5 letters or numbers.
3. When submitting an authorization for a dependent, search for the dependent using his/her name vs. member ID.
4. For any authorization that needs a network validation review only, note that you will receive an automatic approval, so long as the provider is in network with Bright HealthCare. To see the Certified in Total status, click Refresh on your browser or re-select the authorization.

### Member Search

Member ID

Name

Look Up

**Tip for Dependent Search**  
When submitting an authorization request for a dependent, search by name vs. Member ID.

**Definitions for Authorization Status**  
The status reasons shown in the Member Search are at a summary level. Below are the definitions for each Status. Please review the determination for each service by selecting the authorization.

**Certified in Total**  
Means services in the authorization have been approved.

**Not Certified**  
Means services in the authorization have been denied.

**No Action Required**  
Means services requested do not require an authorization or the service requested may have been withdrawn.

**Modified**  
The authorization has approved and denied services. Or was previously approved and

## Frequently Asked Questions

1. **Where do I go to submit authorization requests electronically?** Bright HealthCare's Provider Portal, [Availity.com](https://Availity.com).
2. **What if I cannot log in to the Availity Provider Portal?** If you have never created a login ID on the Availity Provider Portal, go to [Availity.com](https://Availity.com) and click on Registration in the top right section of the screen.
3. **When using Express Entry on Availity to add provider NPI's to Organizations, where does the provider information come from?** Availity tries to match the NPI using NPI information from the CMS database. If Availity finds a matching NPI, it populates the provider's information. If Availity does not find a matching NPI, you can manually enter the provider information.
4. **When going to Payer Spaces on Availity to access Bright HealthCare resources, I am not able to find Bright HealthCare as a payer. What do I do?** Just above Payer Spaces there is a state drop down, make sure that you have selected the state you are in to ensure Bright HealthCare appears as an option in your Payer Spaces window.
5. **What Bright HealthCare product offerings allow me to submit electronic authorization requests?** All Bright HealthCare Individual and Family and Medicare Advantage Plans.
6. **What is CareAffiliate and how is it different than the Availity Provider Portal?** [Availity](https://Availity.com) is the Provider Portal that allows you to access the electronic authorization functionality housed in CareAffiliate, a web-based care management solution that allows Providers to submit authorizations and check status of an authorization.
7. **How many logins do I need before I can submit an electronic authorization request?** Electronic authorization submission is a single sign on (SSO) feature, using your [Availity](https://Availity.com) log in information.
8. **What is the preferred method for submitting authorizations?** Electronic authorization submission is preferred over fax and phone submission as Providers receive immediate confirmation whether an authorization is required, and that an authorization was submitted successfully. A reference number is also provided for each submission and Providers can see the current status of authorizations. Providers are able to view determination notifications via the electronic portal for any authorization.
9. **What types of authorization requests can be submitted electronically?** Providers are able to submit authorizations electronically for pre-service, post-service requests, and concurrent reviews. Bright HealthCare requires network validation review and medical necessity review on select services. *The list of services can be found on [Availity.com](https://Availity.com) > Payer Spaces > Bright HealthCare > Resources > Prior Authorization List.* Note that when services requiring only a network validation review and are



performed in a Provider's office (Place of Service 11) by a Bright Health contracted provider, no authorization is required for the claim to pay.

**10. How do I attach clinical documentation to an electronic authorization submission?** Providers can click on the *Attachment Section* to include any necessary attachments that support the authorization request. After an authorization has been submitted, Providers are able to go back into that authorization and attach additional clinical documentation.

**11. How do I submit clinical documentation needed for a concurrent review?** Providers can open an existing authorization, click edit, go to Attachments and upload clinical documentation needed for a concurrent review.

**12. How do I delete service line that I have entered incorrectly?**

You can delete a procedure by checking the box preceding the procedure, then clicking "Delete Selected." However, at this time, you cannot delete a service line. If a service line is added in error, delete any procedure associated with that service line and, in the "Notes" section (in the gray "Authorization Request" area), add a note to disregard Service Line [#] that was added in error.

**13. Would there be any reason why an electronic authorization submission does not transmit successfully?** Providers are only able to submit electronic authorization requests for Bright HealthCare members when the servicing Provider and/or Facility **are participating in the Bright HealthCare network**.

**14. Services that require a network validation review only will be automatically approved so long as the requesting/servicing Provider and/or Facility are in-network with Bright HealthCare. How will I see this auto approval in CareAffiliate?** Once a Provider clicks submit, a reference number is generated and the authorization status is Pended. Provider needs to click the Refresh button on browser or re-select the authorization, which will then show a status of Certified in Total.

**15. How quickly will a determination be made once I submit an electronic authorization?**

#### **IFP Authorization Processing Time**

Utilization Review Timelines				
Category	Standard	Urgent	Concurrent	Retrospective
URAC Standard	15 calendars days	72 hours	24 hours	30 calendar days
State following URAC: Alabama, Arizona, Illinois, Tennessee, Florida, Nebraska, Oklahoma				
Unique State Requirements				
North Carolina	3 business days			30 calendar days
Colorado*	5 calendar days	less of 2 business day/72 hours	24 hours	30 calendar days
South Carolina	2 business days		1 business day	2 business days

## **MA Authorization Processing Time**

<b>Utilization Review Timelines</b>				
<b>Category</b>	<b>Standard</b>	<b>Expedited/Urgent</b>	<b>Concurrent</b>	<b>Retrospective</b>
<b>Turnaround Time All MA markets</b>	14 calendars days	72 hours	24 hours	30 calendar days
<b>Turnaround Time with extension</b>	28 calendar days	17 calendar days	N/A	N/A

*Turn around times apply so long as complete documentation is submitted with the prior authorization request in order to make a determination.*

### **16. How am I notified of the determination made on an electronic authorization submission?**

Providers can see the status of an authorization in CareAffiliate. Status definitions are noted within the portal for Pended, Certified in Total, Not Certified. At this time, the reason for an authorization being "Pended" will **not** appear in CareAffiliate nor will Providers be able to see the age of an authorization. Once a determination has been made, Providers will be able to view and download the determination notification in CareAffiliate via the Message function located in the top right corner of the home page. Providers will also receive a determination letter on the date a determination is made, just as they would if they were to submit an authorization via phone or fax.

### **17. When do I receive a reference number for an electronic authorization submission?**

Immediately after submitting an electronic authorization. Once Providers click the Submit button, the page loads the submitted authorization in read only view and the reference number is posted. The reference number is used to confirm the authorization was successfully submitted.

### **18. We have multiple staff members at Provider offices that submit authorizations, can I see the authorizations submitted by other staff members at the Providers office?**

Yes, so long as the authorizations have the same NPI associated to their account.

### **19. When I receive a reference number after I submit an authorization, is this the same as the authorization number?**

Yes, the reference number and the authorization number are the same.

### **20. I may occasionally submit authorizations via phone/fax instead of electronically. Can I see the status of an authorization that I submit via phone/fax in CareAffiliate?**

Yes, it will take 24-48 hours after a phone/fax authorization is submitted for it to show up in CareAffiliate. However, you will not be able to view authorizations for individuals who are no longer Bright HealthCare members. Additionally, there may be instances when a provider must be manually added to the clinical platform that feeds the electronic authorization portal. When this occurs, authorizations may not be viewable in the online portal.

### **21. I submitted my authorization electronically, but the status is not showing up in the online portal. Why is this?**

There may be instances when a provider authorization must be manually added to the clinical platform that feeds the electronic authorization portal. When this occurs, authorizations may not be viewable in the online portal. In these cases, providers can call the UM Virtual Assistant at:  
Individual & Family Plans (IFP): 844-990-0375  
Medicare Advantage (MA) Plans: 844-929-0162

- 22. Will I be able to see all authorizations I have ever submitted using the Bright HealthCare electronic authorization solution?** So long as the requesting Provider is in Bright HealthCare's network, authorization history will show for authorizations submitted electronically via the [Bright HealthCare Availity Provider Portal](#).
- 23. How would I modify an authorization already submitted, electronically?** If a Provider needs to make a change to a Servicing Provider and/or Facility name, to a service date or to the number of days/units/visits needed on an existing authorization, Providers can complete the Bright HealthCare Change Request Form that can be found on [Availity.com](#). For approval of additional services, Providers need to submit a new electronic authorization request.
- 24. I would like to speak with my Bright HealthCare Provider Relations representative, how do I contact them?** Call the following number specific to the market and a representative will be happy to help you.

State	Market	Provider Relations Contact Number (Voicemail Only)
Alabama	Birmingham	(205) 235-9768
Arizona	Phoenix	(623) 469-4274
Arizona	Tucson	(623) 469-4274
Colorado	Denver	(720) 575-6787
Colorado	Summit County	(720) 575-6787
Florida	Tampa	(704) 438-9345
Florida	Orlando, Daytona, Tampa	(407) 543-9467
Florida	Palm Beach	(407) 543-9467
Florida	Jacksonville, Pensacola	(904) 326-0152
Illinois	Chicago	(312) 756-8575
Nebraska	Omaha	(402) 835-0907
Nebraska	Statewide	(402) 835-0907
New York	New York City	(646) 793-3501
North Carolina	Charlotte, Winston-Salem	(704) 438-9345

Ohio	Cincinnati, Springfield, Toledo, Youngstown	(513) 342-5852
Ohio	Cleveland	(513) 342-5852
Oklahoma	Oklahoma City	(405) 594-8367
South Carolina	Anderson, Greenville, Spartanburg	(864) 453-3005
Tennessee	Knoxville	(901) 313-8700
Tennessee	Nashville	(901) 313-8700
Tennessee	Memphis	(901) 313-8700