Bright Health is growing and you're still a priority

The new year means new growth for Bright Health! We're headed into 2021 with more members and providers than ever. With all the changes headed our way, we know prior authorization volume will increase. To keep up with authorizations, we'll need to work together.

Submitting prior authorizations online through **Availity.com** can reduce or even eliminate wait time, in addition to other benefits.

Faxing prior authorization requests is the slowest method and will likely extend the time you spend waiting for a decision.

Submitting authorizations online will help us reach our goal turnaround times:

- Network validation only < 1 business day
- Full clinical review < 4 business days

Why submit authorizations online?

Bright Health prefers that our providers submit authorizations electronically through Availity.com. Submitting electronically makes the prior authorization process as quick and easy as possible. It's a win-win for everyone!

Submitting authorizations electronically also offers terrific benefits you just can't get with fax:

- **View the status of an authorization** (Note: You need the requesting provider's NPI to view the status on Availity.)
- **Receive automatic approval for services that only require a network validation**
- Receive immediate confirmation of a successful authorization submission
- Submit clinical documentation for concurrent review or after an authorization request as needed
- View determination letters
- Find out what level of authorization a service requires (none, network validation, or full clinical review)

Instructions for submitting electronic authorizations

1. Log in to **Availity.com**
2. Click **Patient Registration | Authorization & Referrals** in the top left of the screen
3. The Authorization & Referral page displays
4. Click **Auth/Referral Inquiry** or **Authorizations** to begin an electronic authorization request

For detailed step-by-step instructions on submitting authorizations electronically, please review the CareAffiliate User Guide on **Availity.com** > **Payer Spaces** tab > **Resources**.

Optimize your online prior authorization experience

Follow these tips and tricks to make submitting authorizations even easier.

- Make sure you've added all necessary National Provider Identifiers (NPIs) to your Organization via Express Entry on Availity
- Enter a procedure code on the Search Criteria page to validate whether or not that service requires a prior authorization
- When submitting an authorization for inpatient days, enter **IPDAYS** as the procedure code on the Search Criteria page
- Make sure you populate all boxes outlined in orange before submitting the authorization
- **Provider Type** is your NPI
- To increase the number of records returned in a search, use the asterisk (*) as a wild card function after any five letters or numbers
- When submitting an authorization for a dependent, search for the dependent using their name instead of their member ID

Availity isn't just for authorization requests. Consider Availity your one-stop shop for a full suite of self-service tools. Through Availity you can:

- Verify member eligibility and view benefit details
- File electronic claims, check claim status, and view remittance information
- Access and download Bright Health resources, such as our Welcome Guide and Quick Reference Guide

---

Coming soon! Information on COVID-19 and vaccination claim submissions coming soon!

Visit Availity.com or BrightHealthPlan.com/provider on December 21st for information.