



You are receiving this fax because you are in-network with Bright Health

Bright Health's 2021 Utilization Management program

Get ready for upcoming changes to prior authorizations

Bright Health and our provider networks will be serving more members than ever in 2021. To continue to bring you and our members the quality support you've come to expect, we'll need to work together. While we expect authorization volumes to increase, our goal continues to be complete authorizations in a timely manner. To make prior authorizations faster and easier for everyone, there's four things you can do:

- Submit authorizations online
- Don't submit authorizations when you don't have to
- Check the status of authorizations online or via our virtual assistant through the UM team phone line
- Know what authorization changes are coming in 2021

Why submit online?

Bright Health prefers online authorizations because it's faster and easier than fax.



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

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**.

Know when you don't need an authorization request

Some services don't require prior authorization requests at all. To reduce the number of prior authorizations you request, simply go to **Availity.com** to access the list of services.

Check the status of an authorization

Visit **Availity.com** or call the Utilization Management (UM) team and use our virtual assistant to check the status of an authorization.

- Commercial: 844-990-0375
- Medicare Advantage: 844-929-0162

2021 changes to authorization requirements

Beginning on January 1, 2021, certain services have different authorization review requirements:

No authorization required → **Full clinical review required**

- Knee Arthroscopy
- Breast reconstruction
- Select drug administrations in physician office services

Full clinical review required → **Only network validation required**

- Sleep studies
- Home care
- CT and MRI services

Submit authorizations online today!

For more information on the UM program, Visit **Availity.com** > Payer Spaces > Resources > UM.