

Lucet

2024

ABA WebPass Training Guide

Table of Contents

- ◆ Signing Up
- ◆ Understanding the Different Forms
- ◆ Searching for Members
- ◆ Navigating to Pre-treatment Assessment or Initial Treatment Forms
- ◆ Navigating to Ongoing Care Forms (ABA Continuation of Care, ABA Initial Treatment Resubmission, ABA Authorization Amended Request, ABA Discharge)
- ◆ Completing Forms



WebPass Guide

WebPass Guide

This guide explains how providers can use WebPass to:

- ◆ Request pre-treatment assessment, initial treatment, ongoing treatment, or modify existing authorizations
- ◆ Review members current and historical authorizations
- ◆ Review previous request submissions

Signing Up

To initiate WebPass, facilities and providers can sign up using either one of the following instructions:

- ◆ To complete yourself, fill out the [form](https://webpass.ndbh.com/Contact.aspx) at <https://webpass.ndbh.com/Contact.aspx>.
- ◆ Or for assistance, send an email to or call your care manager with the following information:
 - ◆ Group Tax ID.
 - ◆ Individual's first name, last name, and email address.

Helpful Hint: An administrator account can manage group users, including adding users, resetting passwords, and deleting users no longer authorized to access the group WebPass account.

Signing Up

Once Lucet receives and processes the request, an automated email will be sent. It will include a username and instructions on how to complete the set-up process which must be completed within 24 hours. (Please check junk or spam folder if not found in your inbox.)

Welcome to New Directions WebPass

Thank you for registering for the New Directions WebPass! Your username will allow you to complete the registration process. Please visit <https://webpass.ndbh.com> and enter your username. Once you have entered your username and agreed to the Terms of Use and Confidentiality Agreement, you will receive another email with a password to complete the login process.

Below is your WebPass username. *Please keep this information in a secure location.*

Username: [A \[redacted\] inc.com](#)



Login link:
<https://webpass.ndbh.com/>

Login Screen

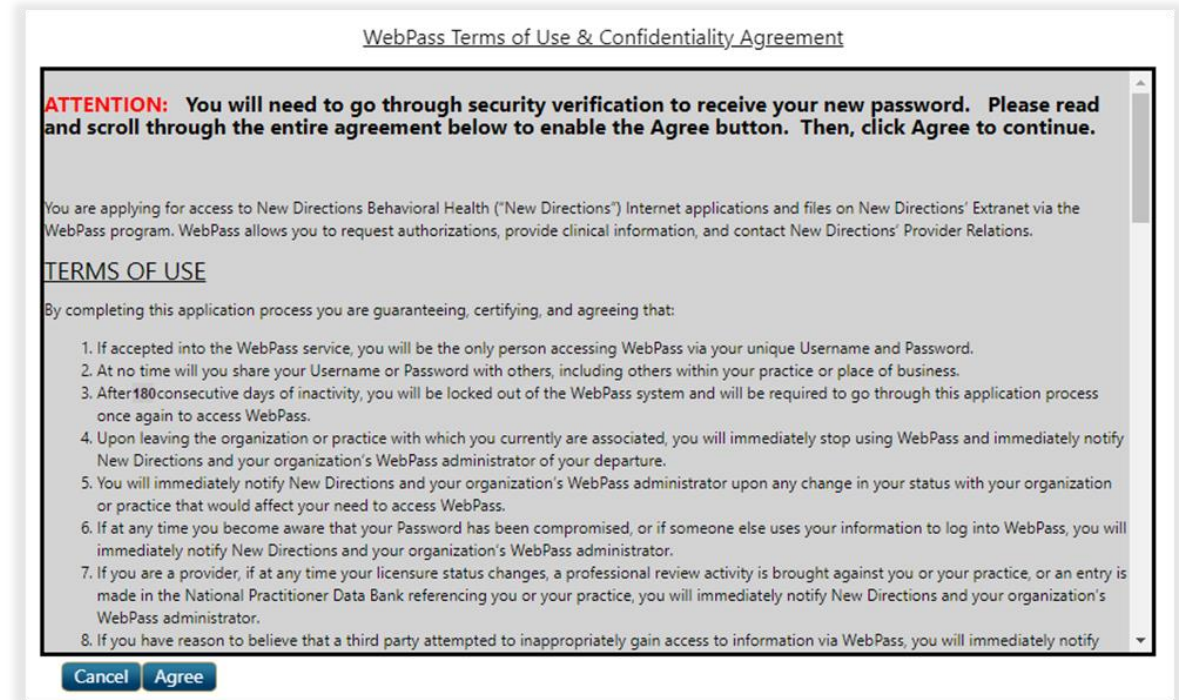


- ◆ The log-in screen is where you will enter your username and password.
- ◆ You will also find the links to WebPass tutorials and provider demographic update forms.

First Time Logging In

The first time you log in to WebPass, the system will prompt you to review the Terms of Use & Confidentiality Agreement. After you click “Agree,” you’ll receive a second email with your temporary password.

Note: Users will be prompted to read and agree to the Terms of use every 180 days.



Understanding the Different Forms

Pre-Treatment Assessment or Initial Treatment Forms

- ◆ ABA Initial Assessment: Use this form to request an authorization for the pre-treatment assessment.
- ◆ ABA Initial Treatment: Use this form when finished with pre-treatment assessment and ready to request treatment.
- ◆ ABA Initial Treatment Resubmission: Use this form if you've submitted an ABA Initial Treatment form and need to make an update. Please note, information entered on previous submissions will carry over, saving you time on future submissions.

Ongoing Care Forms

- ◆ ABA Continuation of Care: Use this form when the member has already been in treatment with your group and for subsequent treatment requests. Please note, information entered on previous forms will carry over to this, saving you time on future submissions.
- ◆ ABA Authorization Amended Request Form: Use this form if you have an authorization and need to change it in some way. This form allows you to request a different BCBA or change the hours/codes requested.
- ◆ ABA Discharge Form: Use this form to inform Lucet of members discharged from treatment. This allows Lucet to connect with families to offer additional support if any resources are needed after discharge.

Getting Started

The first step is a member search. To do so there are two options:

1. Enter the member ID number (minus the prefix) and date of birth OR
2. Enter the member's last name, first name, and date of birth

Lucet
Home My Services My Account Logout

Effective January 1, 2024, Blue Cross Blue Shield of Michigan providers will no longer be able to submit authorizations.

Welcome to Lucet WebPass
WebPass allows providers and partners access to communications and services with Lucet.

Aftercare Appointment Assistance for Florida Blue Members
Is a Florida Blue member in need of an aftercare appointment? We are more than happy to assist.
Please call 855-888-5001 and select OPTION 2 for "provider" and then select OPTION 7 for "discharge planner and need a referral" to connect with a Lucet representative who can assist with scheduling.
As a best practice please have the member present at the time of the call to make sure they are informed and agree with the appointment being scheduled.

Find an Insured Member

Member Number: For Blue Products, drop the pre-fix before entering the member information. Example: LCKH12345678 would be entered as H12345678, or YBC12345678 or 12K123456.

Date of Birth:

Query Date: 03/20/2024

Last Name: If the member is not managed by Lucet, the member information will not be available.

First Name:

Date of Birth:

Query Date: 03/20/2024

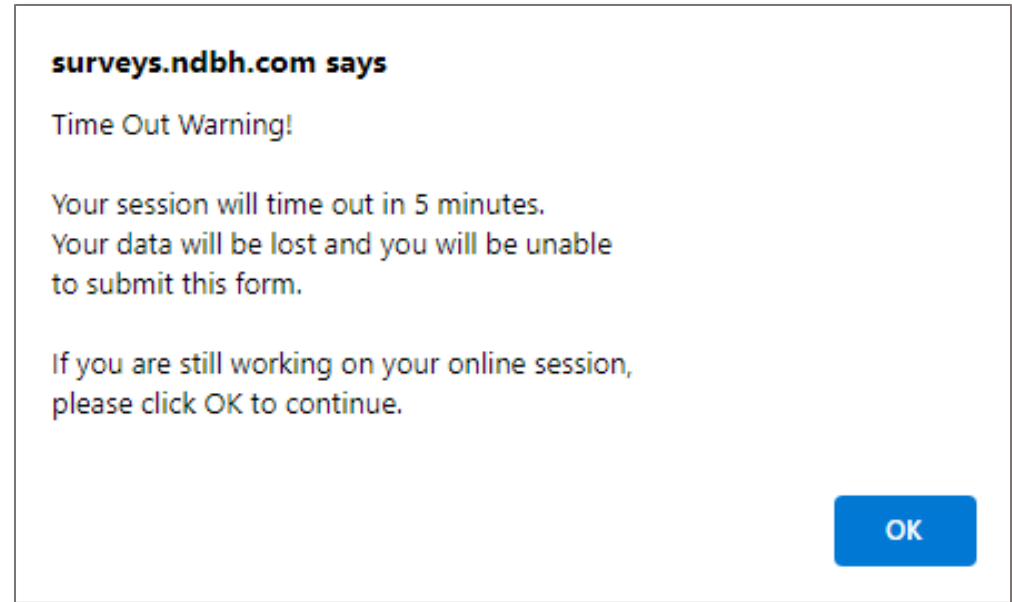
* For an FEP member include the R at the start of the member's ID #. The exception to that rule is if the member is in AL. FEP members in AL can be found in WebPass by replacing the letter "R" with the digit "0" at the beginning of the member's ID #.

**Ensure query date is within member's active coverage. Active coverage date may be in the past if policy is expired.

***If policy is not pulling up, please ensure Lucet manages policy by checking back of insurance card.

Time-out Warning

Warning: Once you've started a form, if the WebPass session sits idle for 90 minutes, the system will automatically log the user out. When that occurs, all information will be lost. Users receive a warning message five minutes before the system times out to prompt them to save information.



Accessing Clinical Forms to Initiate Care

- ◆ To choose the appropriate form, click on "Clinical Forms" either in the list or under the "My Services" drop down.

The screenshot shows the Lucet web portal interface. At the top, there is a navigation bar with 'Home', 'My Services', 'My Account', and 'Logout'. The 'My Services' dropdown menu is open, showing a list of options: 'Clinical Forms' (highlighted), 'Care Program Forms', 'Case Management Forms', 'Completed Clinical Forms', 'Member Authorizations Viewer', 'Member Benefits Summary', 'Member Programs', 'Assessments', 'Goals', and 'Member Record Upload'. Below the navigation bar, there is a red banner with the text '4, Blue Cross Blue Shield of Michigan providers will no longer be able to'. On the left side, there is a 'Welcome' section and a 'WebPass' section. On the right side, there is a 'Selected Member' section with the following information: Member Name: JANE DOE, Group Name: A.H. Bilo, Effective Date: 1/1/2001, Termination Date: 12/30/2030, Contract Status: ACTIVE, Product Name: Belo Corp, Date of Birth: 1/1/2000, and Member ID: 888888888888 a1. There is a 'Find a Different Member' button below the member information.

Pre-Treatment Assessment or Initial Treatment Forms

- ◆ The ABA Pre-Treatment Assessment and ABA Initial Treatment form should be used only once per member.
- ◆ Note: If you see “Continue” next to a form, an initial request has already been started for the member. Partially saved surveys will remain available until removed or expired.
- ◆ If you have already submitted an Initial Treatment request and need to edit it, go to slide 15 for instructions.

The screenshot displays the Lucet web portal interface. At the top, the Lucet logo is visible, along with navigation links for Home, My Services, My Account, and Logout. A red banner indicates a system update: "Effective January 1, 2024, Blue Cross Blue Shield of Michigan provi".

The main content area is titled "Selected Member" and displays the following information:

- Member Name: JANE DOE
- Group Name: A.H. Bilo
- Effective Date: 1/1/2001
- Termination Date: 12/30/2030
- Contract Status: ACTIVE
- Product Name: Belo Corp
- Date of Birth: 1/1/2000
- Member ID: 888888888888 a1

A "Find a Different Member" button is located below the Member ID.

Below the member information, there is a link for "Form Descriptions".

The "Authorization for Admission to Care Request Forms" section lists the following forms, each with a "New" link:

- ABA Initial Assessment
- ABA Initial Treatment
- TMS
- ECT Initial
- Psychological Testing
- Retrospective Authorization Request Form

The "Authorization for Ongoing Care Request and Care Coordination" section shows "None".

The "Appeals Forms" section also shows "None".

Pre-treatment Assessment or Initial Treatment Forms

- ◆ Please note, if you already have an authorization for this **member** when you click on “Clinical Forms” it will take you to the screen on the right. To submit a new request, without information carrying over, click “New Request”.
- ◆ To submit continuation of care or initial treatment resubmission form skip this slide and head to slide 15.

The screenshot shows the Lucet web application interface. At the top, there is a navigation bar with links for Home, My Services, My Account, and Logout. Below this, a section titled "Selected Member" displays the following information:

- Member Name: JANE DOE
- Group Name: A.H. Bilo
- Effective Date: 1/1/2001
- Termination Date: 12/30/2030
- Contract Status: ACTIVE
- Product Name: Belo Corp
- Date of Birth: 1/1/2000
- Member ID: 8888888888888 a1

Below the member information is a button labeled "Find a Different Member".

Below the member information, there are two red bullet points:

- To attach a clinical form to a current authorization, please select from the a
- To initiate new requests for care (including step-downs from one level of c

Below the bullet points is a button labeled "New Request", which is circled in green.

Below the "New Request" button is a table with the following columns: Authorization Number, Group Name, and Provider Name. The table contains three rows of data:

	Authorization Number	Group Name	Provider Name
Select	0917521	[REDACTED]	Pending
Select	1088974	[REDACTED]	Pending
Select	1183543	[REDACTED]	Pending

Facility Address Selection

- ◆ When selecting “New Request,” provider groups with multiple addresses will be required to select the address where the member is being treated.
- ◆ If you are unable to find the correct address from the drop-down list, please go to <https://providerportal.lucethealth.com/s/login/> and follow the links to update your demographic information.

The screenshot displays a web application interface with a navigation bar at the top containing links for Home, My Services, My Account, and Logout. Below the navigation bar is a section titled "Selected Member" which contains the following information:

Member Name:	JANE DOE
Group Name:	A.H. Bilo
Effective Date:	1/1/2001
Termination Date:	12/31/2021
Contract Status:	ACTIVE
Product Name:	Belo Corp
Date of Birth:	1/1/2000
Member ID:	888888888888 -1

Below the member information is a button labeled "Find a Different Member".

Below the "Find a Different Member" button is a section titled "Select the address where the member is being treated: Facility TIN:832184795". This section contains a dropdown menu and a "Select" button.



WebPass Guide

Navigating to Ongoing Care Forms

Navigating to the below forms is slightly different:

- ◆ ABA Continuation of Care
- ◆ ABA Initial Treatment Plan Resubmission
- ◆ ABA Authorization Amended Request Form
- ◆ ABA Discharge Form

See following slides for how to navigate to forms.

Navigating to Ongoing Care Forms

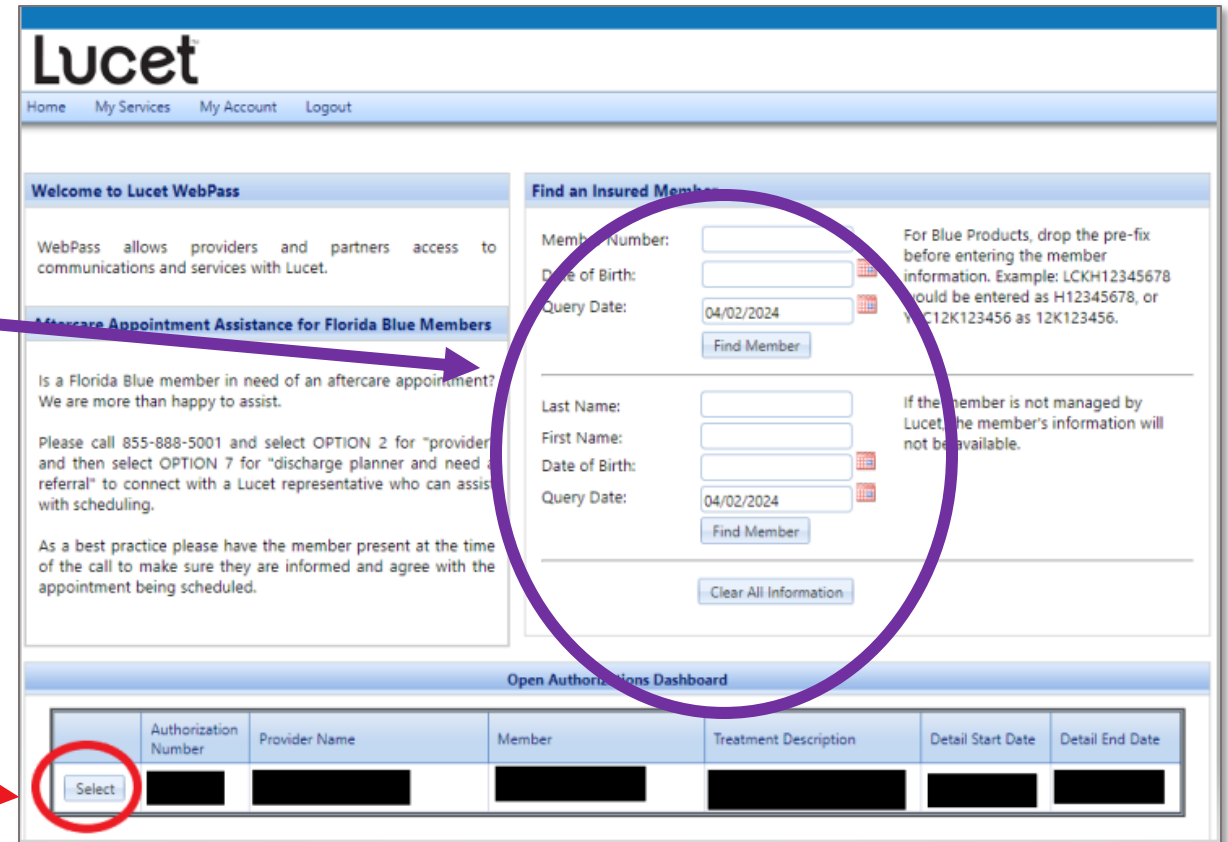
Request forms for ongoing care can be accessed by either of the following processes.

Option One:

- ◆ From the home screen, search for member (see purple circle in image to the right). Then follow steps from next slide.

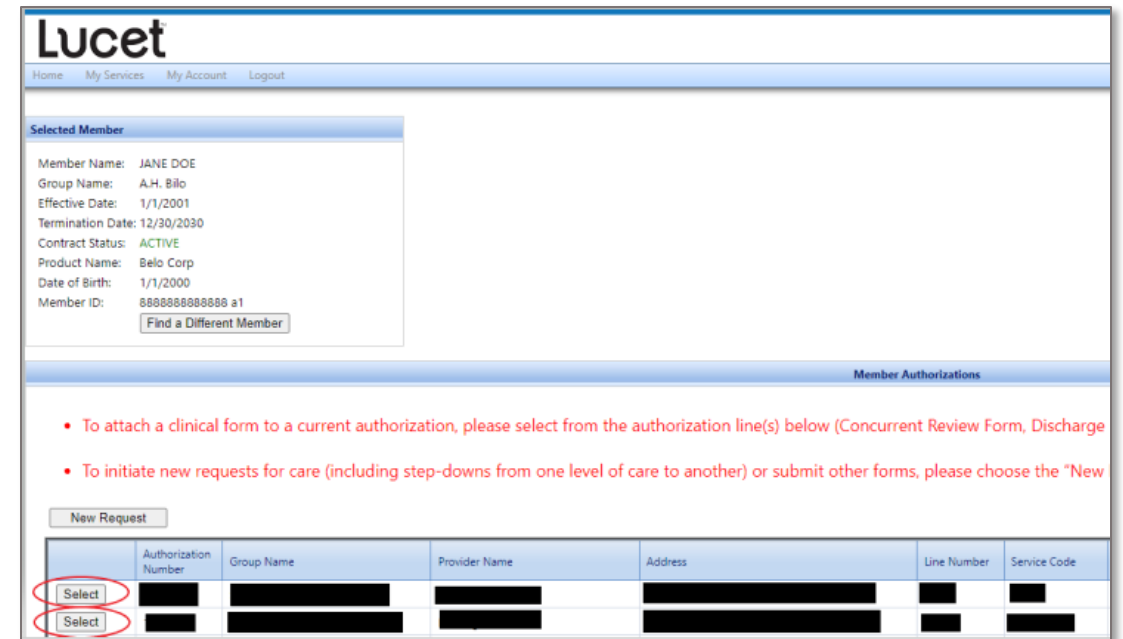
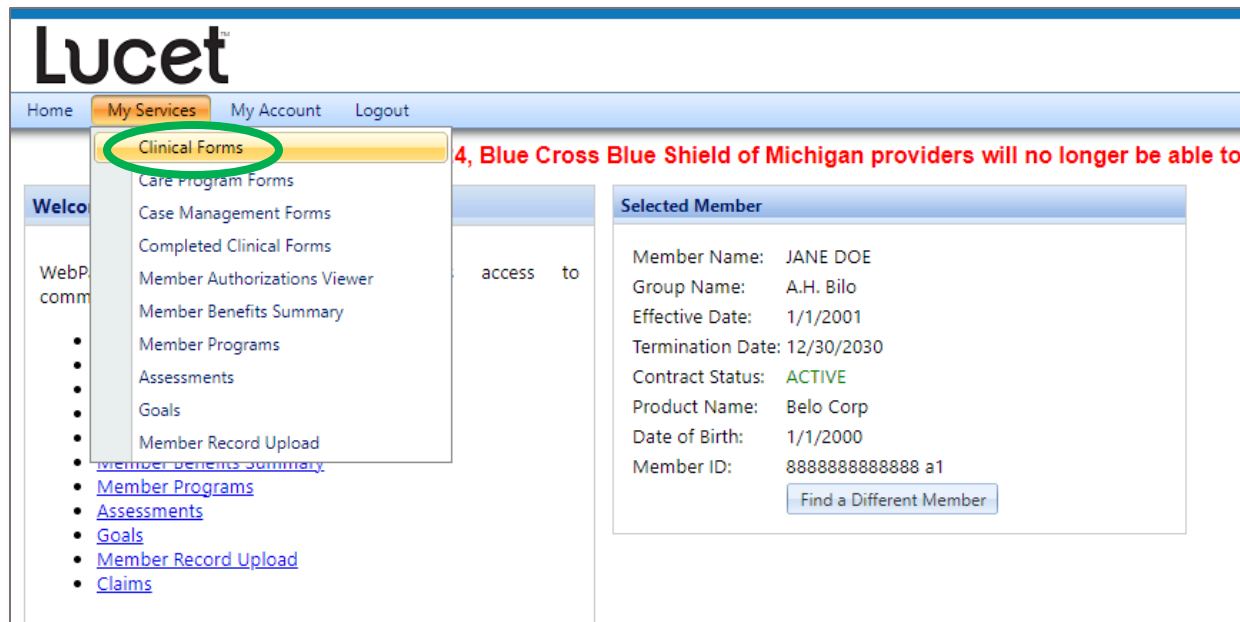
Option Two:

- ◆ From the home screen, select the authorization/reference number under "Open Authorizations Dashboard" (see red circle in image to the right). From there, you will be able to select the appropriate ongoing care request form and care coordination forms which will carry over previously entered information. Jump to slide 18 for next step.



Navigating to Ongoing Care Forms

- ◆ Once you have searched for the member, select Clinical Forms (see green circle in image on the left) which will then open a new page with authorizations/reference numbers.
- ◆ Then select an authorization/reference number (see red circles in image on the right).

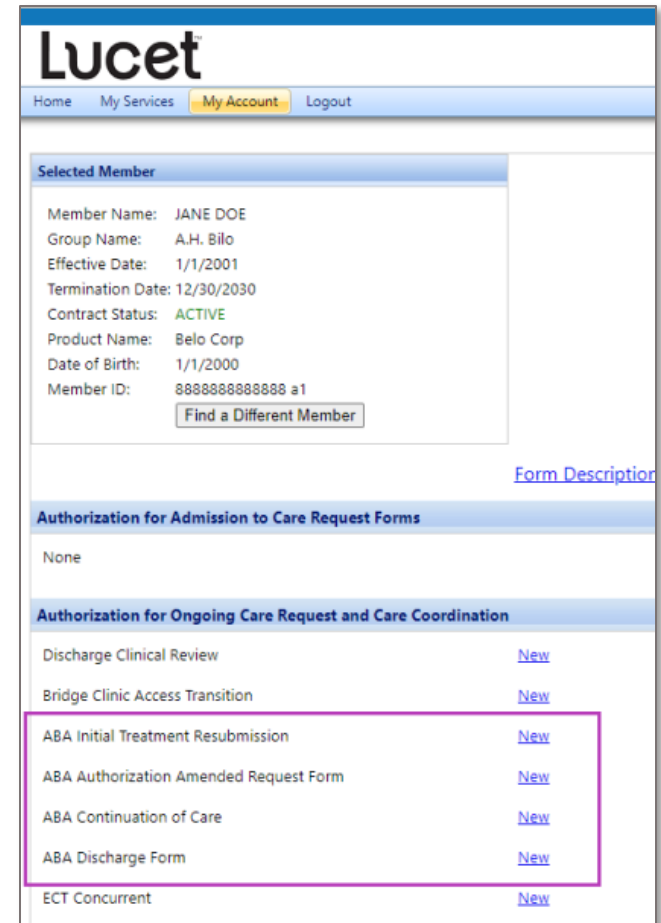


Ongoing Care Request and Care Coordination

From this screen you will be able to access the four different ABA continuation forms:

- ◆ ABA Initial Treatment Resubmission
- ◆ ABA Authorization Amended Request Form
- ◆ ABA Continuation of Care
- ◆ ABA Discharge Form

Please note these forms will carry over previously entered information when authorization/reference number is selected.



Ongoing Care Requests and Form Carryover

- ◆ Save time on future requests with carryover. To do this, be sure to select an authorization from [Slide 16](#) or [Slide 17](#).
- ◆ When completing the ABA Continuation of Care, ABA Initial Treatment Request, and ABA Amended Authorization forms, information from the previous submission can prepopulate into the form.
- ◆ This information can then be updated to reflect progress in treatment.
- ◆ Fields that have prepopulated answers will be highlighted to ensure they are visible by the user.
- ◆ All highlighted answers need to be reviewed. Not all questions will be prepopulated.

Completing Clinical Forms

- ◆ After selecting a form, enter the clinical information needed for Lucet to conduct a review.
- ◆ As each section is completed, the Question Jumplist on the right will display a green checkmark. Clicking on an item listed in the Question Jumplist will move users to that section. This helps with navigation on the form.

Lucet
ABA INITIAL TREATMENT

Warning: This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form.

Member Name: Jane Doe
Member Id: 88888888888888
Date Of Birth: 1/1/2000
Member Address: 000000000000 Null No Town KS 66833

Please answer the following survey questions:

IDENTIFYING DATA

Member Name * Required
Jane Doe

Member ID# * Required
|

QUESTION JUMPLIST

- Required and not Answered
- ✓ Required and Answered

IDENTIFYING DATA

- ✓ Member Name
- Member ID#
- Date of Birth
- Current Diagnosis Code(s)
- State where member is being trea...
- Does Member have a Parent/Guardi...

PROVIDER INFORMATION

- Provider Group Name
- Provider Group Tax ID
- Provider Group Address
- Behavior Analyst Name
- Behavior Analyst Individual NPI
- Behavior Analyst Phone
- Behavior Analyst Fax
- Behavior Analyst Email
- Is the behavior analyst requesti...

Line Therapists involved in trea...
INITIAL TREATMENT REQUEST

Uploading Documents

- ◆ At the bottom of each form is an option to attach additional documents/files.
- ◆ Steps to upload documents:
 1. Choose file
 2. Upload file
 3. Confirm file uploaded successfully
 4. Repeat for each document
- ◆ Please note this only uploads the documents and does not submit form. To submit form, please see steps on next slide.
- ◆ NOTE: The “upload file” box can be used to attach any supporting documentation (pdf, tiff and tif). Multiple files can be loaded, but each file needs to be uploaded individually.

Please attach additional relevant documents.
Allowed files are .pdf, tiff and tif.

Choose File No file chosen X Upload File

BY CLICKING THE SUBMIT BUTTON, YOU ARE ATTESTING TO THE FACT THAT THE INFORMATION IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

Continue Later Complete and Submit

Please attach additional relevant documents.
Allowed files are .pdf, tiff and tif.

Choose File Authorized Delegate Form.pdf X Upload File

BY CLICKING THE SUBMIT BUTTON, YOU ARE ATTESTING TO THE FACT THAT THE INFORMATION IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

Continue Later Complete and Submit

Please attach additional relevant documents.
Allowed files are .pdf, tiff and tif.

Files Uploaded: Authorized Delegate Form.pdf

Choose File No file chosen X Upload File

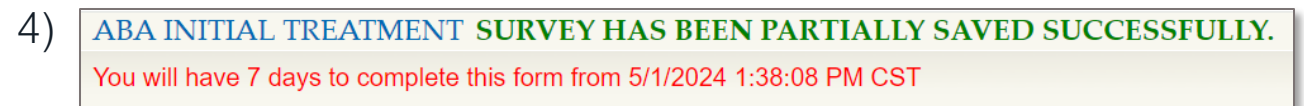
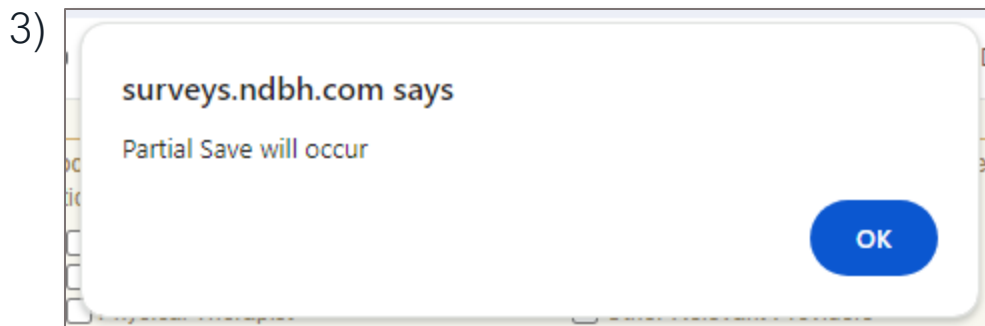
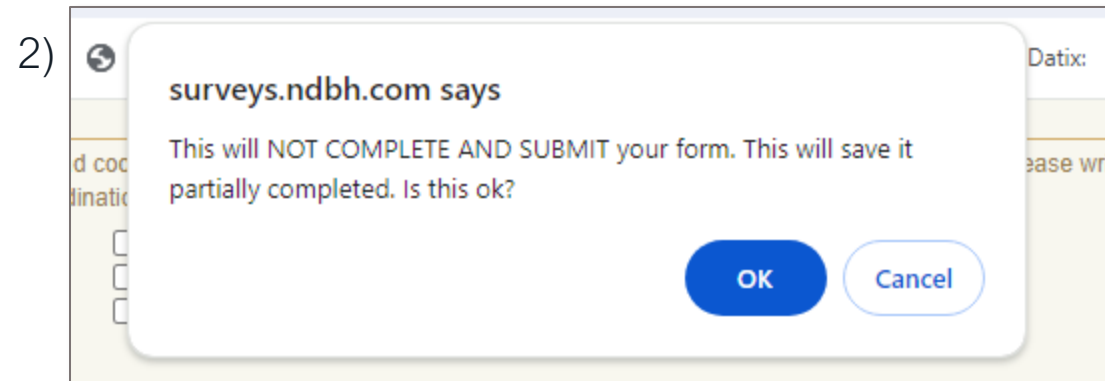
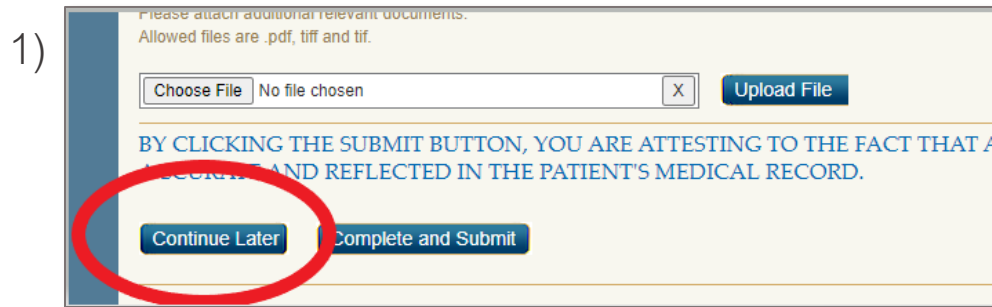
File upload Successful!

BY CLICKING THE SUBMIT BUTTON, YOU ARE ATTESTING TO THE FACT THAT THE INFORMATION IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

Continue Later Complete and Submit

Saving Partially Completed Forms

If you would like to continue working on a form at a later time, you may click (1) “Continue Later”. You’ll then need to confirm you want to save a partially completed form by clicking okay as referenced in (2) and (3). Finally, you’ll be notified the form is saved (4). Please note if you save a form to continue later, the form must be submitted within 7 days of when you first began using it.



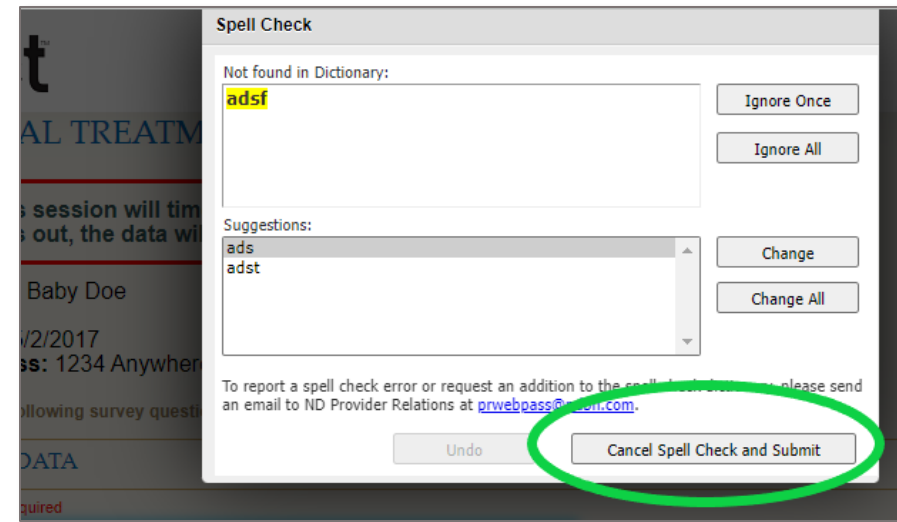
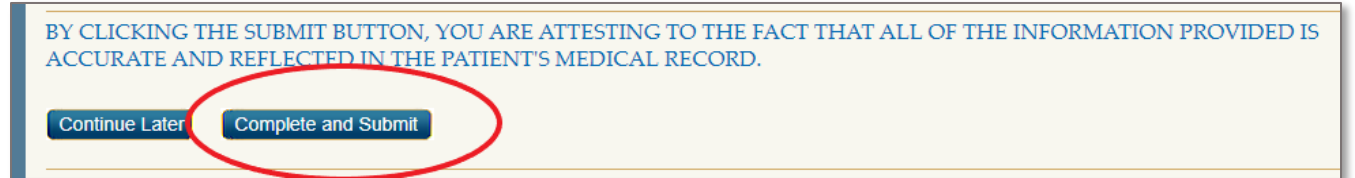
Submitting Form

To complete form, click “Complete and Submit”.

Note: you must complete spell check or click “Cancel Spell Check and Submit” for form to be submitted.

Once submitted, you’ll receive a Submission ID#. Please note forms have not been submitted if you do not receive an ID#.

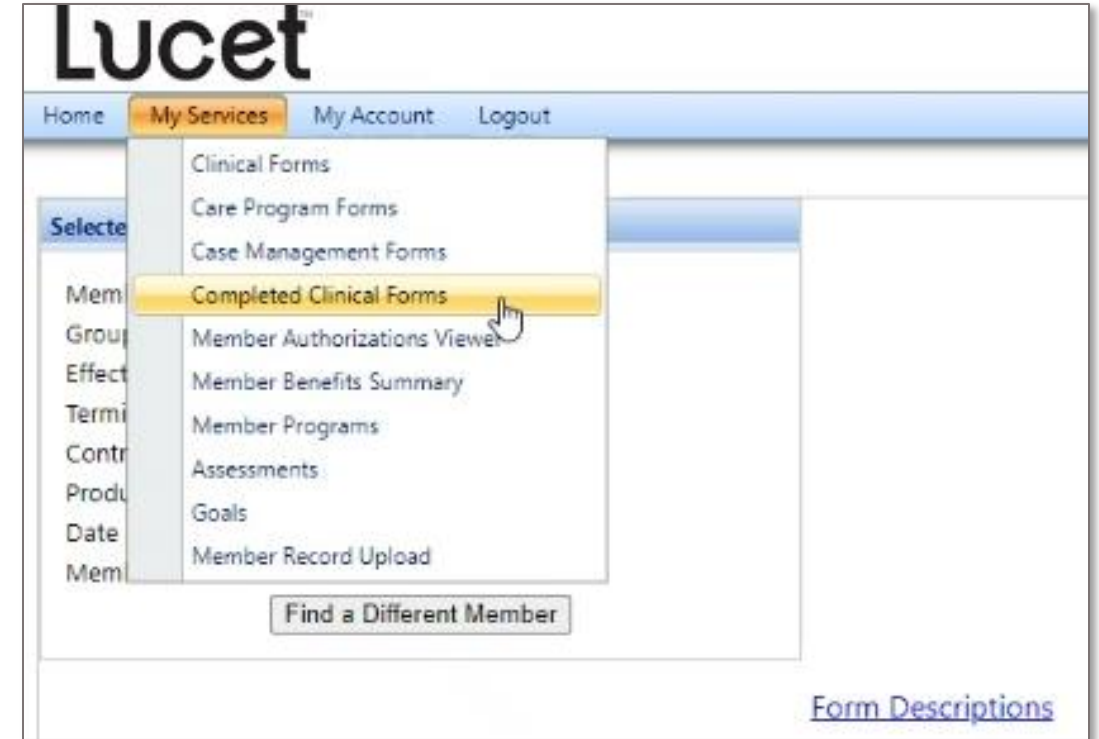
Reminder: Form will time out if not active for 90 minutes. To avoid losing information, utilize “Continue Later” (per previous slide).



Reviewing Submitted Forms

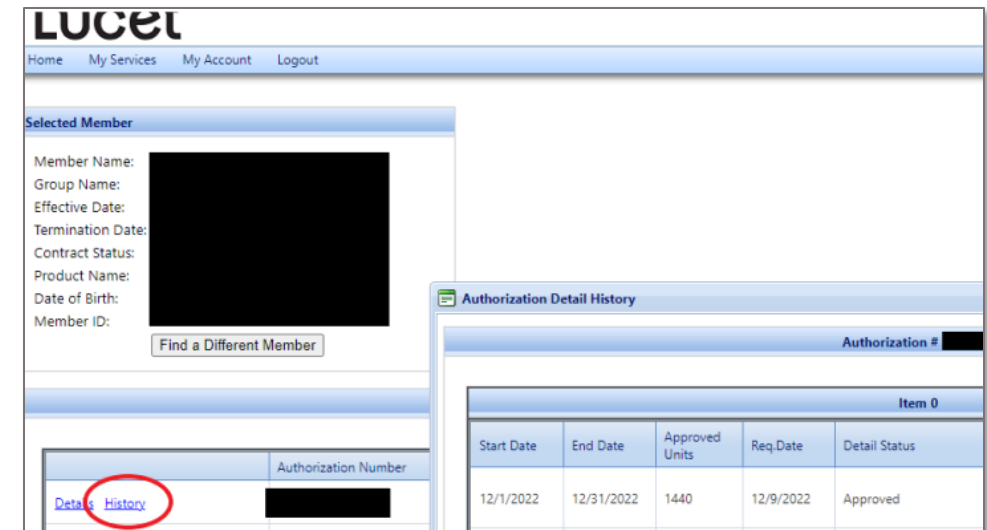
To view previously submitted forms for a member tied to the facility Tax ID, click on "Completed Clinical Forms." Users will be able to view all forms that have been submitted by users with the same Tax ID for the member.

- ◆ NOTE: To view the most recent submission, slider should be moved to the right side of the scrollbar.



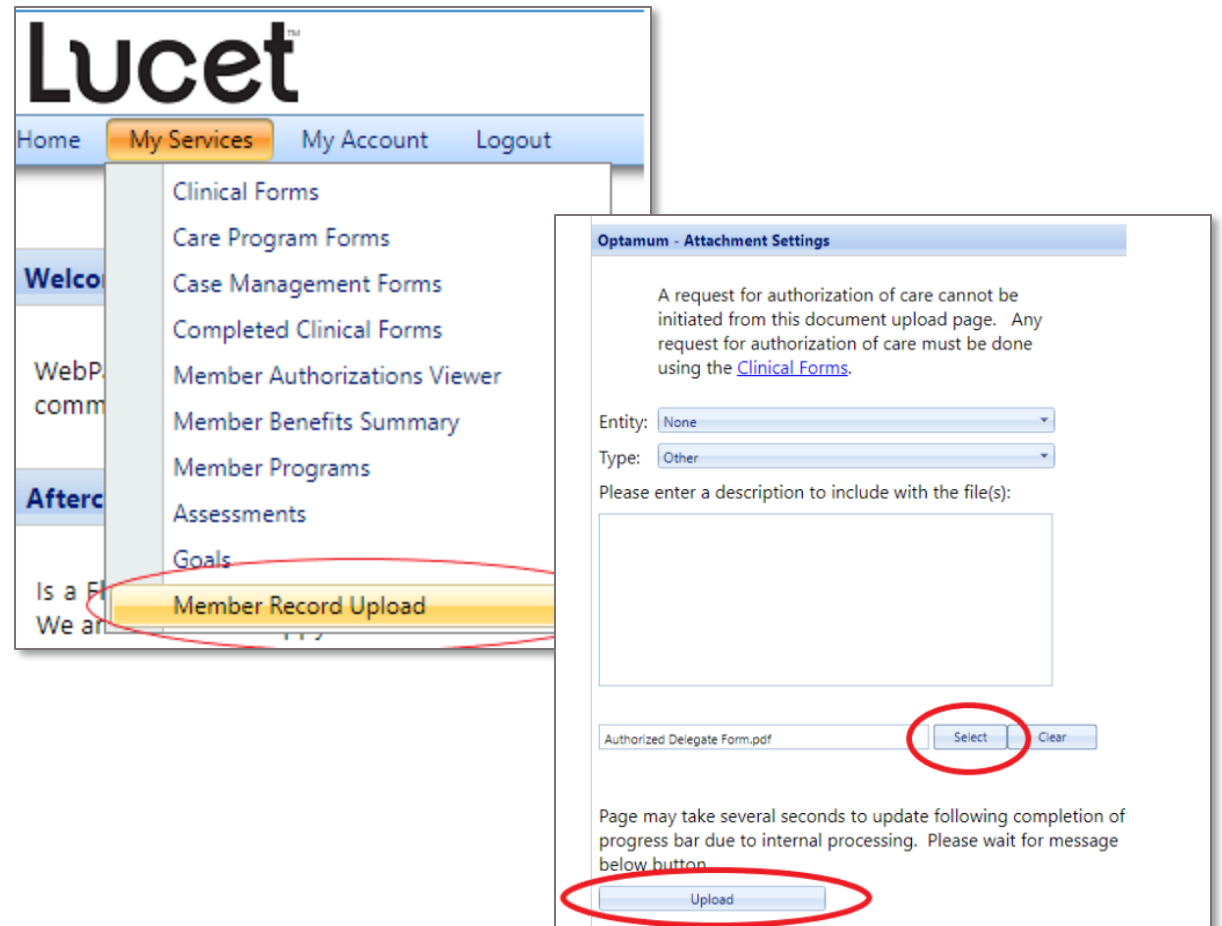
Reviewing Status of Request

- ◆ To view the status of a request, or to print authorizations, click on "Member Authorization Viewer."
- ◆ Users will be able to view the status of all authorizations for the selected member, related to the Provider Tax ID. Click on "Details" or "History" to view more information about the authorization.
- ◆ Users can right click on the page to print the authorizations on the screen.



Uploading Documents Outside of Request Form

- ◆ Users can upload documents without submitting an authorization request form by clicking on “Member Record Upload.” Select the entity and type of file using the associated dropdowns and enter a description of the file to be uploaded. Click “Select” to browse for the correct document. After selecting the file, the name will appear in the text box. Click “Upload” to submit the document.
- ◆ NOTE: Authorization requests cannot be submitted via Member Record Upload and your care manager will not be notified when documents are uploaded.
- ◆ Lucet is **NOT** notified when providers use Member Record Upload. Please notify your care manager by phone/email if you submit a document this way.



Technical Support

- ◆ If you have technical issues or are unable to complete a form, please contact your Care Manager or email prwebpass@lucethealth.com.
- ◆ If you have received an error message, please include a screenshot of the error message, date, and time.
- ◆ Do not send any confidential information in the email.
- ◆ Please allow 2 business days for a response to your email.
- ◆ To avoid disruption in the authorization process, and to proceed with an alternative review method, contact your Care Manager or the Autism Resource Program Team at 877-563-9347.

Alternative Submission Method

- ◆ If unable to access WebPass for submission, please fax information to 816-237-2372.

