



ABA WebPass Training Guide

March 2026

Table of Contents

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



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 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.

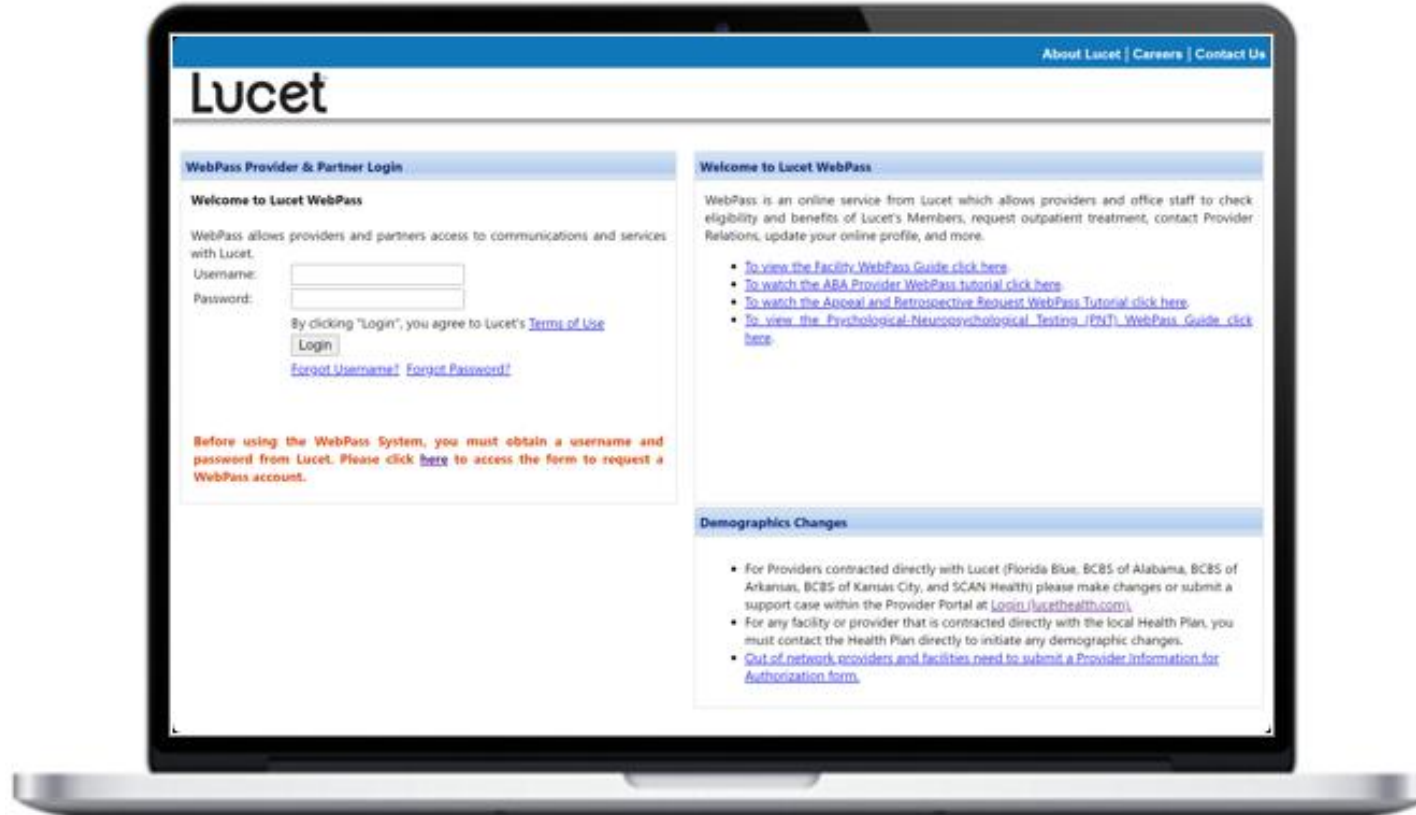
Below is your WebPass username. *Please keep this information in a secure location.*

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

WebPass Terms of Use & Confidentiality Agreement

ATTENTION: You will need to go through security verification to receive your new password. Please read and scroll through the entire agreement below to enable the Agree button. Then, click Agree to continue.

You are applying for access to New Directions Behavioral Health ("New Directions") Internet applications and files on New Directions' Extranet via the WebPass program. WebPass allows you to request authorizations, provide clinical information, and contact New Directions' Provider Relations.

TERMS OF USE

By completing this application process you are guaranteeing, certifying, and agreeing that:

1. If accepted into the WebPass service, you will be the only person accessing WebPass via your unique Username and Password.
2. At no time will you share your Username or Password with others, including others within your practice or place of business.
3. After 180 consecutive days of inactivity, you will be locked out of the WebPass system and will be required to go through this application process once again to access WebPass.
4. Upon leaving the organization or practice with which you currently are associated, you will immediately stop using WebPass and immediately notify New Directions and your organization's WebPass administrator of your departure.
5. You will immediately notify New Directions and your organization's WebPass administrator upon any change in your status with your organization or practice that would affect your need to access WebPass.
6. If at any time you become aware that your Password has been compromised, or if someone else uses your information to log into WebPass, you will immediately notify New Directions and your organization's WebPass administrator.
7. If you are a provider, if at any time your licensure status changes, a professional review activity is brought against you or your practice, or an entry is made in the National Practitioner Data Bank referencing you or your practice, you will immediately notify New Directions and your organization's WebPass administrator.
8. If you have reason to believe that a third party attempted to inappropriately gain access to information via WebPass, you will immediately notify

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 Pre-Treatment Assessment](#): Use this form to request an authorization for the pre-treatment assessment.
- ✦ [ABA Treatment](#): Use this form when finished with pre-treatment assessment and ready to request treatment.

Ongoing Care Forms

- ✦ [ABA Treatment](#): 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

Welcome to Lucet WebPass

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

Connection to Follow-Up Care for FL and AL Members

Attention Discharge Planners! Over 2,000+ In Network Florida Blue and BCBSAL Outpatient Behavioral Health Providers throughout Florida and Alabama input their therapy and psychiatry appointment availability directly into the Lucet Navigate & Connect Scheduling Platform!

Take Action Today! Call the Lucet Discharge Planner Hotline at **855-888-5001 (Florida)** or **800-765-9124 (Alabama)** before your FLB or BCBSAL Member discharges, and we'll ensure they have a follow-up appointment booked promptly.

Remember, patients who attend follow-up care within 7 days of discharge are significantly less likely to be readmitted and more likely to adhere to their medications. This leads to better health outcomes and improved healthcare effectiveness (HEDIS).

Find an Insured Member

* All fields are required

Member Number:*

Last Name:*

First Name:*

Date of Birth:*

Query Date: 08/21/2026

Member Search Tips

For Blue Products, drop the prefix before entering the member information.
Example: LCKH12345678 would be entered as H12345678 or YBC12K123456 as 12K123456.

For WM and AR members, drop the prefix and the person number (last two digits).
Example: WMW12345678W01 would be entered as 12345678W.

SCAN policies should be 9 digits after dropping the prefix.

Name fields require at least one letter be entered; partial names accepted.

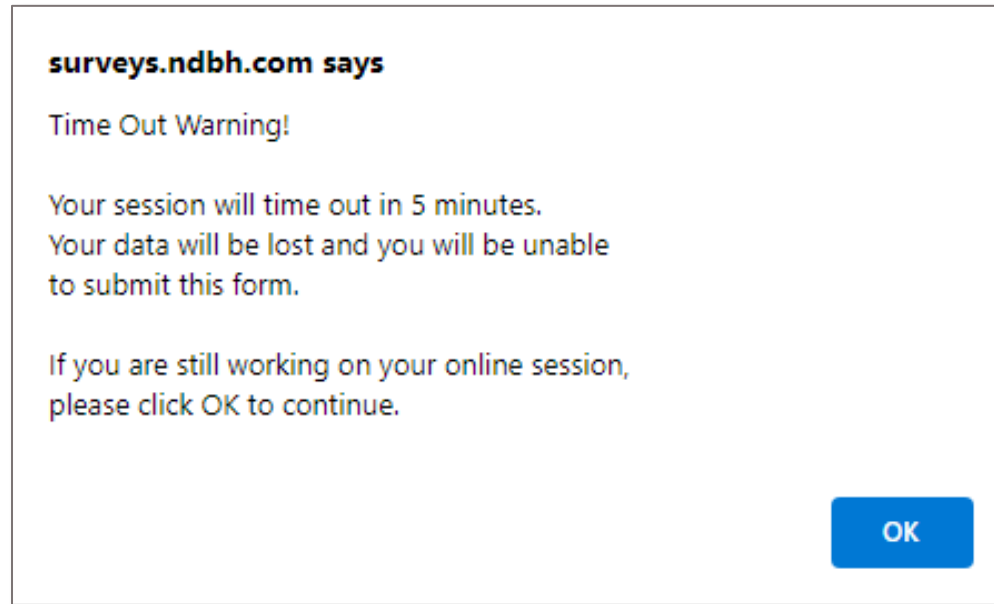
FEP policies should start with an R, except for AL which begins with a Zero (0).

If the FEP policy displayed in results is not for the state in which services are being rendered, please contact Lucet to have the coverage line added before submitting any requests.

If the member is not managed by Lucet, the member's information will not be available.

- ✦ 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 displays the Lucet WebPass user interface. At the top, the 'Lucet' logo is visible. Below it, a navigation bar includes links for 'Home', 'My Services', 'My Account', and 'Logout'. The 'My Services' dropdown menu is open, showing a list of options: 'Clinical Forms' (highlighted with a yellow background and a mouse cursor), 'Care Program Forms', 'Case Management Forms', 'Completed Clinical Forms', 'Member Authorizations Viewer', 'Member Benefits Summary', 'Member Programs', 'Assessments', 'Goals', and 'Member Record Upload'. To the left of the dropdown, a 'Welcome' message is partially visible, followed by a list of links: 'WebP comm', 'Member Benefits Summary', 'Member Programs', 'Assessments', 'Goals', 'Member Record Upload', and 'Claims'. On the right side of the interface, a 'Selected Member' box 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, and Member ID: 88888888888888 a1. Below this box is a button labeled 'Find a Different Member'. At the bottom of the page, a section titled 'Connection to Follow-Up Care for FL and AL Members' contains two paragraphs of text. The first paragraph, 'Attention Discharge Planners!', states that over 2,000+ In Network Florida Blue and BCBSAL Outpatient Behavioral Health Providers throughout Florida and Alabama input their therapy and psychiatry appointment availability directly into the Lucet Navigate & Connect Scheduling Platform. The second paragraph, 'Take Action Today!', encourages calling the Lucet Discharge Planner Hotline at 855-888-5001 (Florida) or 800-765-9124 (Alabama) before a member's discharge to ensure a follow-up appointment is booked promptly. A final paragraph notes that patients who attend follow-up care within 7 days of discharge are significantly less likely to be readmitted and more likely to adhere to their medications, leading to better health outcomes and improved healthcare effectiveness (HEDIS).

Pre-Treatment Assessment or Treatment Forms

✦ The ABA Pre-Treatment Assessment 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 ABA Treatment request and need to edit it, go to slide 15 for instructions.

The screenshot displays the Lucet WebPass interface. At the top is the Lucet logo and a navigation bar with links for Home, My Services, My Account, and Logout. Below this is a 'Selected Member' section containing the following details: 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. A button labeled 'Find a Different Member' is located at the bottom of this section. To the right of the member information is a link for 'Form Descriptions'. Below this is a section titled 'Authorization for Admission to Care Request Forms' which lists several forms with 'New' links: ABA Pre-Treatment Assessment, ABA Treatment Request, Request for Transcranial Magnetic Stimulation (TMS), Request for Initial Outpatient ECT, Request for Psychological/Neuropsychological Testing, and Post Discharge Authorization Request Form. The next section is 'Authorization for Ongoing Care Request and Care Coordination', which currently shows 'None'. This is followed by 'Appeals Forms', also showing 'None'. The final section is 'Member Resources - please print and provide to member during discharge', which includes a link for 'Follow-Up Care | Tip Sheet'.

Selected Member	
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
Find a Different Member	

[Form Descriptions](#)

Authorization for Admission to Care Request Forms	
ABA Pre-Treatment Assessment	New
ABA Treatment Request	New
Request for Transcranial Magnetic Stimulation (TMS)	New
Request for Initial Outpatient ECT	New
Request for Psychological/Neuropsychological Testing	New
Post Discharge Authorization Request Form	New

Authorization for Ongoing Care Request and Care Coordination	
None	

Appeals Forms	
None	

Member Resources - please print and provide to member during discharge	
Follow-Up Care Tip Sheet	

Pre-Treatment Assessment or 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 for ongoing care for a member with existing authorizations, skip this slide and head to [slide 15](#).

The screenshot displays the Lucet web application interface. At the top, the 'Lucet' logo is visible, followed by navigation links: Home, My Services, My Account, and Logout. Below this, a 'Selected Member' box contains the following details: 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. A 'Find a Different Member' button is located at the bottom of this box. Below the member information, a 'Member Authorizations' section contains two bullet points: 'To attach a clinical form to a current authorization, please select from the authorization line(s) below (Concurrent Review Form, Discharge Clinical Review, etc).' and 'To initiate new requests for care (including step-downs from one level of care to another) or submit other forms, please choose the "New Request" button.' A 'New Request' button is highlighted with a red box. Below this button is a table with columns: Reference Number, Status, Group Name, Provider Name, Address, Line Number, Service Code, and Authorized Units. A 'Select' button is positioned to the left of the table.

Lucet

Home My Services My Account Logout

Selected Member

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
[Find a Different Member](#)

Member Authorizations

- To attach a clinical form to a current authorization, please select from the authorization line(s) below (Concurrent Review Form, Discharge Clinical Review, etc.).
- To initiate new requests for care (including step-downs from one level of care to another) or submit other forms, please choose the "New Request" button.

[New Request](#)

	Reference Number	Status	Group Name	Provider Name	Address	Line Number	Service Code	Authorized Units
Select								

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 the Lucet WebPass interface. At the top, there is a navigation bar with links: Home, My Services, My Account, and Logout. Below this, a section titled "Selected Member" contains the following details:

- 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: 8888888888888 -1

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

Underneath, a section titled "Select the address where the member is being treated: Facility TIN:832184795" features a dropdown menu. The dropdown is currently empty, showing only a downward arrow. Below the dropdown is a "Select" button.



Webpass Guide

Navigating to Ongoing Care Forms

✦ Navigating to the below forms is slightly different:

- ✦ ABA Treatment Request
- ✦ ABA Authorization Amended Request Form
- ✦ ABA Discharge Form

✦ See following slides for how to navigate to forms.

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).

The screenshot shows the Lucet web application interface. The top navigation bar includes 'Home', 'My Services', 'My Account', and 'Logout'. The 'My Services' menu is open, and 'Clinical Forms' is highlighted with a green circle. Below the menu, a 'Selected Member' section displays member information for JANE DOE, including 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). A 'Find a Different Member' button is located at the bottom of this section.

The screenshot shows the 'Member Authorizations' section of the Lucet web application. It displays a table with columns for Authorization Number, Group Name, Provider Name, Address, Line Number, and Service Code. Two 'Select' buttons in the first column are circled in red. Above the table, there is a 'New Request' button and a list of instructions for attaching clinical forms and initiating new requests for care.

Authorization Number	Group Name	Provider Name	Address	Line Number	Service Code
Select					
Select					

Ongoing Care Request and Care Coordination

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

- ✦ ABA Treatment Request
- ✦ ABA Authorization Amended Request Form
- ✦ ABA Discharge Form

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

Authorization for Admission to Care Request Forms

Continued Stay Review [New](#)

Authorization for Ongoing Care Request and Care Coordination

ABA Treatment Request [New](#)

Discharge Clinical Review [New](#)

Bridge Clinic Access Transition [New](#)

ABA Authorization Amended Request Form [New](#)

ABA Discharge Form [New](#)

Request for Continuation or Maintenance Outpatient ECT [New](#)

Appeals Forms

Standard Appeal Request [New](#)

Member Resources - please print and provide to member during discharge

[Follow-Up Care | Tip Sheet](#)

Ongoing Care Requests and Form Carryover

- ✦ Save time on future requests with carryover. To do this, be sure to select an authorization from [Slide 15](#).
- ✦ When completing the ABA 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 TREATMENT REQUEST

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: 8888888888888
Date Of Birth: 1/1/2000
Member Address: 000000000000 Null No Town KS 66833

Please answer the following survey questions:

MEMBER INFORMATION

Current Diagnosis Code(s) * Required

Start typing to begin auto-prompter. Separate multiple entries by a comma.

State where member is being treated * Required

(Select an Option)

QUESTION JUMPLIST

- Required and not Answered
- ✓ Required and Answered

MEMBER INFORMATION

- Current Diagnosis Code(s)
- State where member is being treated
- Parent/Guardian Name
- Parent/Guardian Contact Number(s)
- Parent/Guardian Email Address
- Does member attend school?
- Does member have an IEP?
- Current Medications/Relevant Medications
- PROVIDER/GROUP INFORMATION
- Contact Name
- Contact Phone Number
- Contact Email
- 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

Uploading Documents

- ✦ At the bottom of each form is an option to attach additional documents/files
- ✦ Providers should use this section to upload a treatment plan, including member goals for the authorization period.
- ✦ 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!

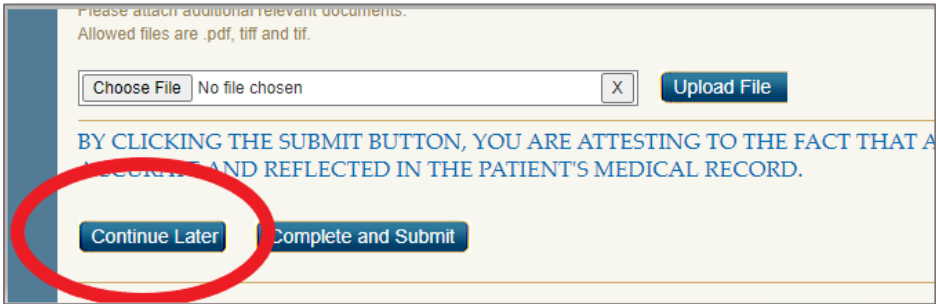
BY CLICKING THE SUBMIT BUTTON, YOU ARE ATTESTING TO THE FACT THAT THE INFORMATION IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

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.

1



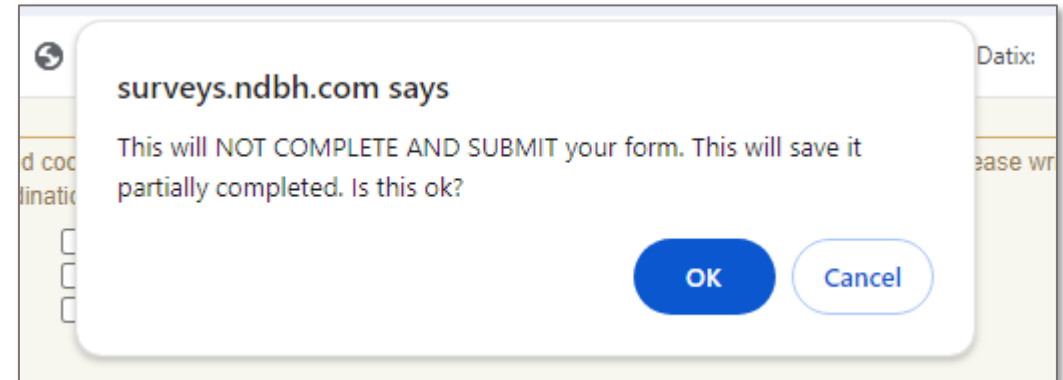
Please attach additional relevant documents.
Allowed files are .pdf, tiff and tif.

Choose File No file chosen X Upload File

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

Continue Later Complete and Submit

2

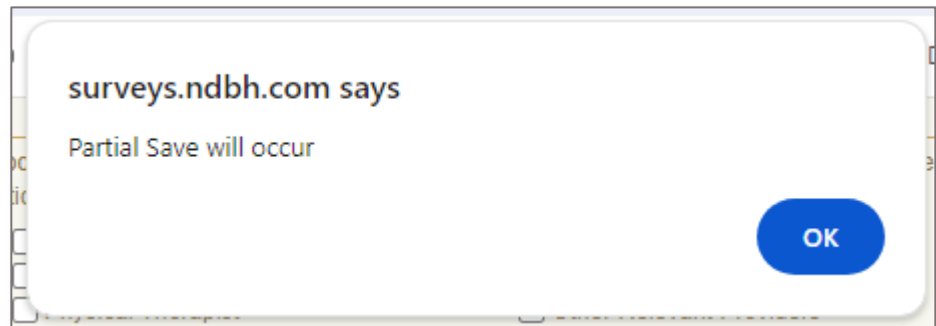


surveys.ndbh.com says

This will NOT COMPLETE AND SUBMIT your form. This will save it partially completed. Is this ok?

OK Cancel

3

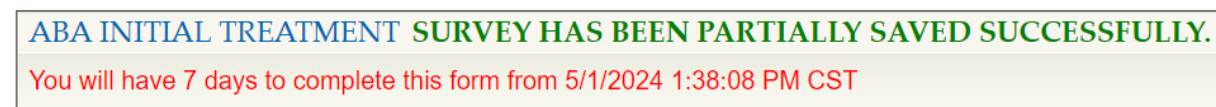


surveys.ndbh.com says

Partial Save will occur

OK

4



ABA INITIAL TREATMENT SURVEY HAS BEEN PARTIALLY SAVED SUCCESSFULLY.

You will have 7 days to complete this form from 5/1/2024 1:38:08 PM CST

Submitting Form

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

[Continue Later](#) [Complete and Submit](#)

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).

Spell Check

Not found in Dictionary:
adfs

Ignore Once
Ignore All

Suggestions:
ads
adst

Change
Change All

To report a spell check error or request an addition to the spell dictionary, please send an email to ND Provider Relations at prwebpass@nd.com.

Undo [Cancel Spell Check and Submit](#)

ABA INITIAL TREATMENT SUBMITTED SUCCESSFULLY.

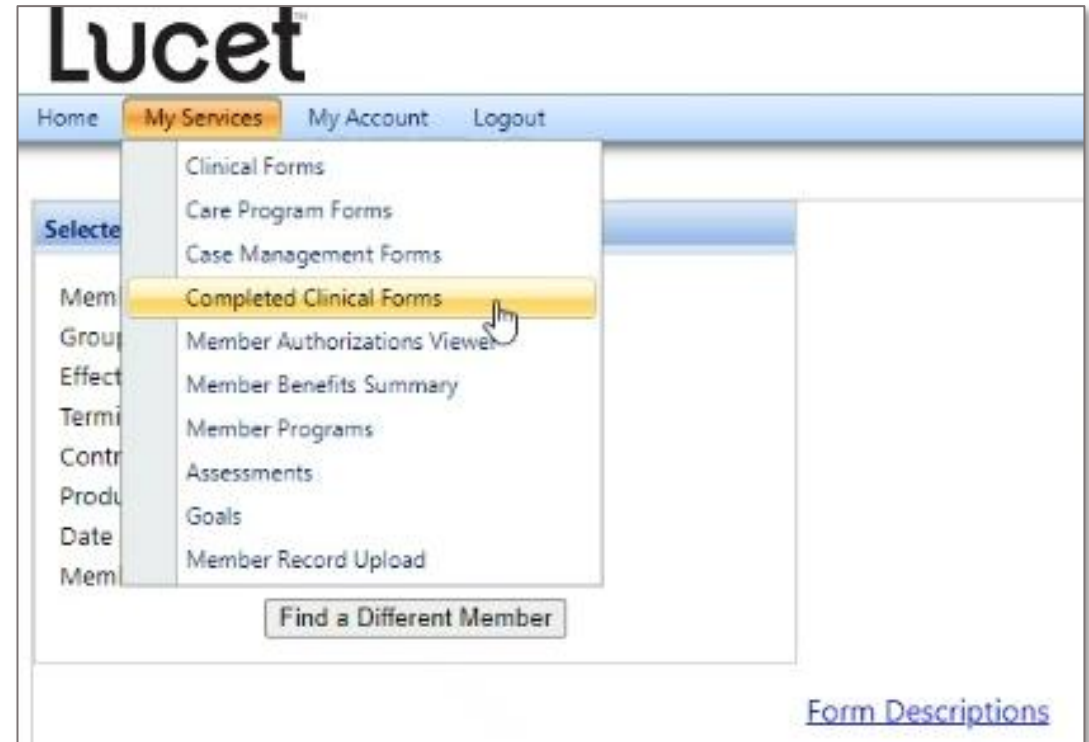
USER DETAILS:
Member Name: BABY DOE
Member Id: 835851157
Submission ID: 7288028

ADDITIONAL SURVEY
This survey submission
• A contact has been submitted.

Reviewing Submitted Forms

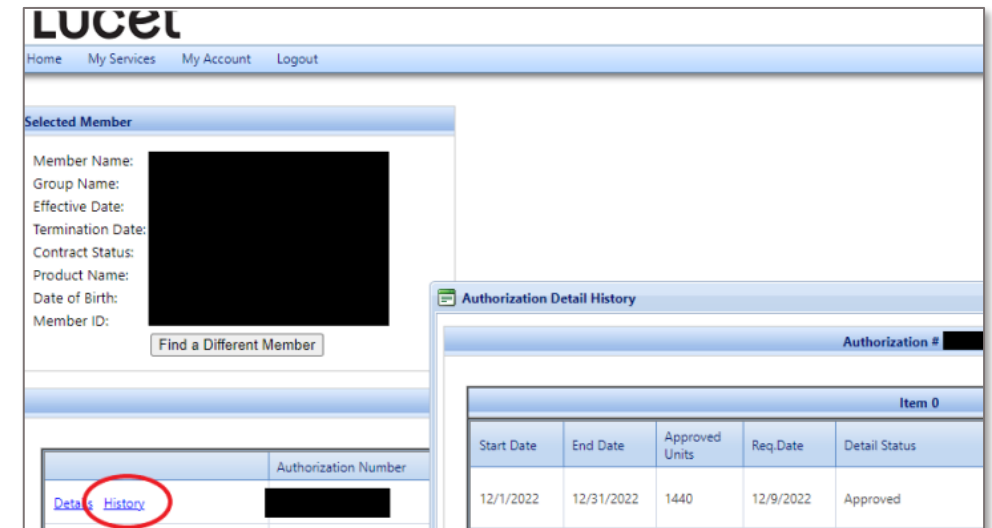
To view previously submitted forms for a member tied to the facility Tax ID, click on "Completed Clinical Forms." Users will be able to view all forms that have been submitted by users with the same Tax ID for the member.

✦ 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.

The screenshot displays the Lucet web application interface. At the top, the 'My Services' menu is open, showing a list of options including 'Clinical Forms', 'Care Program Forms', 'Case Management Forms', 'Completed Clinical Forms', 'Member Authorizations Viewer', 'Member Benefits Summary', 'Member Programs', 'Assessments', 'Goals', and 'Member Record Upload'. The 'Member Record Upload' option is highlighted with a red oval. Below this, the 'Optimum - Attachment Settings' form is shown. It contains a message about authorization requests, dropdowns for 'Entity' (set to 'None') and 'Type' (set to 'Other'), a text area for a description, and a file selection field showing 'Authorized Delegate Form.pdf'. The 'Select' button next to the file name is circled in red. At the bottom of the form, the 'Upload' button is also circled in red.

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 PHI (protected health 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.
- ✦ Fax versions of the forms can be found at [Provider Resources | Lucet - Behavioral Health Service](#)

