

Lucet

October 2024

Appeal & Post Discharge Authorization (Retrospective) *Form Training Guide*

WebPass Guide

This guide explains how providers can use WebPass to request Appeals and Post Discharge Authorization Requests (Retrospective Reviews).

If you have further questions, please contact Lucet at prwebpass@lucethealth.com.



Signing up

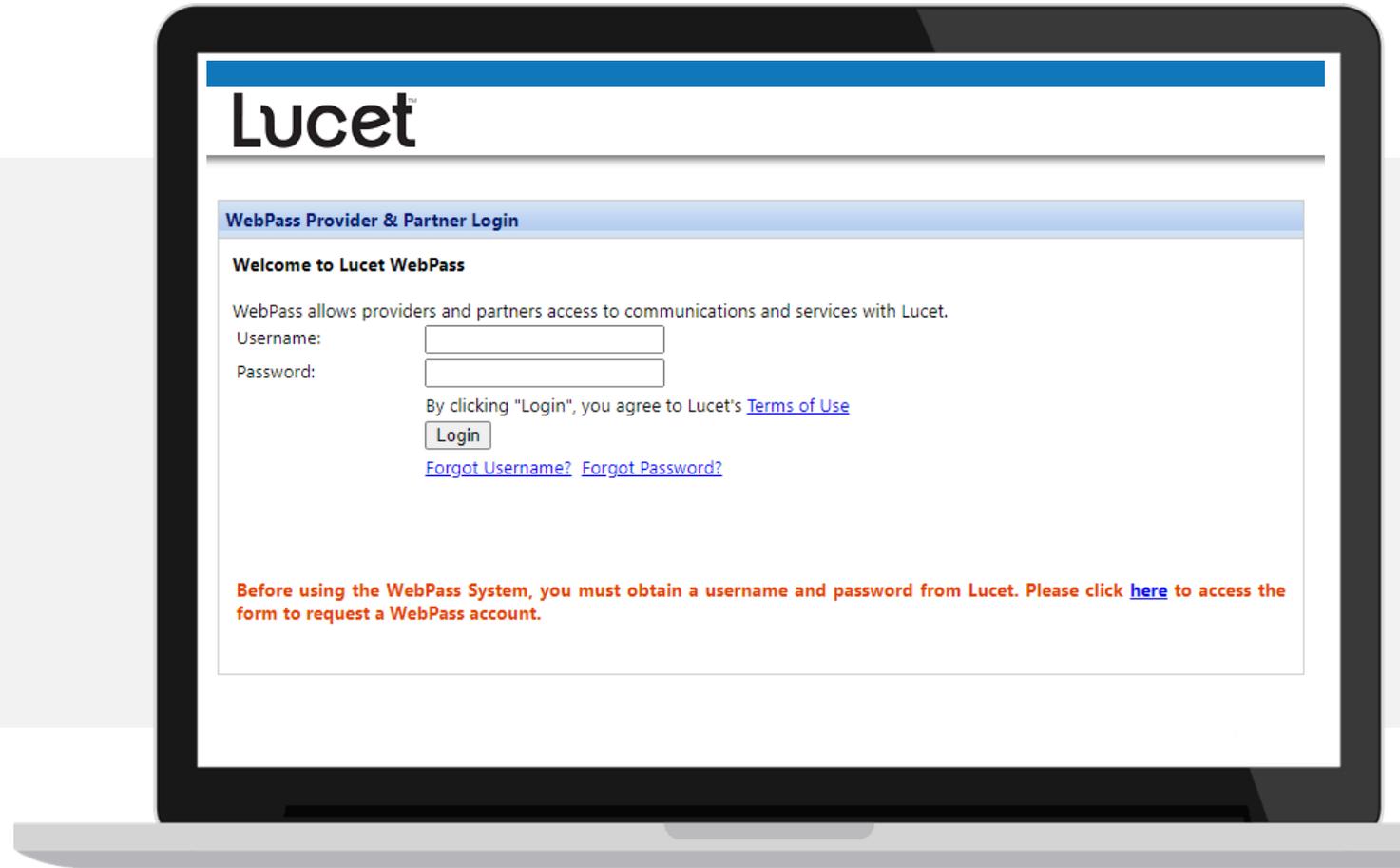
If you are new to WebPass please view the “Facility WebPass” Guide on webpass.ndbh.com. This guide provides instruction on:

1. How to sign up for the WebPass service
2. How to look up a member
3. How to navigate the various resources within the system

Login Screen

The log-in screen is where you will enter your username, then password.

You will also find the links to WebPass guides and provider demographic update forms.



Request Types

To request authorizations from Lucet, please use the appropriate clinical form.

Standard Appeal Request

A standard appeal request would be submitted in cases where authorization was requested but denied based on MEDICAL NECESSITY CRITERIA. Generally, this appeal request is made after the member has been discharged from care.

When submitting an appeal please confirm:

- ◆ Does Lucet manage the appeals for this policy?
- ◆ Do appeal rights remain?

This information can be found in the denial letter received.

If you would like to dispute a claim, please follow the instructions on the back of the member's card. For FL Blue, email FL_Claims_XML@lucethealth.com.

Request Types

To request authorizations from Lucet, please use the appropriate clinical form.

Post Discharge Authorization Request (Retrospective Reviews)

A retrospective review is a **post-discharge** request and should be submitted:

- ◆ If the member has discharged from care and no authorization was obtained.
- ◆ If the member has discharged and authorization was requested for part of the stay, but not the entire length of the stay.

If a claim was denied for lack of authorization a retrospective review would be submitted and not a standard appeal.

Getting Started

The first step is a member search. To do so, enter the member ID number (minus the prefix). You also have the option to enter the member's last name (first 3 letters only), first name (first 3 letters only) and date of birth.

The screenshot shows the Lucet WebPass interface. At the top, there is a navigation bar with links for Home, My Services, My Account, Admin Portal, and Logout. Below this, the main content area is divided into two columns. The left column contains a 'Welcome to Lucet WebPass' message and a section titled 'Aftercare Appointment Assistance for Florida Blue Members' with instructions on how to schedule an appointment. The right column features a 'Find an Insured Member' search form. This form has two sections: the top section for searching by Member Number, Date of Birth, and Query Date, and the bottom section for searching by Last Name, First Name, Date of Birth, and Query Date. Both sections include a 'Find Member' button. A 'Clear All Information' button is located at the bottom of the search form. A note on the right side of the form states: 'For Blue Products, drop the pre-fix before entering the member information. Example: LCKH12345678 would be entered as H12345678, or YBC12K123456 as 12K123456.' Another note below the second search section states: 'If the member is not managed by Lucet, the member's information will not be available.'

Note: When looking up a member the “query date” is auto populated to current date. This **date must be changed** to the date of service you are requesting. If there is more than one active policy, a screen will pop up - click under the member's name for the policy that was active when the treatment occurred.

*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 #.

Accessing Clinical Forms

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, followed by a navigation bar with links for Home, My Services, My Account, and Logout. The main content area is divided into two sections: 'Welcome to Lucet WebPass' and 'Selected Member'. The 'Welcome' section contains a list of links, with 'Clinical Forms' highlighted by a red box. The 'Selected Member' section displays details for a member named Jane Doe, including group name, effective date, termination date, contract status, product name, date of birth, and member ID. A 'Find a Different Member' button is located below the member details. On the right side, a 'My Services' dropdown menu is open, showing a list of services 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 'Clinical Forms' option is highlighted in yellow.

Welcome to Lucet WebPass

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

- [Clinical Forms](#)
- [Care Program Forms](#)
- [Case Management Forms](#)
- [Completed Clinical Forms](#)
- [Member Authorizations Viewer](#)
- [Member Benefits Summary](#)
- [Member Programs](#)
- [Assessments](#)
- [Goals](#)
- [Member Record Upload](#)

Selected Member

Member Name: JANE DOE
Group Name: INDIVIDUAL BUSINESS
Effective Date: 5/2/2017
Termination Date: 3/31/2024
Contract Status: ACTIVE
Product Name: Blue Cross Blue Shield of Kansas
Date of Birth: 12/27/1980
Member ID: 835851157 02

[Find a Different Member](#)

My Services

- Clinical Forms
- Care Program Forms
- Case Management Forms
- Completed Clinical Forms
- Member Authorizations Viewer
- Member Benefits Summary
- Member Programs
- Assessments
- Goals
- Member Record Upload

Standard Appeal Request & *Linked Information*

To ensure a successful receipt and processing of an appeal request, associate the submission directly to the authorization that corresponds to the requested dates of service.

- ◆ Choosing the correct authorization links the historical information with your current request.
- ◆ Click the “Select” button next to the line of service for which the appeal is being submitted.
- ◆ If more than one authorization is listed for the member, make sure to hit the “Select” button for the correct authorization number and service code.

The screenshot displays the Lucet web application interface. At the top, the Lucet logo is visible, along with navigation links for 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: [redacted], and Member ID: [redacted]. A 'Find a Different Member' button is located below the Member ID field.

Below the member information is a section titled 'Member Authorizations'. It contains two red 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 positioned above a table of authorizations.

	Authorization Number	Group Name	Provider Name	Address	Line Number	Service Code	Authorized Units	Treatment Description
<input type="button" value="Select"/>	1743675	[redacted]	[redacted]	[redacted]	001	124	0	Inpatient Day- Mental Health

At the bottom of the page, the word 'Confidential' is displayed, followed by a footer containing copyright and privacy information: © Lucet | About Lucet | Privacy Policy | Privacy Practices | Terms of Use | WebPass Terms of Use.

Standard Appeal Request Form

Standard appeal requests are generally for when the member has been discharged from care, but authorization was previously denied based on medical necessity criteria. If authorization for care has been denied based on medical necessity criteria, but the member remains in care, please contact your assigned Care Manager for next steps.

If authorization for care has not been previously denied based on medical necessity, and the member remains in care, please complete an Initial or Continued Stay request form.

After selecting an authorization, the form will be visible under the “Appeals Forms” section.



Authorization for Admission to Care Request Forms	
None	
Authorization for Ongoing Care Request and Care Coordination	
Continued Stay Review	New
Discharge Clinical Review	New
Bridge Clinic Access Transition	New
ABA Initial Treatment Resubmission	New
ABA Authorization Amended Request Form	New
ABA Continuation of Care	New
ABA Discharge Form	New
ECT Concurrent	New
Appeals Forms	
Standard Appeal Request	New

Standard Appeal Request Form

The authorization number auto-populates in the form header. This is a good opportunity to confirm this matches the authorization in the denial letter to ensure you are submitting on the correct authorization.

As you complete the form you will notice a jump list on the right will populate with a green checkmark next to items you have completed. This will help you navigate the completion of the form.

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STANDARD APPEAL 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: [REDACTED]
Date Of Birth: [REDACTED]
Member Address: [REDACTED]
Authorization Number: 1743675

Please answer the following survey questions:

PLEASE NOTE: THIS FORM IS A REQUEST FOR A STANDARD APPEAL OF PREVIOUSLY DENIED CARE ONLY. IF THE MEMBER IS STILL IN CARE AND YOU WOULD LIKE TO REQUEST AN EXPEDITED APPEAL, PLEASE CALL LUCET.

IF YOU ARE SEEKING AUTHORIZATION FOR ALL OR PART OF A PAST TREATMENT EPISODE THAT DOES NOT HAVE A DENIAL, PLEASE SUBMIT A RETROSPECTIVE AUTHORIZATION REQUEST FORM.

Member Name * Required
[Input Field]

Authorization number for the treatment episode being appealed * Required
[Input Field]

Facility Name * Required
[Input Field]

Facility Tax ID * Required
[Input Field]

QUESTION JUMPLIST

- Required and not Answered
- ✓ Required and Answered

PLEASE NOTE: THIS FORM IS A REQUEST FOR A STANDARD APPEAL OF PREVIOUSLY DENIED CARE ONLY. IF THE MEMBER IS STILL IN CARE AND YOU WOULD LIKE TO REQUEST AN EXPEDITED APPEAL, PLEASE CALL LUCET.

- Member Name
- Authorization number for the treatment episode being appealed
- Facility Name
- Facility Tax ID
- Facility NPI
- Facility address (where member was treated)
- State where member was treated
- Name of facility staff completing the form
- Telephone number of facility staff completing the form
- Fax number of facility staff completing the form
- Are you appealing a denial on an expedited appeal?
- Start date of denial (first uncompleted)
- Provide any additional information
- Please attach medical record for the denial (if applicable)
- I CONFIRM THAT ONLY INFORMATION PROVIDED HEREIN WILL BE USED FOR THE APPEAL BY CLICKING THE SUBMIT BUTTON.

Standard Appeal Request Form

The facility electronic medical record **must** be uploaded as a part of the form submission.

1. Select “Choose File” to browse for the correct medical record to be uploaded
2. Once the file name appears then click “Upload File”

Only one submission for a specific level of care is allowed.

The completed request form and the attached medical record will automatically upload in New Directions medical record system. This survey will be tied to the selected authorization.

Please attach medical record for the appeal for this level of care and authorization. * Required
Allowed files are .pdf, tiff and tif.

1 Choose File Mock Medical Record.pdf Upload File 2

I CONFIRM THAT ONLY INFORMATION REGARDING THIS LEVEL OF CARE AND AUTHORIZATION IS INCLUDED IN THIS UPLOAD

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 PROVIDED AND ONLY INFORMATION REGARDING THIS LEVEL OF CARE, AUTHORIZATION AND MEMBER IS INCLUDED IN THIS UPLOAD.

Continue Later Complete and Submit

Please attach medical record for the appeal for this level of care and authorization. * Required
Allowed files are .pdf, tiff and tif.

Files Uploaded:upload example.pdf

Choose File No file chosen Upload File

File upload Successful!

Starting a Post Discharge Authorization Request

Select “New Request” when beginning a retrospective review.

After selecting “New Request,” facilities 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 follow the links under the Demographics section of webpass.ndbh.com.

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

Authoriz Number	Group Name	Provider Name	Address	Line Number	Service Code	Authorized Units	Treatment Description	Detail Start Date	Detail End Date	Review Date / LCD	EpisodeId
Select											

Member ID: 888888888888 a1
Find a Different Member

Select the address where the member is being treated: ST JOSEPHS HOSPITAL INC TIN:590774199

Select

Please access the Provider section of lucethealth.com and follow the links to update your demographic information

Post Discharge Authorization Request Form

Post Discharge Authorization Requests are only for when the member has been discharged from the service you are requesting authorization for. If the member is still in service, please submit an Initial or Continued Stay Authorization Request.

After selecting “New Request” the form will be visible at the bottom of the section titled “Authorization for Admission to Care Request Forms”.

The screenshot shows the Lucet web portal interface. At the top, there is a navigation bar with links for Home, My Services, My Account, and Logout. Below this is a section titled "Selected Member" which contains a list of member details: Member Name, Group Name, Effective Date, Termination Date, Contract Status, Product Name, Date of Birth, and Member ID. A "Find a Different Member" button is located below these details. To the right of the member details is a link for "Form Descriptions". Below this is a section titled "Authorization for Admission to Care Request Forms" which contains a list of request forms. The "Post Discharge Authorization Request Form" is highlighted with a red box and a "New" link. A red arrow points to this link from the left.

Authorization for Admission to Care Request Forms	
Initial Authorization Request	New
ABA Pre-Treatment Assessment	New
ABA Initial Treatment	New
TMS	New
ECT Initial	New
Psychological Testing	New
Post Discharge Authorization Request Form	New

Post Discharge Authorization Request Form

The completed form and attached electronic record will automatically upload in the Lucet medical record system.

The facility electronic medical record **must** be uploaded as a part of the form submission.

Only **one** submission for a specific level of care is allowed.

Lucet
POST DISCHARGE AUTHORIZATION REQUEST FORM

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:
Date Of Birth: [Redacted]
Member Address: [Redacted]

Please answer the following survey questions:

PLEASE NOTE: IF THE MEMBER IS STILL IN THE REQUESTED LEVEL OF CARE, PLEASE SUBMIT AN INITIAL AUTHORIZATION REQUEST OR CONTINUED STAY REVIEW FORM - NOT THIS FORM

Member Name * Required
[Text Field]

Member telephone number
[Text Field]

Member address
[Text Field]

Does the Member have a Parent/Guardian?
 Yes
 No

Attach all medical records relevant to the exact level of care being requested. In order to process your request in the most timely manner, please provide us with an H&P / psychosocial / psych evaluation, nursing / physician / group notes, daily progress notes, at least one MAR, any relevant labs, and a discharge summary. If an authorization for services is being sought on more than one level / type of care, a Webpass submission must be completed for each level / type of care requested. * Required
Allowed files are .pdf, tiff and tif.

Choose File No file chosen [X] Upload File

Please attach Release of Information with member / guardian signature giving NDBH permission to communicate with member's family / support.
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 ALL OF THE INFORMATION PROVIDED IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD PROVIDED AND ONLY INFORMATION REGARDING THIS LEVEL OF CARE, AUTHORIZATION AND MEMBER IS INCLUDED IN THIS UPLOAD.

Continue Later Complete and Submit

QUESTION JUMPLIST

- Required and not Answered
- ✓ Required and Answered

PLEASE NOTE: IF THE MEMBER...

- Member Name
- Member telephone number
- Member address
- Does the Member have a Parent/Gu...
- Enter the name and telephone num...
- Facility Name
- Facility Tax ID
- Facility NPI
- Facility address (where member w...
- State where member is being trea...
- Name of facility staff completin...
- Telephone number of facility sta...
- Fax number of facility staff com...
- Attending Provider First Name
- Attending Provider Last Name
- Attending Provider Credentials (...)
- Attending Provider Phone Number
- Diagnosis
- Level of Service or Care Request...
- Billing code(s) requested
- Date of admission to this level...

Post Discharge Authorization Request Form

The request is not complete until the records have been successfully uploaded.

A message will appear on the form notifying you of the completed upload.

Uploads are not attached to the member record until the form is officially submitted.

Attach all medical records relevant to the exact level of care being requested. In order to process your request in the most timely manner, please provide us with an H&P / psychosocial / psych evaluation, nursing / physician / group notes, daily progress notes, at least one MAR, any relevant labs, and a discharge summary. If an authorization for services is being sought on more than one level / type of care, a Webpass submission must be completed for each level / type of care requested. * Required

Allowed files are .pdf, tiff and tif.

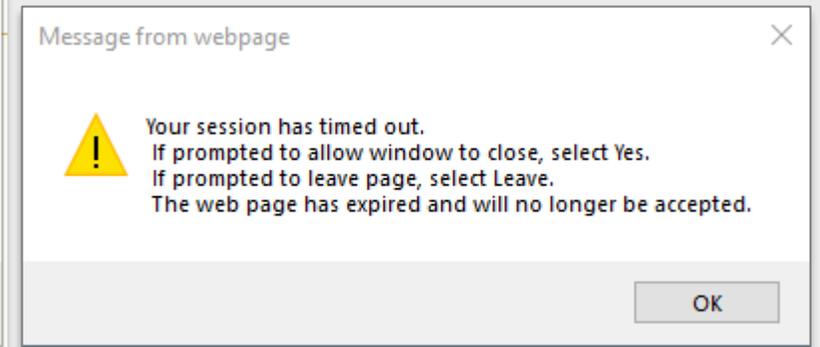
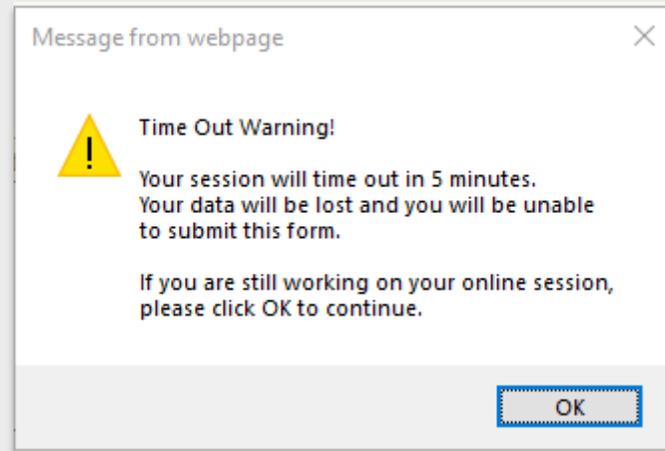
Files Uploaded: Upload example.pdf

Choose File No file chosen X Upload File

File upload Successful!

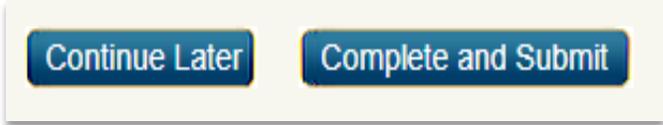
Time Out Warning

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.



Saving Partially Completed Forms

At the bottom of each form, the following options will be available:



POST DISCHARGE AUTHORIZATION REQUEST FORM **SURVEY HAS BEEN PARTIALLY SAVED SUCCESSFULLY.**

You will have 7 days to complete this form from 10/25/2024 2:37:08 PM CST

Note: Forms must be completed and submitted within 7 days after they are initially saved, or they will be auto-deleted.

Any provider staff who has a WebPass account under the same Tax ID can complete the form*. Users will have the option to continue or remove forms.

*Each user must use their own login.

Authorization for Admission to Care Request Forms		
Initial Authorization Request		New
ABA Pre-Treatment Assessment		New
ABA Initial Treatment		New
TMS		New
ECT Initial		New
Psychological Testing		New
Post Discharge Authorization Request Form	Continue	Remove

Summary

- ◆ Update “query date” to the date of service you are requesting.
- ◆ Standard Appeal Requests are only for an adverse benefit determination based on Medical Necessity Criteria.
- ◆ Claim denial for lack of precertification is a retrospective review, not an appeal.
- ◆ For a Standard Appeal Request, always “Select” the authorization tied to the adverse benefit determination.
- ◆ Retrospective reviews are only for when the member has been discharged.
- ◆ Only **one** submission for a specific level of care is allowed.

Technical Support



If you have technical issues or are unable to complete a form, please email Lucet at 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 1 business day for a response to your email.

To avoid disruption in the authorization process, notify the Utilization Management Team to proceed with an alternative review method.