

Lucet

# WebPass Guide *for Providers*

How to use WebPass to request HLOC authorizations

March 2024

LucetHealth.com

WebPass Guide

# Welcome to *Lucet* *WebPass*

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

Lucet is the leading behavioral health optimization company!

Our proprietary platform and tech-enabled services allow us to address behavioral health needs on every level.



## Check Eligibility and Benefits

by navigating to the Member Benefits Summary page!

This Member Benefit Summary is based on benefit and eligibility information known at the time of the inquiry plus up to 24 hours. Benefits and eligibility are subject to change. This is not a guarantee of claims payment.

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## Request Behavioral Health Authorizations

by completing appropriate clinical form requests!

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## Contact Us

by submitting a form to our WebPass support team!

# Signing Up

To initiate WebPass, facilities can sign up using the following instructions:

- ◆ Submit the 'Contact Lucet Provider Relations' form to obtain a username and password. This is available by clicking the link from the home page of the portal.
- ◆ Send an email to Lucet with the request to be an administrator for your organization. The administrator will then be responsible for managing facility users, including adding users, resetting passwords, and deleting users no longer authorized to access the facility's WebPass account.
  - ◆ Include the Facility Tax ID
  - ◆ Indicate individual's first name, last name, and work email address.

Emails should be addressed to [prwebpass@ndbh.com](mailto:prwebpass@ndbh.com).

# Signing Up

Once Lucet receives and processes the request, we will send an email to each user. It will include a username and instructions on how to complete the set-up process.

**Subject:** Welcome to Lucet WebPass!

Thank you for registering for the Lucet WebPass!

Below is your WebPass username. Your username will allow you to complete the registration process. Please keep this information in a secure location.

[example@lucethealth.com](mailto:example@lucethealth.com)

To receive your password, please follow these instructions:

1. Visit <https://webpass.ndbh.com/> and enter your username: [example@lucethealth.com](mailto:example@lucethealth.com).
2. Once you have entered your username, then click **Login**.
3. **Agree** to the Terms of Use and Confidentiality Agreement.
4. **Once you have agreed to the Terms of Use**, you will receive **another email with a password** to complete the login process.

*Please note a password cannot be obtained without agreeing to the Terms of Use and Confidentiality Agreement.*

Login link:

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

# First Time Logging In

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

*Note: Users will be prompted to agree to the Terms of Use every 90 days.*

*A timestamp is displayed in the top right corner advising when the TOU were last reviewed by user.*

*Accounts that have not been used in 180 days will be deactivated.*

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## Lucet<sup>®</sup>

**Effective January 1, 2024, Blue Cross Blue Shield of Michigan providers will no longer be able to submit authorization requests in the WebPass portal and must log in through Availity to submit authorization requests.**

### WebPass Terms of Use & Confidentiality Agreement

The Lucet WebPass program allows you to request authorizations, provide clinical information, and contact Lucet's Provider Relations. This is an Agreement between a WebPass user ("User") and Lucet, LLC ("Lucet"). The following terms and conditions, together with any documents they expressly incorporate by reference, govern use of WebPass, including any content, functionality and services offered on or through WebPass.

By accessing and using WebPass in any way, you agree to be bound by the Terms of Use and Confidentiality Agreement ("Terms of Use"), and any document incorporated by reference, including Lucet's Privacy Policy located at <https://lucethealth.com/privacy-policy>.

#### WEBPASS USER ACCESS

**Eligibility.** By registering to use WebPass, User represents and warrants that User is (i) a Provider, Facility, User of Provider or Facility or Health Plan Customer; (ii) you have not been suspended or removed from WebPass; and (iii) you have the legal capacity to enter into these Terms of Use.

**Registration and Access.** Access to WebPass requires a User to register. You will be asked to provide information about yourself including your name, email address, TIN, and service address, as necessary. When accessing WebPass, you are entirely responsible for maintaining the confidentiality of your password and account and for any and all activities that occur under your account. At no time will you share your username or password with others, including others within your practice or place of business. You agree to immediately notify Lucet of any unauthorized use of your account or any breach of security of which you become aware. You may be held liable for losses incurred by Lucet or any other user of or visitor to WebPass due to the use of your username, password or account by another person or entity. You may not use anyone else's username, password or account. Lucet cannot and will not be liable for any loss or damage arising from your failure to comply with these obligations. Access to the WebPass is granted at Lucet's sole discretion and may be revoked at any time. Lucet reserves the right to terminate your access to WebPass in the event that you violate these Terms of Use, or for any reason whatsoever. Additionally, you agree to the following:

1. After 90 consecutive days of inactivity, you will be locked out of the WebPass system and will be required to go through the application process again to access WebPass.
2. Upon leaving the organization or practice with which you currently are associated, you will immediately stop using WebPass and immediately notify Lucet and your organization's WebPass administrator of your departure.
3. You will immediately notify Lucet 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.
4. 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 Lucet and your organization's WebPass administrator.
5. 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 Lucet and your organization's WebPass administrator.
6. If you have reason to believe that a third party attempted to inappropriately gain access to information via WebPass, you will immediately notify Lucet and your organization's WebPass administrator. You will only use WebPass as intended and will not access information or submit requests for personal, non-business, reasons.
7. You will only use WebPass to access the minimum necessary amount of information needed to accomplish your business purpose.
8. It is your responsibility to maintain internet access and a web browser that supports JavaScript and Secured Sockets Layer communication. Please use the latest modern web browser such as Chrome or Microsoft Edge.
9. You will treat the information entered into WebPass and the information obtained from WebPass as highly confidential, and will maintain Protected Health Information ("PHI") according to the privacy and security standards set forth in the Health Information Portability and Accountability Act of 1996 and its implementing regulations, the HITECH Act, 42 C.F.R. Part 2, state law confidentiality provisions, and the confidentiality agreement below.
10. Lucet will take no responsibility for computer hardware or software owned by individuals, organizations, or entities other than Lucet who decide at their own risk to pursue business activities through the use of WebPass or any other method external

# Signing Up

The second email will confirm registration is complete and provide new users with their temporary password. After logging in with this temporary password, users will be directed to change their password.

Note: Current Password is the temporary password sent via email.

**Subject:** Registration complete for Lucet WebPass

Welcome to Lucet WebPass!

You have completed the registration process for WebPass.

WebPass allows you to verify member eligibility and benefits, request authorizations, and update your user profile.

Below is your username and password. Please keep this information in a secure location.

**This password is only active for 24 hours. Please login and create a permanent password. If the 24 hours elapse without setting up your permanent password, please go to <https://webpass.ndbh.com/> and select "Forgot Password?" to generate a new temporary password.**

Username: [example@lucethealth.com](mailto:example@lucethealth.com)

Password: 625b55&207Fu

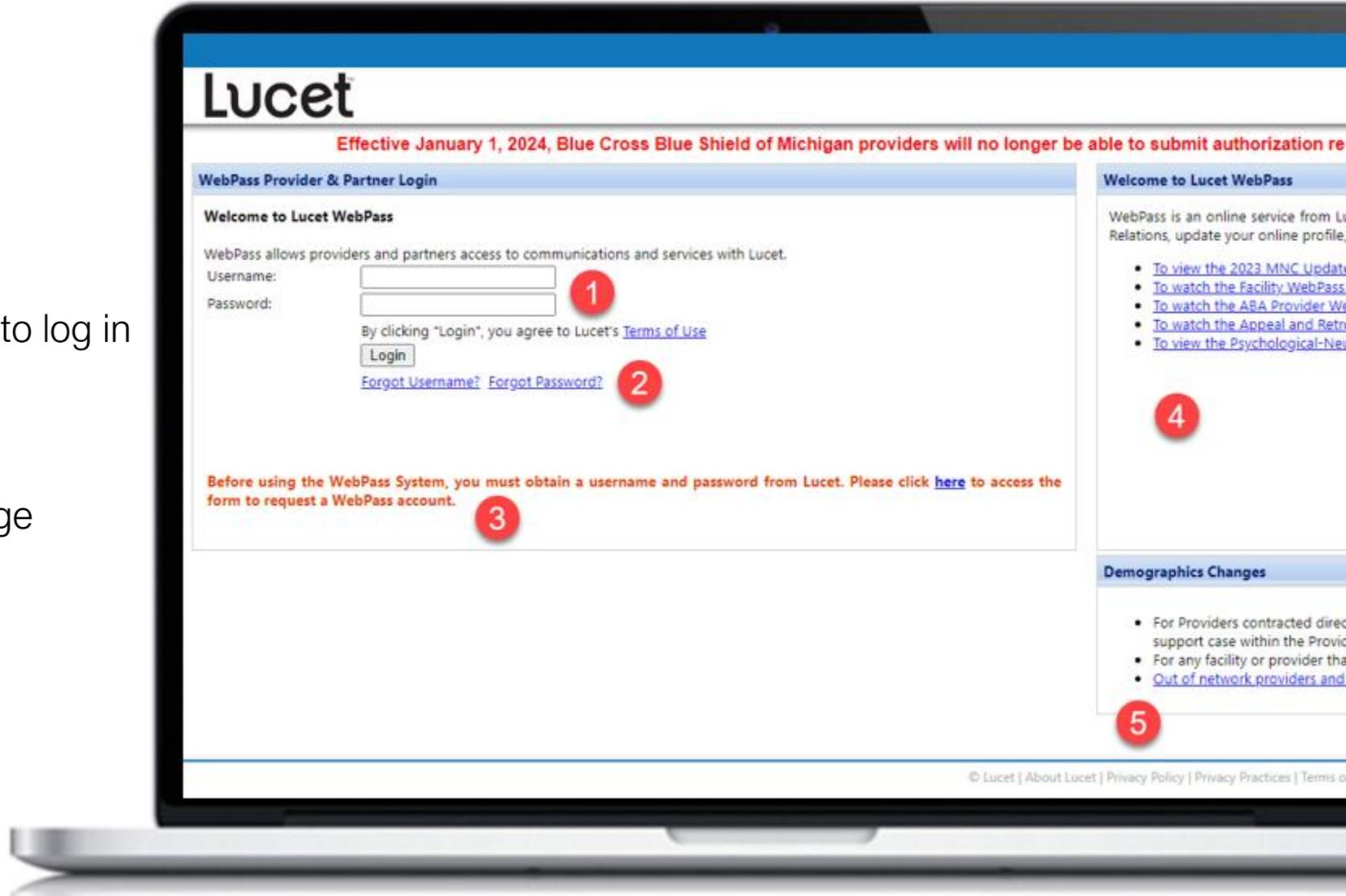
Login link:

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

# Login Page

The login page is where you can:

1. Enter your username and password to log in
2. Reset password
3. Request access
4. Access user guide tutorials
5. Access provider demographic change information



# Getting Started

The first step is a member search. To do so, enter the member ID number (minus the prefix).

- 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.

You also have the option to enter the member's last name (first 3 letters minimum), first name (first 3 letters minimum) and date of birth.

### Find an Insured Member

Member Number:	<input type="text"/>	For Blue Products, drop the pre-fix before entering the member information. Example: LCKH12345678 would be entered as H12345678, or YBC12K123456 as 12K123456.
Date of Birth:	<input type="text"/> 	
Query Date:	<input type="text" value="03/13/2024"/> 	
<input type="button" value="Find Member"/>		
<hr/>		
Last Name:	<input type="text"/>	If the member is not managed by Lucet, the member's information will not be available.
First Name:	<input type="text"/>	
Date of Birth:	<input type="text"/> 	
Query Date:	<input type="text" value="03/13/2024"/> 	
<input type="button" value="Find Member"/>		
<hr/>		
<input type="button" value="Clear All Information"/>		

# Open Authorizations Dashboard

This is a quick reference on the home page which displays authorizations that have not been 'closed' i.e. the discharge clinical review form has not been completed. The discharge survey is critical in ensuring member has appropriate follow-up care to manage their behavioral health.

The dashboard will display authorizations tied to the TaxID associated with the logged in user, allowing more flexibility for provider groups.

Users can click "Select" to navigate to the Clinical Forms page and complete the Continued Stay Review or Discharge Clinical Review.

Cases will fall off this dashboard once 30 days from the anticipated discharge date has passed.

**Lucet**  
Home My Services My Account Logout

**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:

Date of Birth:

Query Date:

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

**Find a Florida Blue Member**

Last Name:

First Name:

Date of Birth:

Query Date:

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

**Open Authorizations Dashboard**

	Authorization Number	Provider Name	Member	Treatment Description	Detail Start Date	Detail End Date
<input type="button" value="Select"/>	1837078	ST JOSEPH'S WOMENS HOSPITAL		Inpatient Day- Mental Health	03/01/2024	03/05/2024
<input type="button" value="Select"/>	1837075	ST. JOSEPH'S HOSPITAL		Inpatient Day- Mental Health	02/21/2024	02/25/2024

# 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, there is a navigation bar with links for Home, My Services, My Account, and Logout. Below this, the page is divided into two main sections. The left section, titled "Welcome to Lucet WebPass", contains a brief description of the service and a list of links. The right section, titled "Selected Member", displays member information for Jane Doe. A "My Services" dropdown menu is open, showing a list of services with "Clinical Forms" highlighted in yellow.

**Lucet™**

Home My Services My Account Logout

**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

Home My Services My Account Logout

**Clinical Forms**

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

# Facility Address Selection

The screenshot displays the Lucet web interface. At the top left is the Lucet logo. A navigation bar contains links for Home, My Services, My Account, and Logout. Below this is a 'Selected Member' section with the following details:

- 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

A 'Find a Different Member' button is located below the member ID. To the right, a modal window titled 'Select the address where the member is being treated: ST JOSEPHS HOSPITAL INC TIN:590774199' is open. It features a search input field and a dropdown list of facility addresses:

- Riverside | 3030 W DR MLK JR BLVD TAMPA FL 33607 | NPI:1346519816
- North Location | 3001 W DR MLK JR BLVD TAMPA FL 33607 | NPI:1881632818
- Downtown | 4211 VAN DYKE RD LUTZ FL 335588005 | NPI:1881632818
- South Location | 4918 N HABANA AVE TAMPA FL 336146815 | NPI:1881632818
- Beaches | 6901 SIMMONS LOOP RIVERVIEW FL 335789498 | NPI:1881632818

Below the modal, another section titled 'Select the address where the member is being treated: ST JOSEPHS HOSPITAL INC TIN:590774199' shows a dropdown menu and a 'Select' button. A note at the bottom of this section reads: 'Please access the Provider section of [lucethealth.com](http://www.lucethealth.com) and follow the links to update your demographic information'.

Facilities with multiple locations will be required to select the address where the member is being treated before accessing Clinical Forms.

If you are unable to find the correct address from the drop-down list, please go to the provider section of [www.lucethealth.com](http://www.lucethealth.com) and follow the links to update your demographic information.

# New Requests & Linked Information

To start an Initial Authorization Request or to submit a form that does not need to be linked, click on "New Request."

After an authorization has been created, users can link additional forms to that authorization.

To link a form, click "Select" next to the correct authorization number.

By linking forms to an existing authorization, certain information will be automatically carried over to pre-populate the additional forms. For example, when the same question appears on both forms.

**Selected Member**

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

**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.

	Authorization Number	Line Number	Service Code	Authorized Units	Treatment Description	Detail Start Date	Detail End Date	Auth Status Description
<input type="button" value="Select"/>	0279977	001	124	3	Inpatient Day- Mental Health	12/22/2000	12/25/2000	Open
<input type="button" value="Select"/>	0918666	001	H0032		Mental health service plan development by non-physician	06/12/2018	12/12/2018	Open
<input type="button" value="Select"/>	0913268	001	124	0	Inpatient Day- Mental Health	11/14/2017	11/14/2017	Open

# Authorization Requests & Discharges

To request authorizations from Lucet, please use the appropriate clinical form. Form Descriptions can be found by clicking the hyperlink.



## Authorization for Admission to Care Request Forms

**Initial Authorization Request:** Initial request for authorization of mental health or substance use disorder inpatient, residential, partial hospital, or intensive outpatient services.

Note: TMS, ECT and Psychological Testing require separate form submissions.

## Authorization for Ongoing Care Request and Care Coordination

**Continued Stay Authorization Request:** Ongoing requests for mental health or substance use disorder inpatient, residential, partial hospital or intensive outpatient services.

**Discharge Clinical Review:** Discharge information for mental health or substance use disorder inpatient, residential, partial hospital or intensive outpatient services.

# Submitting a Corrected Initial Authorization Request



Home My Services My Account Logout

Reviewed Terms Of Use: 2/13/2024 9:11 AM

Effective January 1, 2024, Blue Cross Blue Shield of Michigan providers will no longer be able to submit authorization requests in the WebPass portal and must log in through Availity to submit authorization requests.

**Selected Member**

Member Name: [Redacted]  
Group Name: [Redacted]  
Effective Date: [Redacted]  
Termination Date: [Redacted]  
Contract Status: [Redacted]  
Product Name: [Redacted]  
Date of Birth: [Redacted]  
Member ID: [Redacted]

Find a Different Member

**Completed Clinical Forms**

Title: Initial Authorization Request  Only display this type of survey

Print this page Create survey PDF **Create a copy**

Survey: Survey 1 of 1 Date: 2/21/2024 11:17 AM By: Kimberly Raymond

**Authorization for Admission to Care Request Forms**

Initial Authorization Request	<b>Continue</b>	Remove
ABA Initial Assessment	New	
ABA Initial Treatment	New	
TMS	New	
ECT Initial	New	
Psychological Testing	New	
Retrospective Authorization Request Form	New	

If your facility submitted an Initial Authorization Request with clinical errors within the last 20 days, and you have notified Lucet of your request to rescind and resubmit, there is now an option to “Create a Copy” of the Completed Clinical Form, providing users an efficient way to prepopulate the form for resubmission. Selecting this button will bring user to the Clinical Forms tab with the option to Continue with this Copy or Remove/Cancel.

Users will be required to enter the Start Date and Primary Diagnosis and should make all other applicable corrections before submitting.

Please note that if changing the selected Level of Care, the resulting questions may change to ensure users are submitting the most updated clinical information for review.

# Authorization Requests & Discharges

After users select “New Request,” a forms list will be displayed.

A new Initial Authorization Request must be submitted for transition to a new level of care.

Note: If you see “Continue” next to a form, a request has already been started for the member. Partially saved surveys will remain available until removed or expired.



Home My Services My Account Logout

### Selected Member

Member Name:  
Group Name:  
Effective Date:  
Termination Date:  
Contract Status:  
Product Name:  
Date of Birth:  
Member ID:

Find a Different Member

[Form Descriptions](#)

### Authorization for Admission to Care Request Forms

Initial Authorization Request	<a href="#">Continue</a>	<a href="#">Remove</a>
ABA Initial Assessment	<a href="#">New</a>	
ABA Initial Treatment	<a href="#">New</a>	
TMS	<a href="#">New</a>	
ECT Initial	<a href="#">New</a>	
Psychological Testing	<a href="#">New</a>	
Retrospective Authorization Request Form	<a href="#">New</a>	

# Authorization Requests & Discharges

[Form Descriptions](#)

After selecting an authorization, you will be able to select from the Ongoing Care Request and Care Coordination forms or initiate a Standard Appeal Request if the authorization selected is in denied status.

## Authorization for Admission to Care Request Forms

None

## Authorization for Ongoing Care Request and Care Coordination

Continued Stay Review	<a href="#">New</a>
Discharge Clinical Review	<a href="#">New</a>
Bridge Clinic Access Transition	<a href="#">New</a>
ABA Initial Treatment Resubmission	<a href="#">New</a>
ABA Authorization Amended Request Form	<a href="#">New</a>
ABA Continuation of Care	<a href="#">New</a>
ABA Discharge Form	<a href="#">New</a>
ECT Concurrent	<a href="#">New</a>

## Appeals Forms

Standard Appeal Request	<a href="#">New</a>
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# Completing Clinical Forms

After users select a form, they will enter the clinical information needed for Lucet to conduct a higher level of care review.

As answers are provided, the Question Jumplist on the right will display a green checkmark. Clicking on an item listed in the Question Jumplist will link users to that question. This helps with navigation on the form.

**INITIAL AUTHORIZATION 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:** 2386632  
**Date Of Birth:** 1/1/2000  
**Member Address:** 000000000000 Null No Town KS 66833

Please answer the following survey questions:

**PLEASE ANSWER THE FOLLOWING SURVEY QUESTIONS**

Member Telephone Number \* Required  
(000) 000-0000 Ext. \_\_\_\_\_

Is the member's address information above correct? \* Required  
 Yes  
 No

**LEGEND**

- Required and not Answered
- ✓ Required and Answered

**QUESTION JUMPLIST**

PLEASE ANSWER THE FOLLOWING...

- ✓ Member Telephone Number
- Is the member's address informat...
- Does member have a parent/guardi...
- Facility Name
- Facility Tax ID
- Facility NPI
- Facility address
- State where member is being trea...
- ✓ Name of facility staff completin...
- Phone number of facility staff c...
- Will you be following this membe...
- Utilization Review fax number
- Is the Utilization Reviewer the ...
- Level of Service or Care request...
- Attending Provider First Name
- Attending Provider Last Name
- Attending Provider Credentials

# Interactive Questions

Some questions only appear based on the previous answer given.

**COORDINATION OF CARE**

Is member in current outpatient treatment? \* Required

Yes  
 No  
 Unknown

What type of provider is it? \* Required

Psychiatrist / APRN  
 Therapist  
 Case Manager / Community Support  
 Electroconvulsive Therapy  
 Visiting Nurse  
 Other

Please list Psychiatrist / APRN Name, Credentials, Phone Number, and Appointment Information \* Required

# Review of Prepopulated Information

After a user changes the highlighted information, the highlight will be removed, and an "Edited" indicator will appear.

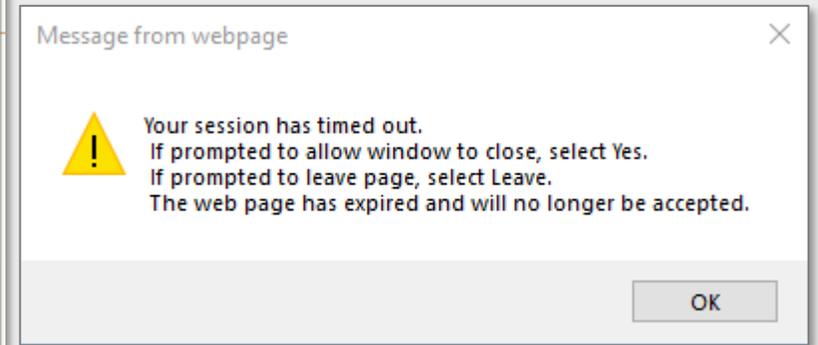
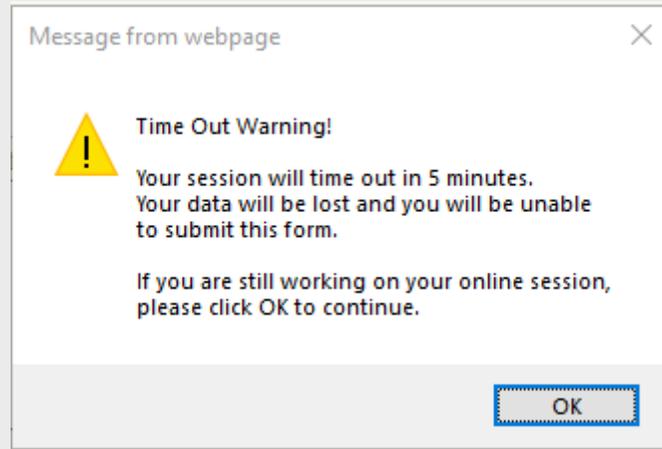
- Only alpha-numeric characters count as edits.
- Spaces, returns, punctuation, and special characters will not be counted as an edit.
- Hovering over the "Edited" indicator will display the previous response.

The Legend provides helpful editing tips.

The screenshot shows a web form titled "CONTINUED STAY AUTHORIZATION REQUEST". At the top, a red-bordered warning box states: "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." Below this, member information is displayed: Member Name: Jane Doe, Member Id: 88888888888888, Date Of Birth: 1/1/2000, Member Address: 000000000000 Null No Town KS 66833, and Authorization Number: 1372355. The form asks the user to answer survey questions. Several fields are pre-filled with "EDITED" indicators: Member Telephone Number (555-5555), Parent/Guardian Name (QA test), Parent/Guardian phone number (555-5555), and Facility Name (ABC Hospital). A legend on the right side of the form explains the indicators: a red dot for "Required and not Answered", a green checkmark for "Required and Answered", a yellow highlight for "Answer has not changed from previous submission", and a green "EDITED" box for "Answer has been edited". A "QUESTION JUMPLIST" on the right lists various questions, some of which are highlighted in yellow, indicating they have not changed from the previous submission.

# 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:

[Continue Later](#)

[Complete and Submit](#)

**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.

CONTINUED STAY AUTHORIZATION REQUEST SURVEY HAS BEEN PARTIALLY SAVED SUCCESSFULLY.

You will have 7 days to complete this form from 6/28/2021 3:20:22 PM CST

USER DETAILS:

Member Name: JANE DOE

## Authorization for Ongoing Care Request and Care Coordination

Discharge Clinical Review	<a href="#">New</a>	
Bridge Clinic Access Transition	<a href="#">New</a>	
Continued Stay Authorization Request	<a href="#">Continue</a>	<a href="#">Remove</a>
ABA Continuation of Care	<a href="#">New</a>	
ABA Initial Treatment Resubmission	<a href="#">New</a>	
ABA Authorization Amended Request Form	<a href="#">New</a>	
ABA Discharge Form	<a href="#">New</a>	
TMS Concurrent	<a href="#">New</a>	
ECT Concurrent	<a href="#">New</a>	

# Submitted Requests

Once a user has finished a form and selected "Complete and Submit" they will see a new page showing the form has been successfully submitted.

**CONTINUED STAY AUTHORIZATION REQUEST SUBMITTED SUCCESSFULLY.**

**USER DETAILS:**  
Member Name: JANE DOE  
Member Id: 888888888888  
**Submission ID: 4386672**

**ADDITIONAL SURVEY ACTIONS**  
This survey submission created the following workflow events:  
• A contact has been created and associated with this survey submission.

**QUESTIONS ANSWERED:**

**PLEASE ANSWER THE FOLLOWING SURVEY QUESTIONS**

Member Telephone Number  
(555) 555-5555

Is the member's address information above correct?  
 Yes

Please enter member's address  
No selections were made for this question.

Does member have a parent/guardian?  
 Yes

Parent/Guardian Name  
QA test

Parent/Guardian phone number  
(555) 555-5555

Does state law require parental decision-making for the type of treatment being requested?  
 No

Facility Name  
ABC Hospital

# Reviewing Submitted Forms

To view previously submitted forms for a member tied to the facility Tax ID, click on "Completed Clinical Forms" from the home page, or from the My Services dropdown menu.

**Welcome to Lucet WebPass**

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**Lucet™**

Home My Services My Account Logout

Effective

Welcome

WebPass communications

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

**Completed Clinical Forms**

Title: Concurrent Review Form

1 2

Survey: Survey 3 of 3 Date: 2/6/2015 3:05 PM By: Test Facility

Authorization Number (include all number and leading zeros)

Member Telephone Number - Please provide if not on the Precertification

# Reviewing Status of a Request

To view the status of a request, click on "Member Authorization Viewer."

Users will be able to view all processed authorization requests and statuses on the selected member related to the Facility Tax ID. Click on "Details" or "History" to view more information about the authorization.

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Member Authorizations							
	Authorization Number	Line Number	Service Code	Total Approved Units	Treatment Description	Detail Start Date	Detail End Date
<a href="#">Details</a> <a href="#">History</a>		001	124	3	Inpatient Day- Mental Health	9/15/2014	9/18/2014

# Technical Support



If you have technical issues or are unable to complete a form, please email Lucet at [prwebpass@ndbh.com](mailto:prwebpass@ndbh.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.