Interactive Care Reviewer (ICR) FAQ

Interactive Care Reviewer (ICR)

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What is ICR and the ICR landing page/dashboard?

What is ICR?

The Interactive Care Reviewer (ICR) is our online application that allows providers and facilities to submit initial and concurrent authorization requests for behavioral health (BH) services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient (IOP) and partial hospitalization programs (PHP), electroconvulsive therapy (ECT), and psychiatric testing. Additionally, ICR has an inquiry feature to locate and review case information on any authorization associated with the tax ID/organization.

Why should I use ICR?

ICR improves the efficiency of the authorization process since all authorizations are in one place and can be accessed by any staff member at any time. ICR allows users to inquire about prior authorization requests submitted via phone, fax, ICR, or other online tools. Using ICR means you no longer must request authorizations by phone or fax since you can create the request, attach, and submit clinical notes and supporting images, make updates, and get responses from ICR.

How do I get access to ICR and create an account?

ICR is an application you will access through the Availity Portal, so your provider/facility organization needs to be registered with Availity.

* Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.

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*****Please note: The person starting the registration process agrees to be the *Administrator* for your organization and will administer the addition of new users within your facility.*****

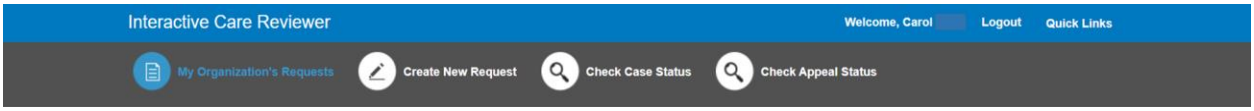
The person selected to be your Availity Administrator must first register your provider organization for the Availity Portal— **https://www.availity.com** — by taking the following steps:

1. From the Availity website, select the **REGISTER** link to open the *Registration Details* landing page.
2. Select the appropriate organization type link to be directed to the *Registration Form* to create an account.
3. Once the organization account is active, your Availity Administrator will register users and assign users to the appropriate roles to access applications. To access ICR, users will need either the **Authorization & Referral Request role** (to create and update authorizations) or the **Authorization & Referral Inquiry role** (to look up and review authorization status).

What is the ICR landing page/dashboard?

The dashboard displays your organization's requests submitted, requests not yet submitted, cases requiring additional information, and cases where a decision has been rendered. The dashboard has four tabs:

1. **My Organization's Requests** — This is your home page and will display the dashboard.
2. **Create New Request** — This is used to start a new inpatient or outpatient request.
3. **Check Case Status** — View any cases submitted under your organization's tax ID and cases affiliated with your tax ID including ICR, phone, and fax requests.
4. **Check Appeal Status** — Check the status of a clinical appeal.



How do I request a new authorization?

This feature is only available for users who have the Authorization & Referral Request role assignment.

To create a new authorization request, select **Create New Request** from the ICR dashboard tab, located at the top of the ICR screen. ICR will guide you through the necessary steps to determine if an authorization request requires review. The *Request Summary* screen will let you know if the case requires a review. If the case requires review, you will continue to *Clinical Details* and then

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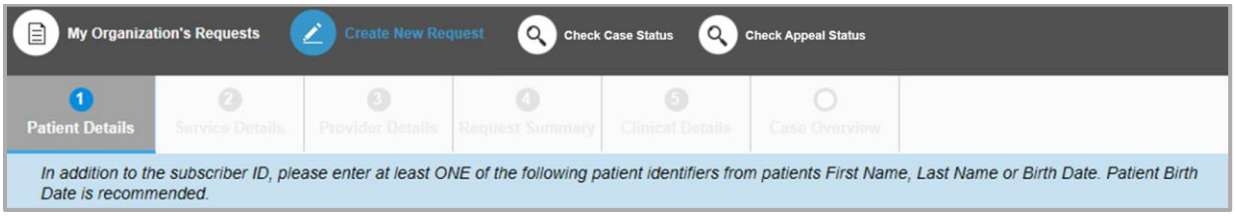
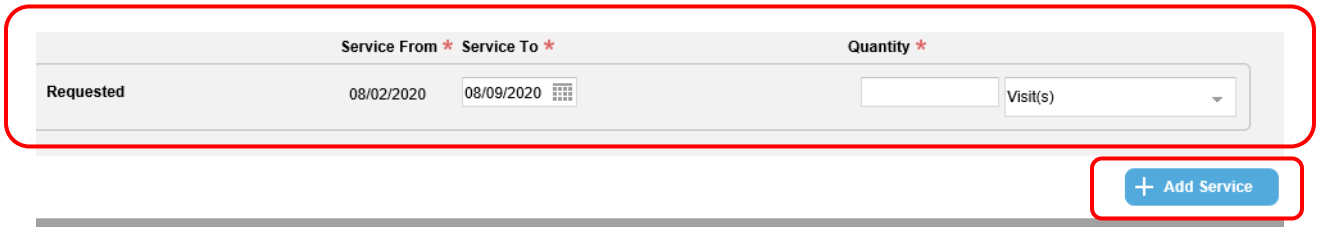
to the *Case Overview* where you will have the opportunity to review the case, make any changes, and submit.



Time saver tip	**Profile template:** Profile templates can be used to select a standard profile, for example BH Intensive Outpatient Treatment (IOP). Choosing a standard profile will auto-populate the following mandatory fields for you: Request Type, Case Type, Place of Service, Type of Service, and Level of Service.

1. **Patient Details**: Complete all the required fields in this section and choose **Find Patient**. If the information is correct, select **Confirm Patient**.
    a. **Please note:** When entering the request, in addition to entering the subscriber ID, please enter at least **one** of the following patient identifiers: patient first name, last name, or birth date. Birth date is recommended. Additionally, the subscriber ID must be entered exactly as it appears on the member's health plan assigned ID card.
    b. **Please note:** The admit date cannot be changed once the case has been decided. All services requested on this entry must be within the dates provided.
2. **Service Details:** Complete all required fields in this section by providing the patient's diagnosis and information about the service to be provided. (If you didn't select an authorization profile, the Place of Service, Type of Service, and Level of Service will be required in addition to the other required diagnosis and services fields.)
    a. **Outpatient** — Complete all indicated fields on the Diagnosis screen and the Services screen.

    After you enter each code, select the plus sign, labeled *Add Service*. The codes and their descriptions will be added to the bottom of your screen. Once you have entered all the codes affiliated with the case, choose **Next**.



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b. **Inpatient** — You will be asked to complete diagnosis and length of stay fields.
   i. **Please note:** Urgent level of service is only an option for a Future Admission. If the date of admission is the Current Date or a Past Date, the options are Elective or Emergency.
   ii. **Service information:** You will be asked to provide Place of Service (i.e., inpatient hospital), Type of Service (i.e., psychiatric), Source of Admission (i.e., ER admit).
   iii. **Diagnosis field:** The Primary Diagnosis Code may be entered directly or searched by code or description through the magnifying glass icon. Once this information has been entered, select **Next**.
   iv. **Length of Stay field:** You will be asked to provide the *Number of Days* and the *Level of Care* requested.

3. **Provider details:** There are three provider types to choose from on ICR. The *Requesting Provider*, *Service Provider*, and *Ordering Physician*. The Ordering Physician section only appears for certain outpatient requests, which have a place of service of home or a service such as durable medical equipment or home healthcare.
   a. **Please note:** To complete Provider Details, start with *Add Requesting Provider*. You can choose providers from a list by selecting the magnifying glass icon, or you can choose providers you have saved as your Favorites. (Your Favorites can be added from your initial search results.) If you don't find the provider in your search, you do have the option of doing a manual entry. You will also need to provide contact information for the chosen provider.

Time saver tip	**Favorites: ICR allows providers to save up to 25 favorites — These are providers you use often, for example servicing or requesting providers. This will save you time when completing requests.**

4. **Request summary:** This page is used to verify if requested services require preauthorization. If the service does not require preauthorization, you can note the tracking ID, print the transaction history, then close out the request.
5. **Clinical details:** Templates located in *Clinical Details* allow you to enter clinical details that in the past you provided via phone. When completing the *Clinical Details* section, please complete all required fields, marked with an * on the template.

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a. **Please note:** Completing the clinical information on the template is **mandatory** for all behavioral health prior authorization requests. (Not all requests for medical services will have a template. If there is a template, it is optional and can be skipped.)
b. After completing the template, select **next** to land on the second *Clinical Details* screen where you can include additional attachments and/or notes to support the case. Use the free form text section labeled *Clinical Notes* to enter any notes. Select *Add Note* after completing your entry.
c. You also have the option of uploading attachments, images, and photos to support the information you included on the template. Select **Choose File** to upload the information. **Please note:** If the authorization request is for medical services and you elected to skip the form or were not given a template option, you are required to include notes by either entering your notes in the allotted text box or uploading notes as an attachment to be able to submit the case.

6. **Case overview:** This allows you to view all the details of the request entered before submitting your request:
   a. To modify information, select the title of the page to go back to edit fields. Select **Submit** once you have reviewed and completed your request.

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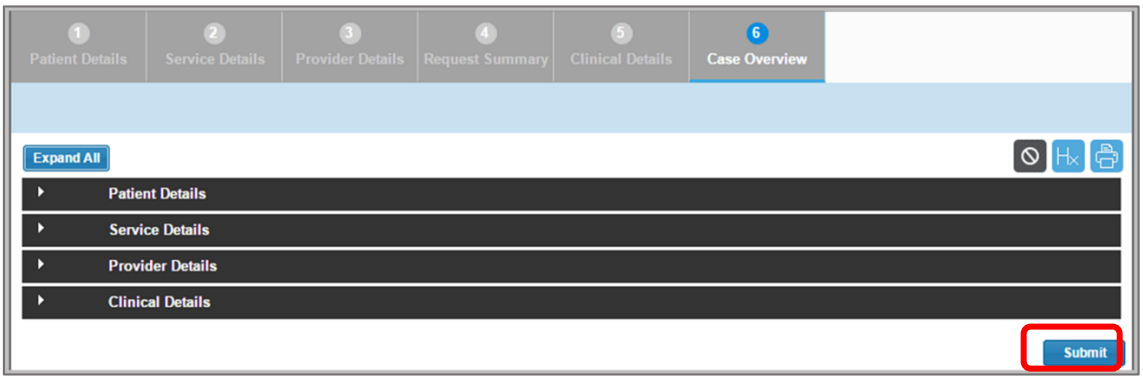

b. **Please note:** Once the request has been submitted, the new request will show up at the top of your dashboard with a status of *Review in Progress*. The blue bar will display confirmation that your request was submitted and include a tracking ID for your request. Please note the request tracking ID, so if you have any questions about the case at a later date, you can reference that number.

How do I check the status of a case?

1. Select **Check Case Status** from the ICR top navigation bar menu. You can locate cases submitted by your organization or cases associated with your organization's tax ID(s).

   Select the ICR tab to locate any case submitted through ICR. Or you can choose any of the following search options to find cases submitted through ICR, phone, and fax: Member/Date Range, Reference Number, or Discharge Date.

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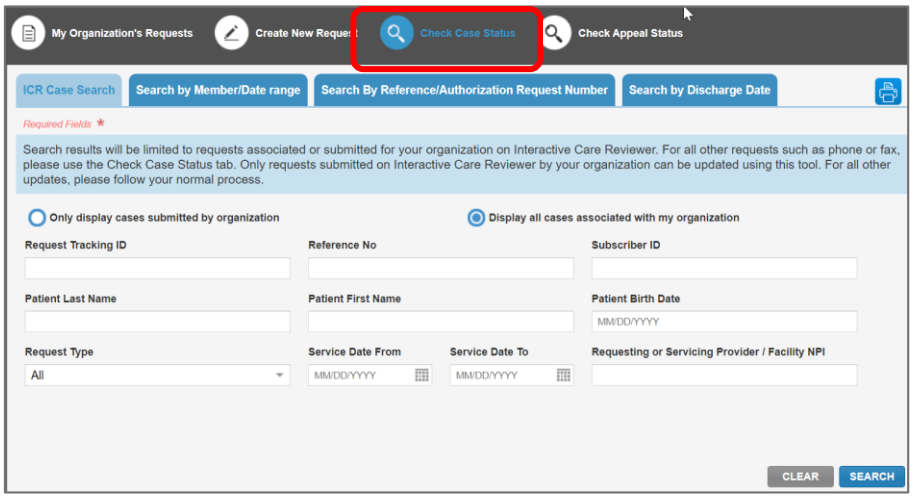

How do I view a decision? (Inpatient or outpatient)

1. Once you complete your search (described in How do I Check the Status of a Case?), select the request tracking ID of the case to open the Case Overview. Select **Expand All** to view the case. You can also view and download decision letters associated with the case.
2. Newly submitted requests will have a *Review In Progress* status on your organization's ICR dashboard. Look for cases that are last updated by system and where status is no longer *Review In Progress*. Those cases with updates or a decision can be viewed by selecting the **Request Tracking ID**.

Time saver tip	**If you have entered an email address on the *Provider Details* page, you will receive emails when there is activity on a case.**

How do I update a submitted request? (Concurrent review)

This feature is only available for users with the Authorization & Referral Request role.

1. To update a case, click on the request tracking number from the ICR dashboard or locate the case by selecting **Check Case Status** from the ICR menu. You will land on the *Case Overview*.
2. If the case is eligible to update, you will be given the choices to select *Update Case* or *Update Clinical*. To add only clinical notes, select **Update Clinical**. If you want to make changes to the diagnosis/procedure codes and the clinical notes, select **Update Case**.

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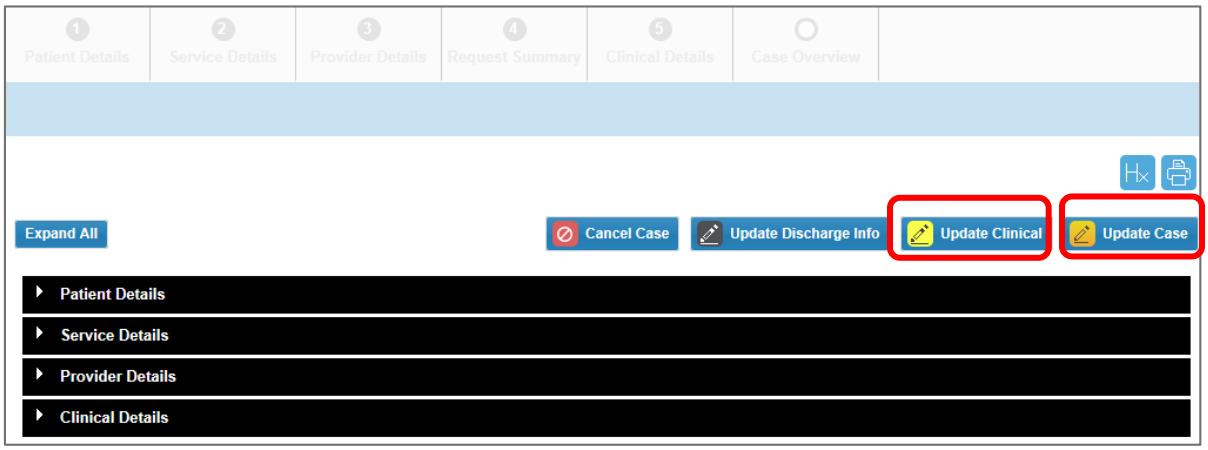

3. Before the case opens, you may be required to respond to two Y/N questions:
   a. You are getting ready to update the case; would you like to proceed?
   b. Have services been rendered?
4. After you make the updates to the case, you will navigate to the Case Overview. If everything looks good — select **Submit Update**.
5. After submitting a modified request, you will be navigated back to the ICR dashboard where that request will be viewable in a *Review in Progress* status and the *Last Updated By* and the *Last Updated Time* will reflect the changes.

How do I access the chat function for support or authorization questions?

1. *Chat with Payer* is a digital alternative to making a phone call to get questions answered through a real-time, online discussion.

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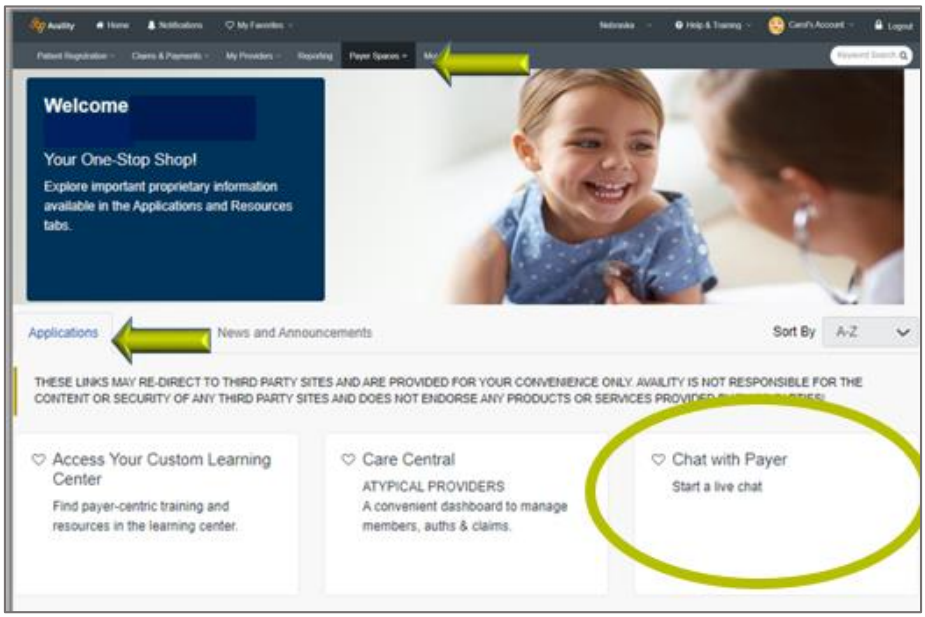
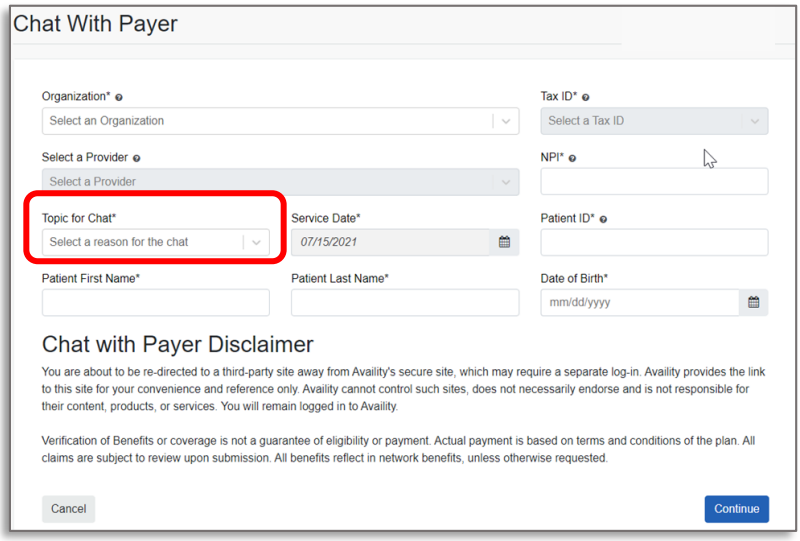


2. To begin a chat, complete all fields on the pre-chat form. Choose **Authorizations** from the *Topic for Chat* drop-down menu. Once all fields are completed, the window to chat with an agent opens.



ICR enhancements for BH information:

1. Fill out the seven questions.

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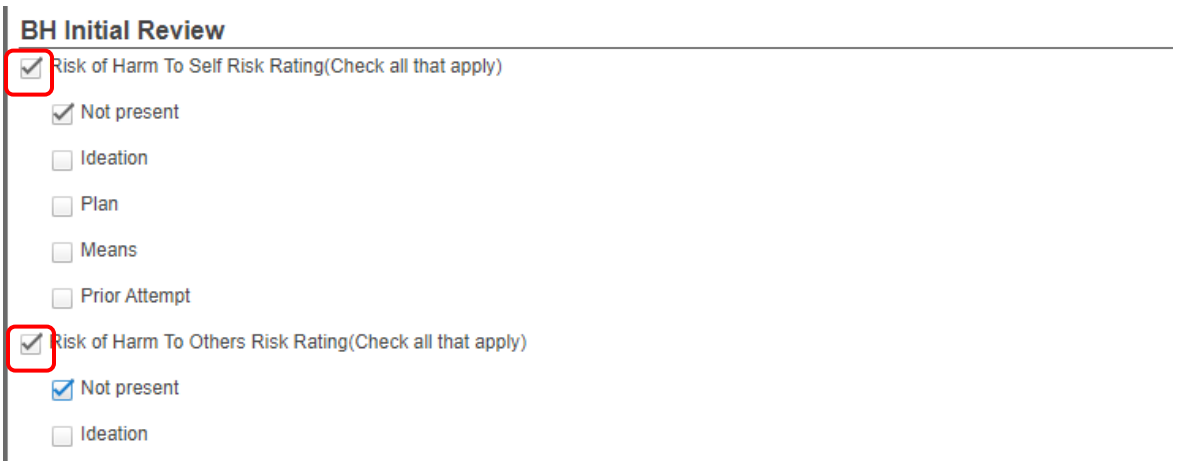
2. Select the parent checkbox on the left of the screen before filling out the remaining questions. Please see screenshot with parent checkbox circled.



3. Agree to the *Disclaimer* by checking box next to *Disclaimer* and select **Next**.
4. After hitting **Next**, a box titled *Data Tool Questions* may pop up. These will only be visible in the event the enhancement was unable to be approved based on the information submitted.
5. Once the information has been entered and **Submit** is selected, ICR will return the user to the dashboard.

Helpful tips:

- If you receive the "System Temporarily Unavailable" message on a consistent basis, your organization's firewall may be blocking the site. Please contact your IT department and ask them to review internet filters and add the provider website as a trusted site to bypass the proxy.
- Clear your cache if there seem to be missing fields or if you continue to have errors.
- **Please note: The admit date cannot be changed once the case has been decided. All services requested on this entry must be within the dates provided.** You can submit your requests from any computer with internet access. **We recommend you use Chrome, Firefox, or Edge for optimal viewing.**

Training

Follow these instructions to access ICR on-demand training through the Availity Custom Learning Center:

1. From Availity's homepage, select **Payer Spaces**.
2. Your health plan's name tile > Applications > Custom Learning Center tile.
3. From the *Courses* screen, use the filter catalog and select *Interactive Care Reviewer — Online Authorizations* from the menu. Then, select **Apply**.

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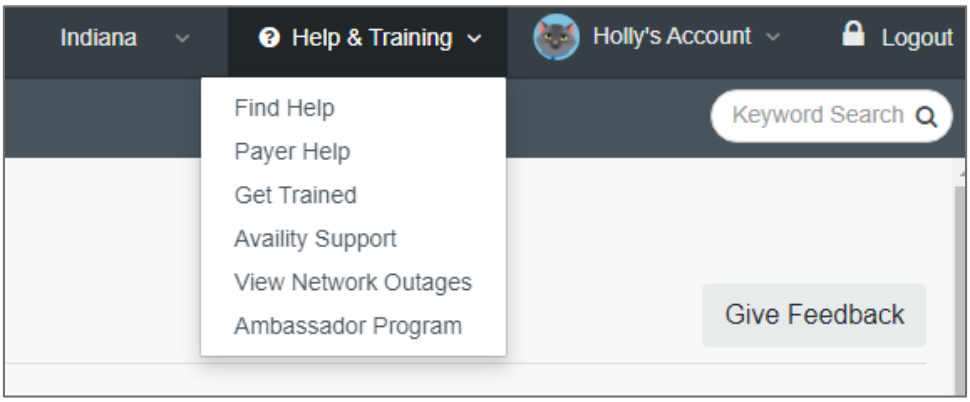
4. You will find two pages of online courses consisting of on-demand videos and reference documents illustrating navigation and features of ICR. Enroll for the course(s) you want to take immediately or save for later.

How do I submit and get support for an issue with ICR/Availity?

1. Go to the Availity Provider Portal and select **Help & Training** from the drop down option on the top right of the screen. Select **Availity Support** to submit a support ticket. Shown below.



2. This ticket will go to Availity for triage. If Availity cannot resolve the issue and determines it is a UniCare Health Plan of West Virginia, Inc. (UniCare) issue, Availity will log a SalesForce ticket that will go to the UniCare ESolutions team for resolution.

OR

3. Ask questions and get support by contacting Availity Client Services, available 8 a.m. to 8 p.m. ET/7 a.m. to 7 p.m. CT — **800-AVAILITY (800-282-4548).**