

## 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.

\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at [tn.gov/tenncare/members-applicants/civil-rights-compliance.html](https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html).

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### 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.

**\*\*\*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.\*\*\***

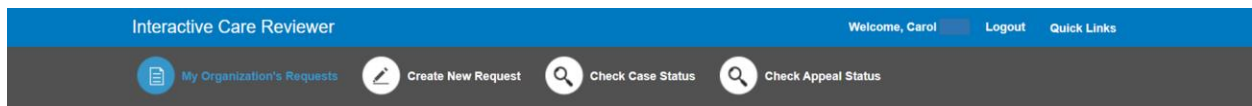
The person selected to be your Availity Administrator must first register your provider organization for the Availity Portal— <https://www.availity.com> — by taking the following steps:

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.

The screenshot shows the top navigation bar of the ICR interface. It includes a menu icon, 'My Organization's Requests', 'Create New Request' (with a pencil icon), 'Check Case Status' (with a magnifying glass icon), and 'Check Appeal Status' (with a magnifying glass icon). Below this is a horizontal progress bar with six steps: 1. Patient Details (active), 2. Service Details, 3. Provider Details, 4. Request Summary, 5. Clinical Details, and 6. Case Overview. A light blue banner below the progress bar contains the text: 'In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.'

### 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**.

The screenshot shows a form for entering service details. It has a table-like structure with columns for 'Service From \*', 'Service To \*', and 'Quantity \*'. The 'Service From' field contains '08/02/2020' and the 'Service To' field contains '08/09/2020' with a calendar icon. The 'Quantity' field is empty, and there is a dropdown menu labeled 'Visit(s)'. Below the table is a blue button with a plus sign and the text '+ Add Service'.

- b. **Inpatient** — You will be asked to complete diagnosis and length of stay fields.

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- 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.

<b>Time saver tip</b>	<b>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.</b>
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The screenshot shows a user interface for adding providers. It features two main sections: 'Add Requesting Provider' and 'Add Servicing Provider'. Each section has a search icon (magnifying glass) and a star icon (Favorites). There is also a checkbox labeled 'Same as Requesting Provider'.

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.
  - 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.)

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- 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.

The screenshot shows two main sections: 'Attachments, Images and Photos' and 'Clinical Notes'. The 'Attachments' section includes a 'Choose File' button, a 'No file chosen' status, and a 'Description' field. Below these is an 'Upload' button, which is highlighted with a red box. The 'Clinical Notes' section features a large text area for entering notes and an 'Add Note' button at the bottom right, also highlighted with a red box. A 'Next' button is visible at the very bottom of the form.

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.

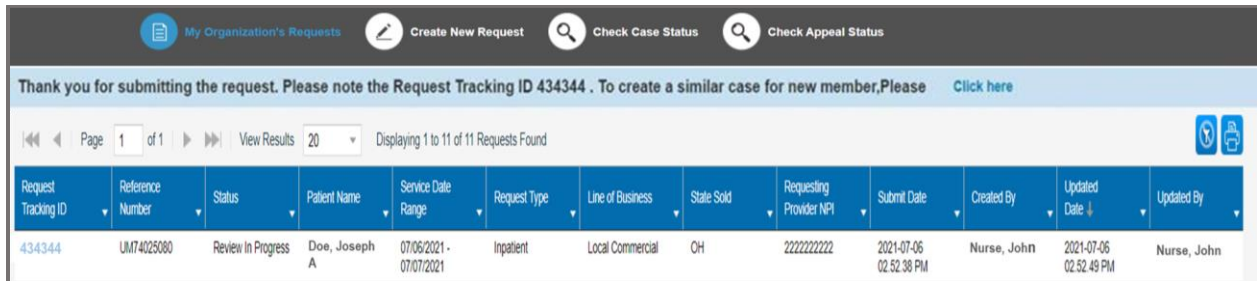
The screenshot displays a navigation bar with six tabs: 'Patient Details', 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details', and 'Case Overview'. The 'Case Overview' tab is active and highlighted. Below the navigation bar is a list of items with expandable arrows: 'Patient Details', 'Service Details', 'Provider Details', and 'Clinical Details'. An 'Expand All' button is located at the top left of this list. At the bottom right of the list, there is a 'Submit' button, which is highlighted with a red box.

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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.



Thank you for submitting the request. Please note the Request Tracking ID 434344 . To create a similar case for new member, Please [Click here](#)

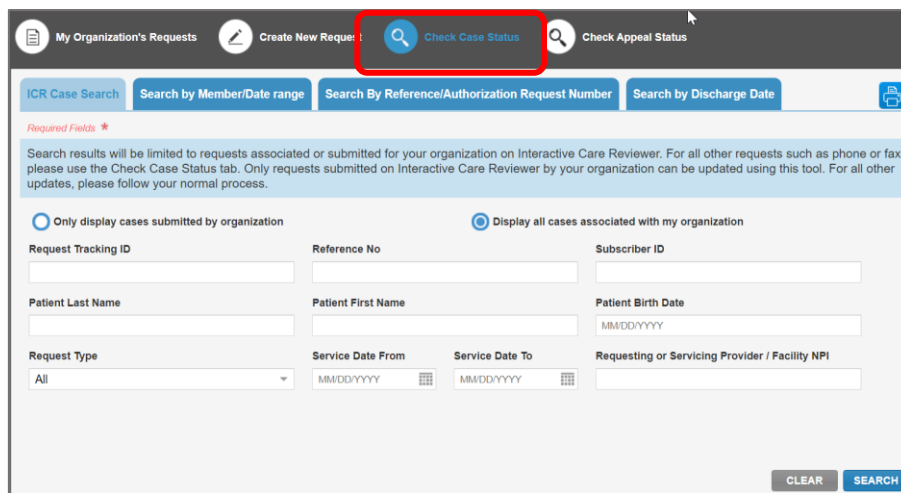
Page 1 of 1 | View Results 20 | Displaying 1 to 11 of 11 Requests Found

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Line of Business	State Sold	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
434344	UM74025080	Review In Progress	Doe, Joseph A	07/06/2021 - 07/07/2021	Inpatient	Local Commercial	OH	2222222222	2021-07-06 02:52:38 PM	Nurse, John	2021-07-06 02:52:49 PM	Nurse, John

## 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.



ICR Case Search | Search by Member/Date range | Search By Reference/Authorization Request Number | Search by Discharge Date

Required Fields \*

Search results will be limited to requests associated or submitted for your organization on Interactive Care Reviewer. For all other requests such as phone or fax, please use the Check Case Status tab. Only requests submitted on Interactive Care Reviewer by your organization can be updated using this tool. For all other updates, please follow your normal process.

Only display cases submitted by organization |  Display all cases associated with my organization

Request Tracking ID: \_\_\_\_\_ Reference No: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_ Patient Birth Date: MMDDYYYY \_\_\_\_\_

Request Type: All Service Date From: MMDDYYYY Service Date To: MMDDYYYY Requesting or Servicing Provider / Facility NPI: \_\_\_\_\_

CLEAR SEARCH

## 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

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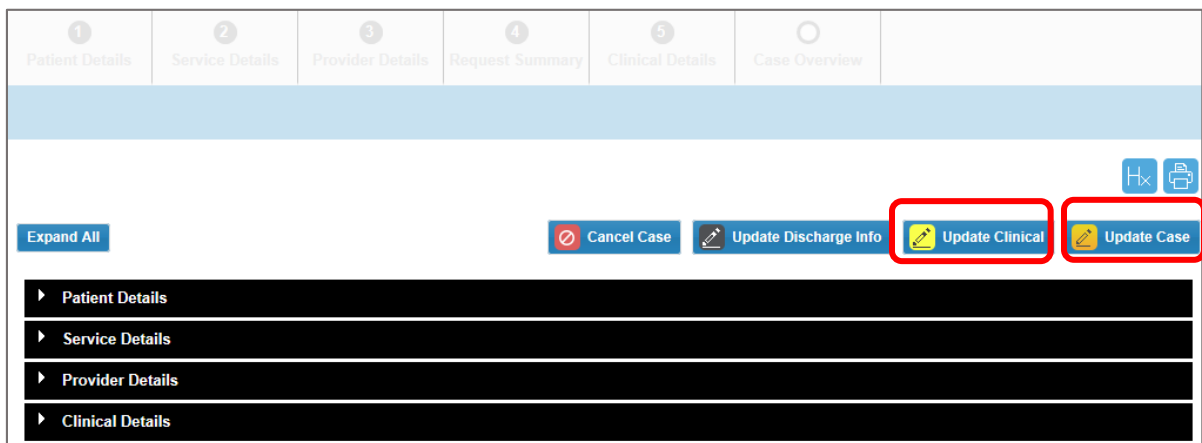
longer *Review In Progress*. Those cases with updates or a decision can be viewed by selecting the **Request Tracking ID**.

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



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?

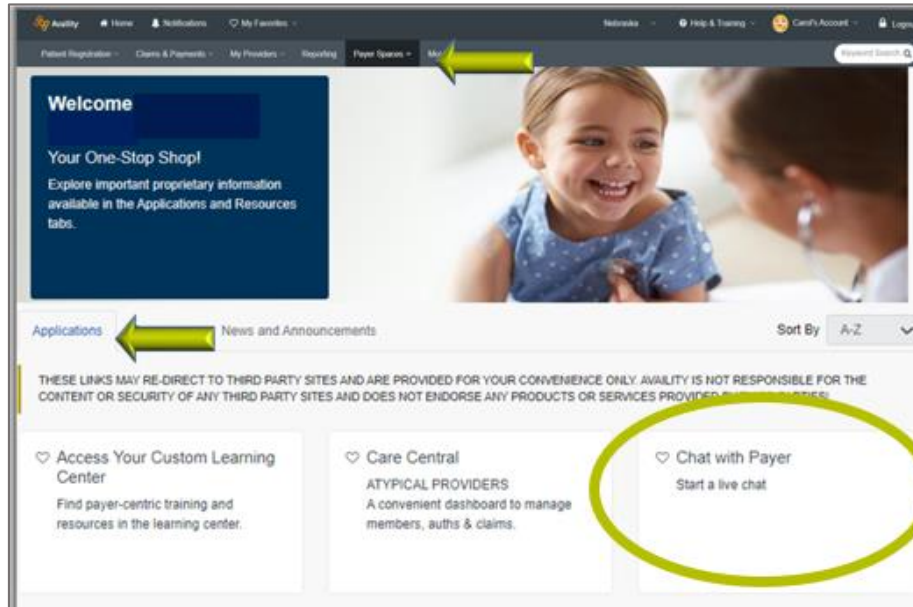
1. *Chat with Payer* is a digital alternative to making a phone call to get questions answered through a real-time, online discussion.



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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.

A screenshot of the 'Chat With Payer' form. The form contains several fields: 'Organization\*' (dropdown), 'Tax ID\*' (dropdown), 'Select a Provider\*' (dropdown), 'NPI\*' (text input), 'Topic for Chat\*' (dropdown, highlighted with a red box), 'Service Date\*' (calendar input, showing 07/15/2021), 'Patient ID\*' (text input), 'Patient First Name\*' (text input), 'Patient Last Name\*' (text input), and 'Date of Birth\*' (calendar input, showing mm/dd/yyyy). Below the form is a 'Chat with Payer Disclaimer' section with a 'Continue' button at the bottom right and a 'Cancel' button at the bottom left.

### ICR enhancements for BH information:

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



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**BH Initial Review**

Risk of Harm To Self Risk Rating(Check all that apply)

Not present

Ideation

Plan

Means

Prior Attempt

Risk of Harm To Others Risk Rating(Check all that apply)

Not present

Ideation

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**.
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.

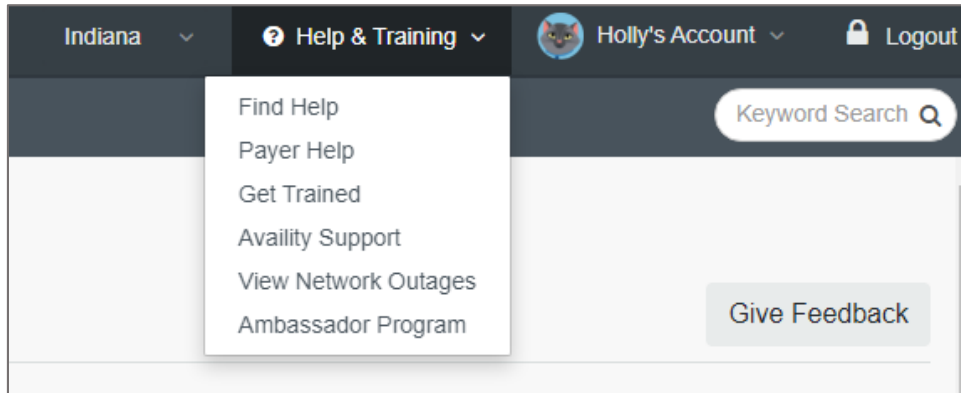
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### How do I submit and get support for an issue with ICR/Availity?

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 an Amerigroup Community Care issue, Availity will log a Salesforce ticket that will go to the Amerigroup 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)**.