Interactive Care Reviewer FAQ

> West Virginia | Mountain Health Trust

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What is ICR?

The Interactive Care Reviewer (ICR) is our online application that allows providers and facilities to submit initial and concurrent authorization requests.

Why should I use ICR?

In addition to improving the overall efficiency of the authorization process. Interactive Care Reviewer (ICR) enables successful implementation (effective July 01, 2024), of West Virginia code §33-15-4s, which requires providers to submit authorization requests via the insurer's electronic portal. With all authorizations in one place and accessible at any time, users can inquire about authorization requests submitted via phone, fax, ICR, or other online tools.

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

ICR is an application you will access through the Availity Essentials, 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 Essential— 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.
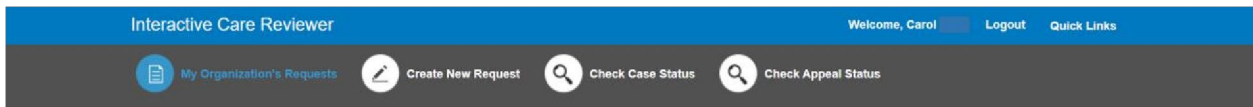
How do I request a new authorization?

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 review. If the case requires review, you will continue to Clinical Details and then to the Case Overview where you can review the case, make any changes, and submit.
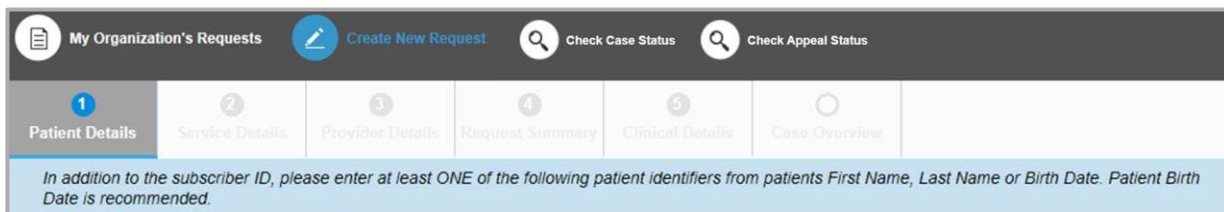
Case Details – Select the Request type, Case type and Admission Date to begin Referral or Authorization.

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 dates are 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 admission date cannot be changed once the case has been decided. All services requested on this entry must be within the dates provided.

   c. **Please note:** Once you have confirmed the patient details, ICR generates a Request Tracking ID. This number will be added to your dashboard.

2. **Service Details:** Complete all required fields in this section by providing the patient's diagnosis and information about the service to be provided. **Please note:** You can indicate whether the request is for an Episode of Care or Court Ordered on this screen.

   a. **Outpatient** — Complete all indicated fields on the diagnosis screen and the Services screen.

     i. **Diagnosis field**: The Diagnosis Code(s) may be entered directly or searched by code or description through the magnifying glass icon. Once all diagnoses have been entered, select **Next**.

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

     i. **Service information:** You will be asked to provide a Place of Service (for example, inpatient hospital), Type of Service (for example, psychiatric), Source of Admission (for example, ER (Emergency Room) admit).

     ii. **Diagnosis field**: The Diagnosis Code(s) may be entered directly or searched by code or description through the magnifying glass icon. Once all diagnoses have been entered, select **Next**.

     iii. **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 and in some cases the Servicing Facility.* 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:** At least one provider added to the case must be an individual provider.

     To complete Provider Details, start with *Add Requesting Provider.* You can choose providers from a list by selecting the magnifying glass icon to search. A list of providers will populate to choose from, once you locate provider select the + sign. (You can add the chosen provider as your **Favorite** by selecting the Star symbol next to the + sign) If you do not find the provider in your search, you can do a manual entry by selecting *Click Here* at the bottom of the screen. You will also need to provide contact information for the chosen provider.

b. **Please note**: For accurate network status and claims payment and to ensure you can locate the case on your dashboard, you must verify the provider's tax identification number (TIN) once you select a provider. If the provider is associated with more than one TIN, the drop down will show the last 4 digits of each associated TIN.

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:

    a. 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.
    b. You also can upload 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.
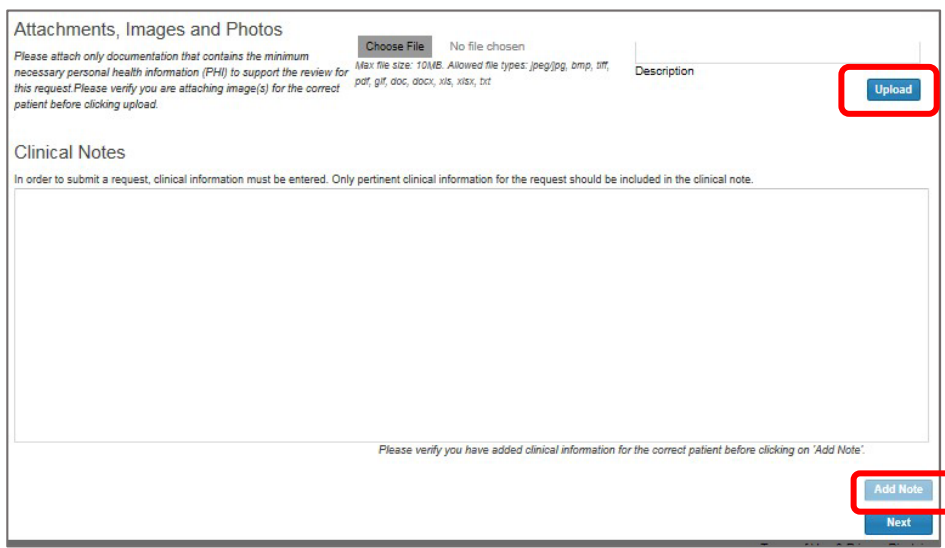
6. **Case overview:** This allows you to view all the details of the request entered before submitting your request:

   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.
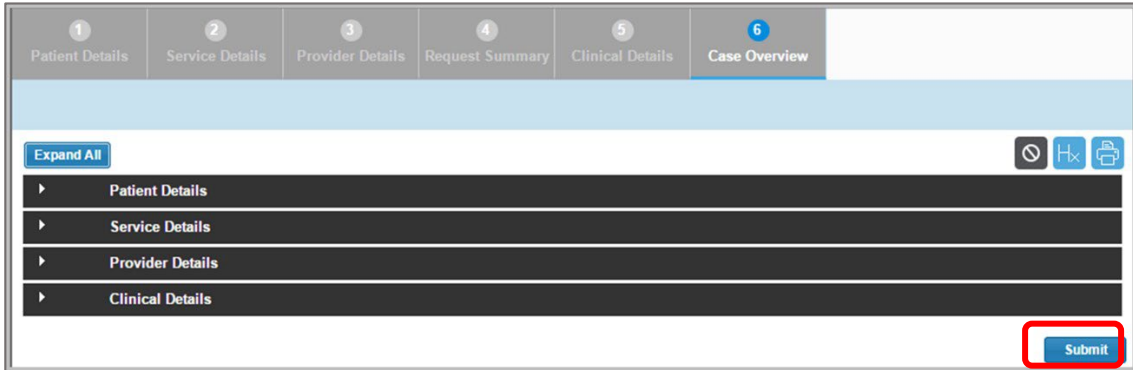

   b. **Please note:** Once the request has been submitted, the new request will show up at the top of your dashboard with a status of *Review in Progress*. The blue bar will display confirmation that your request was submitted and include a tracking ID for your request. Note the request tracking ID, so if you have questions about the case later, 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.
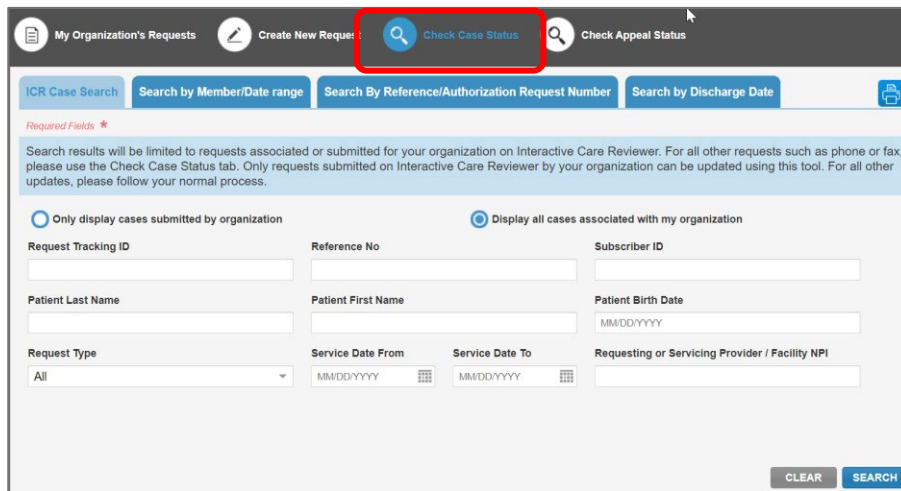
## How do I view a decision? (Inpatient or outpatient):

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, select 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 be updated, you will be given the choice 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.**
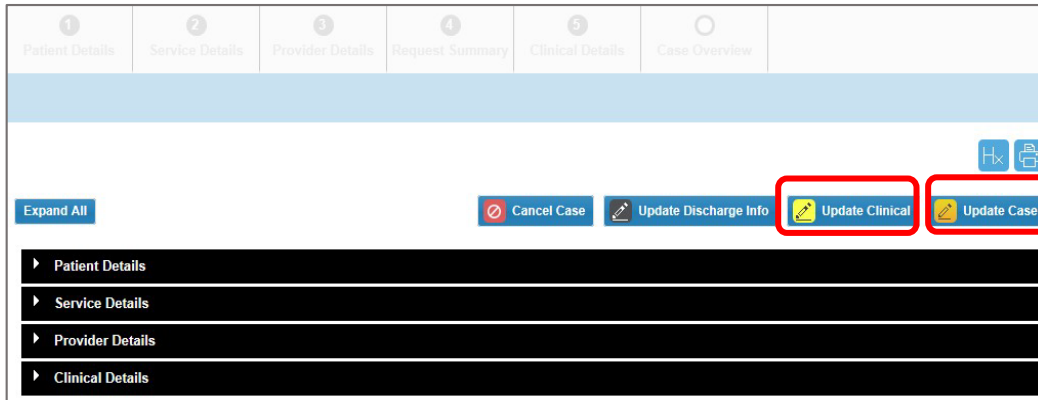
3. Before the case opens, you may be required to respond to two Y/N questions:

   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 a Payer, located under payer spaces, is the preferred digital alternative to making a phone call to get questions answered through a real-time, online discussion.*
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:

When entering a BH authorization, most behavioral health services will be presented with a form in the Clinical Details section. The form contains questions that a case manager asks when an authorization request is handled by phone:

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.

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 admission 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/Catalog-take the quick On-Demand courses on the different functionality of ICR

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.
5. The Availity Provider Learning Hub has documents such as the Authorization Inquiry, Authorization/Referral and Appeals Guides. (Provider Education and Training (on24.com)

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

Go to the Availity Essential and select **Help & Training** from the drop-down option on the top right of the screen. Select **Availity Support** to submit a support ticket. This ticket will go to Availity for triage. If Availity cannot resolve the issue and determines it is a Wellpoint issue, Availity will log a ticket that will go to the payer for resolution.

You can also 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).**