Interactive Care Reviewer

Submit and inquire about behavioral health authorizations

Amerigroup Iowa, Inc.
Course objectives

After completing this course, participants will be able to:

• List the benefits of using the Interactive Care Reviewer (ICR).
• Identify the products and services available on the ICR for authorizations.
• Access ICR through the Availity Portal.
• Create an authorization.
• Inquire about a previously submitted authorization.
Agenda for this course:

• To review the benefits of using the ICR for member authorizations
• To create and submit inpatient/outpatient requests
• To inquire about an existing request
Submit authorization requests for behavioral health services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, transcranial magnetic stimulation, applied behavioral analysis therapy, and psychiatric testing.

Templates allow you to enter clinical details previously provided via phone.

Update cases or request an extension within the ICR tool.
The ICR brings improved efficiency to the authorization process:

• Physicians and facilities can submit authorization requests for behavioral health services, including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, and psychiatric testing.

• Ordering and servicing physicians and facilities can use the inquiry feature to find information on any authorization with which their tax ID/organization is affiliated.
Advantages of using the ICR

You’ll see great advantages in using the ICR. The ICR improves the efficiency of the authorization process:

• Authorizations are in one place and are accessible at any time by any staff member.
• This means there’s no need to fax! Reduced paperwork!
• You can quickly check authorization status online and update requests.
• Proactive communication is conducted via email updates.
• You can attach and submit clinical notes and supporting images.
• You have the ability to inquire on authorization requests submitted via phone, fax, ICR or other online tool.
Accessing the ICR

Access the ICR via the Availity Portal (https://www.availity.com).

1. Select the REGISTER link to be redirected to the Registration details landing page.

2. Select the appropriate organization type link, and you will be redirected to the Registration Form.

3. The person starting the registration process agrees to be the administrator for the organization and can now register for the Availity Portal.
Your organization’s Availity Portal administrator can select **Maintain User** from their *Account Dashboard* located on the upper-right corner of the home page to add functionality to an existing user. To create a new access, the administrator selects **Add User**.
Assign users the roles of **Authorization and Referral Inquiry** and **Authorization and Referral Request**.
To access the ICR from the Availity Portal, choose **Authorizations & Referrals** under the **Patient Registration** link on the top navigational bar.
Accessing the ICR (cont.)
Interactive Care Reviewer Terms of Use and Disclaimers

Together with IBM, we have developed this online system using IBM’s Watson technology to allow providers to request utilization management determinations, to assist in assembling required information, and to view an advance determination with information regarding review of coverage for a requested service.

All treatment decisions, and the consequences and outcomes thereof, are the responsibility of the healthcare provider and the patient, not the Plan. In general:

- Plan deductibles and co-payments apply before final payment can be made.
- Plan maximums and limitations will apply before payment can be made.
- Plan benefits may change upon renewal.

Healthcare providers will continue to receive a formal written notice of the Plan determinations, which will include specific additional information regarding the administration of benefits for the requested service.

The data provided by this system is protected health information (“PHI”) and must be treated with the same care as other PHI that is exchanged during the normal course of business. PHI shall only be used as necessary for patients currently receiving treatment. Healthcare providers using this system must ensure that use of PHI is subject to the provider’s own policies and procedures, in compliance with applicable law. Such use shall further be subject to the terms and conditions of the Provider’s agreement with the Plan.

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Sensitive medical services may include, but are not limited to, treatment for substance use disorders, sexually transmitted illnesses or mental conditions. Such information may only be accessed, used, or disclosed with the authorization of the patient or for treatment purposes. Accessing sensitive service information outside of these requirements is prohibited.

Drug and alcohol abuse treatment records may only be accessed, used, or disclosed with the consent of the patient or to the extent necessary to respond to a bona fide medical emergency.

By selecting 'Accept', you acknowledge that you have read and you agree to these Terms of Use/Disclaimer.

Read and accept the disclaimer. Be sure to enable pop-ups!
The ICR landing page/dashboard

The dashboard displays requests submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered.
The ICR landing page/dashboard (cont.)

All columns have up and down arrows for quick sorting. Some also have a filter option (shown here).
ICR dashboard tabs

Tabs across the top of the dashboard:

- **My Organization’s Requests** is the home page of the application and displays the dashboard.
- **Create New Request** is used to start a new inpatient or outpatient request.
- **Search Organization Requests** allows for the ability to search for any ICR case requested by your organization or any request with which your organization is associated. This includes requests with a status of *review not required*.
ICR dashboard tabs (cont.)

Check Case Status allows for the ability to view any cases submitted associated with the tax ID(s) on the request. This includes submissions by phone, fax, etc.

Note: In order to view the authorization/referral, the case must be associated with the tax ID listed under the organization you selected in the Availity Portal.
Creating a new request
Creating a new request

Do you want to verify if an authorization is required? The ICR gives you quick access to that information in most cases. Enter:

- Patient information.
- Diagnosis and procedure information.
- Provider details.

A message will appear indicating whether or not an authorization is required for most requests. This information can be printed or saved to a PDF and is available later via an ICR search.
Starting a new request on the ICR

- Select **Create New Request** from the ICR dashboard tab.
- Watch the blue bar for messaging. Errors turn the box red.
- Menu bar shows where you are.
Select from the Request Type and Case Type menus or save steps by selecting Profiles.
Patient details (cont.)

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.

Complete all required fields, then select Find Patient.
Profile templates

Click on the dot to view the **Standard Profile**.

You will be able to see what will be populated on the **Patient Details** screen and on the **Service Details** screen.
Select the check mark to select a standard profile. This action will populate the mandatory *Request Type* and *Case Type* fields on the *Patient Details* screen and *Place of Service, Type of Service, and Level of Service* on the *Service Details* screen.

<table>
<thead>
<tr>
<th>Standard Profile</th>
<th>Profile Type</th>
<th>(Inpatient, Outpatient, Lab Only, Office, DME, BH)</th>
<th>View / Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP Medical-Emergency</td>
<td>Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP Surgical</td>
<td>Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP Surgery</td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC Surgery</td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP Diagnostic</td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP Medical Care</td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP Hosp Diagnostic X-ray</td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Diagnostic</td>
<td>Lab Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Surgery</td>
<td>Office</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The admit date **cannot** be changed once the case is submitted!
Patient details

A message in the blue bar will indicate if the member’s preauthorization cannot be completed using the ICR.

Patient details:

- Name: Doe, Joe
- Group Name: Kristen's Boutique
- Subscriber ID: VZT12345678
- Eligibility Coverage: Active Coverage
- Group Number: 12345678
- Coverage Period: 06/01/2006 - 12/31/9999
- Service Date From: 11/08/2016
- Service Date To: 11/08/2016
- Patient Date of Birth: 12/12/1966
- Interchange Control No.: 12345678
- Request Type: Outpatient
- Gender: Male
- Relationship: Self
- Case Type: Medical

Back to Find Patient | Confirm Patient
Service details (outpatient examples)

1. Complete diagnosis fields.

2. Complete services fields.
Select plus sign again to enter that procedure to case before selecting the Next button.
Service details: diagnosis (inpatient)

If level of service is urgent:
1. Select **Level of Service**.
2. Select **Source of Admission**.
3. Type diagnosis code(s).
4. Select [+].

Urgent level of service is only an option for a future admission. If the date of admission is the current date (or in the past), options are elective and emergency.
Service details: length of stay (inpatient)

Length of stay:
1. Type number of days.
2. Select level of care.
3. Select +.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
<th>Days</th>
<th>Level Of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/29/2018</td>
<td>2</td>
<td>Acute</td>
<td></td>
</tr>
</tbody>
</table>

Required Fields: *
Provider details

Complete required fields for all sections.
Search all or select from favorites.
The Ordering Provider Information section appears for some specific outpatient requests. Examples include: Place of Service — Home or Type of Service — Diagnostic Lab, Dialysis, Durable Medical Equipment, Home Health Care, Physical Therapy, Radiation Therapy.
Provider details

* Complete all required fields.

Select the appropriate provider type.

Select Search.

If you are unable to locate your provider, please click here to manually enter your information.
Favorites

You can save up to 25 favorites for:
- Requesting providers.
- Servicing providers.
- Facility durable medical equipment providers.
- Refer to providers.
Provider details: contact information

Provider Type: Practitioner
Provider Name: Delores
NPI: 1234567890
Address 1: 123 Main St
City: Greenfield
State: OH
Zipcode: 45215 1440
Country: United States
Specialty: Cardiovascular Disease

Required Fields:
- Contact Last Name
- Contact First Name
- Contact Telephone

Email Address: Please add your email address if you want to receive email notification.
Request summary

The Request Summary page is where you will be able to verify whether the services require prior authorization. If the services do not require prior authorization, you can note the tracking ID and close out the request. If you need to search for it later, you can locate the request by the tracking ID or patient information.
Clinical details: provider form

Templates allow you to enter clinical detail previously provided via phone.

Required fields * Information Tool Tip

Reminder: Do not enter/upload session notes for Behavioral Health Treatment Facility Based Clinical Assessment Template

Complete all required fields * on the template.
Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form.

Select **Add Note** after manually typing information in the field.

Option to upload attachments, images and photos to support notes.
**Case overview**

View all the details of the request you entered for a final time before they are submitted.
Case overview (cont.)

Select **Expand All** to review all sections.

Select the arrow to expand one section.

To modify information, select the title of the page to go back and edit fields. Select **Submit** to do the final submit for your request.
Once a request has been submitted, the dashboard will appear and the new request will be viewable at the top with a *Review In Progress* status. Confirmation that it was submitted and the tracking ID will be viewable in the blue bar.

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**Submitted request in ICR**

Thank you for submitting the request. Please note the Request Tracking ID 280648.

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<table>
<thead>
<tr>
<th>Request Tracking ID</th>
<th>Reference Number</th>
<th>Status</th>
<th>Patient Name</th>
<th>Service Date Range</th>
<th>Request Type</th>
<th>Requesting Provider NPI</th>
<th>Submit Date</th>
<th>Created By</th>
<th>Updated Date</th>
<th>Updated By</th>
</tr>
</thead>
</table>
Submitted requests will have a *Review in Progress* status. If a user has entered an email address on the *Provider Details* page, they will receive emails when there is activity on a case. 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 *Request Tracking ID*. 
Viewing a decision/request for additional information

To view status details, select the tracking number from the dashboard and then select **Expand All** to allow the case information to be viewable. View decision letters associated with your requests.
Provider letters associated with the request are viewable by expanding the **Letters Summary** section.
Look at the *Procedure Code* section to view the decision, to see if additional information is needed or to see if the case is pending for other reasons.
You will have an option available to select **Update Discharge Info** if it applies to the case — This is also available for cases submitted by phone/fax.
Inquiry features on the ICR
To inquire on any authorization submitted by phone, fax, ICR or other online tool, choose **Auth/Referral Inquiry** under the **Authorizations & Referrals** link. Then choose the payer and organization.
The first search option is **Search By Member**. Enter data in required fields.

Ordering and servicing physicians and facilities can make an inquiry to view the details for the services using the **Check Case Status** option.
To search by reference/authorization request number, enter the complete reference/authorization request number, then select the provider tax ID from the drop-down box.
To search by date range, enter a 30-day or less date span, then choose the provider tax ID from the drop-down box and identifier type.
Search organization requests

What functions are available from the Search Submitted Requests tab?
• Locate a request that has a status of Review Not Required.
• Locate a request that is not submitted.
• Locate a request that has been archived.
• Update a request.

You will have the option to select **Only display cases submitted by organization** or **Display all cases associated with my organization** and complete one or more of the fields.
Search results
Helpful tip:

• 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 https://providers.amerigroup.com/IA as a trusted site to bypass the proxy.

• Clear your cache if there seems to be missing fields or if you continue to have errors.

• Remember — Admit date for inpatient requests cannot be changed once you submit.

• When you make a new member plan, make a new favorites list.

• You can submit your requests from any computer with internet access. We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.
Now it’s your turn!

- Use the ICR to determine whether an authorization is required, submit authorizations for many members covered by our plans and inquire to find details on submitted cases.

As a reminder:

- Access the ICR via the Availity Portal. If your practice does not have access, go to http://www.availity.com and select Register.
- Already use the Availity Portal? Your Availity administrator can grant you access to Authorizations and Referral Request and/or Authorization and Referral Inquiry, and you can start using the ICR right away.
For questions about the ICR, contact Provider Services at 1-800-454-3730.

For questions about Availity registration and access, contact Availity Client Services at: 1-800-AVAILITY (1-800-282-4548).
Adding clinical information to a behavioral health inpatient continued stay request

Applicable to behavioral health inpatient requests for Medicare and Medicaid
The ICR request must be:
  o A psychiatric or substance abuse inpatient case.
  o In an approved or pending status.
  o An ICR-created request (in other words, not phone or fax).

When clinical is able to be added to a request in ICR, this button will appear in the top right of the ICR screen if the request is opened from the dashboard or via “search submitted requests.”
How to add clinical to the request

• After selecting the **Update Clinical** button, the user will be displayed this message:

```
You are getting ready to update the case, would you like to proceed?
Yes  No
```

• User should select **Yes**, and then they will be directed to the **Clinical Details Page**.

  o User can attach a file(s) or add clinical notes into the **Clinical Notes** text box.

  o User must provide their phone number and extension (if applicable).

  o Select **Next** at the bottom of the screen when clinical has been added/attached.
Attachments, Images and Photos

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Clinical Notes

In order to submit a request, clinical information must be entered. Only pertinent clinical information for the request should be included in the clinical note.

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Updated By

User Name

Contact Telephone *
(555) 555-5555

Ext
123

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An Anthem Company
How to add clinical to the request

- After selecting **Next**, the user is presented with the *Case Overview Page*.
  - Scroll to the bottom of the *Case Overview Page* and select the **Submit Update** button.
  - The user will then be directed back to the dashboard. The additional clinical will be sent to utilization management (UM) UM for evaluation.