

Blue Cross and Blue Shield of Minnesota
and Blue Plus



**Reference Guide
Interactive Care Reviewer Authorization Inquiries
Accessing Blue Cross and Blue Shield of Minnesota and Blue Plus
Service Agreements for Home and Community Based Services**

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Interactive Care Reviewer (ICR) is our online authorization tool providers can access on the Availability Portal to create, submit and check the status of authorizations.

The purpose of this reference guide is to assist you with navigating ICR to access **Blue Cross Blue Shield of Minnesota Blue Plus (Blue Cross) Waiver Service Agreements for Home and Community Based Services**. After reviewing this document you will be able to:

- Identify the Availability role assignment needed to access ICR Authorization Inquiry.
- Access ICR through the Availability Portal.
- Identify the search options and data elements needed to locate Blue Cross Waiver Service Agreements for Home and Community Based Services.
- Download and print Service Agreements.

Listed below are some of the features and benefits that are available to you when you use ICR to access Home and Community Based Services.

- The ICR gives a comprehensive view of all authorization requests and service agreements affiliated with your tax id / organization, even those that were requested by fax or phone.
- Any staff member can access the application at any time if they have the appropriate role assignment. There is no need to pick up the phone.
- You can view an imaged copy as well as download and print service agreements.

Availability role assignment

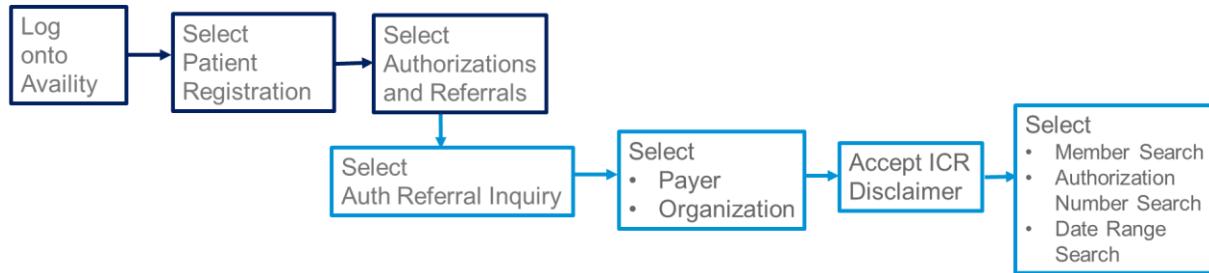
First, to access the inquiry feature on ICR, you will need to have your Availability administrator assign you the **Authorization and Referral Inquiry** role.

		Role(s)
User Roles		
	<input checked="" type="checkbox"/>	Base Role
	<input checked="" type="checkbox"/>	Authorization and Referral Inquiry

Accessing ICR through the Availity Portal

Below is an illustrated overview of the actions you'll take to access the ICR tool from Availity to locate Service Agreements for Home and Community Based Services.

Select **Patient Registration** then **Authorization and Referrals** from Availity's home page, next choose **Auth Referral Inquiry**, then select the **Payer - Blue Cross and Blue Shield of Minnesota and Blue Plus Waiver** and your organization, accept the ICR disclaimer and you are ready to choose one of three search options – Member, Authorization Number or Date Range.



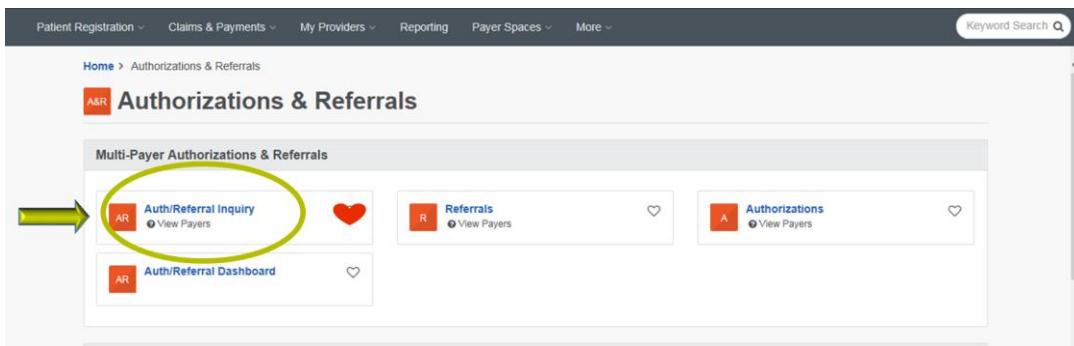
Illustrated below are the detailed steps you'll take to access ICR after you logon to the Availity Portal with your unique user ID and password. First, from Availity's home page, select **Patient Registration** from the menu bar and choose **Authorizations and Referrals**.

The screenshot shows the Availity home page with the following steps highlighted:

- Step 1:** A yellow arrow points to the "Patient Registration" menu item, which is highlighted with a yellow box.
- Step 2:** A yellow arrow points to the "Authorizations & Referrals" link within the "Patient Registration" menu, which is also highlighted with a yellow box.

The page also displays "My Top Applications" with icons for EB (Eligibility and Benefits Inquiry), Payer Organization Search, Education and Reference Center, and A&R (Authorizations & Referrals).

From the *Authorizations and Referrals* page, select **Auth/Referral Inquiry**. You can select the heart to save *Auth/Referral Inquiry* as a Favorite.



You will land on Availity's *Authorization/Referral Inquiry* page. From here choose the payer — *Blue Cross and Blue Shield of Minnesota and Blue Plus Medicaid Waiver*. Then, select your organization.

Authorization/Referral Inquiry

Learn More >>

* indicates a required field

* Payer: ?

* Organization:

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

You will be routed to the ICR terms of use and disclaimer. Accept the disclaimer. This action will take you to the ICR *Check Case Status* landing page.

Interactive Care Reviewer Terms of Use and Disclaimers

We have developed this online system 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 health care provider and the patient, not the Plan. Please note that based on the member's plan, the following may apply:

- 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.

Health care 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. Health care 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.

Locating service agreements for home and community based services on ICR

Check Case Status is the landing page for those of you who only have the *Authorization and Referral Inquiry* role assignment. *Check Case Status* is the menu item on the ICR tool that you'll use to locate requests associated with your organization's tax ID that were submitted by ICR, phone or fax. You have three choices to conduct your search: by member, by reference authorization request number or by date range. Each search option has required fields and will give you one or more results.

My Organization's Requests Create New Request Search Submitted Requests **Check Case Status**

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

Search By Member **Search By Reference/Authorization Request Number** **Search By Date Range**

Required Fields: *

Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.

Subscriber ID *	Patient Birth Date *	Patient First Name
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Request Type	Service Start Date *	Service End Date *
All	MM/DD/YYYY	MM/DD/YYYY
Identifier Type *	Provider Tax ID *	
Select One	MM/DD/YYYY	

This field is required

CLEAR **SEARCH**

IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

First, let's look at *Search by Member*. You need to complete all the required fields which are identified by the asterisk. Search member requires the most information of the three options; however, you don't need an authorization number to complete this search. This is a good option when you want to view multiple authorizations for one member or don't have the authorization number.

Type the subscriber ID in the field as it's listed on the member ID card (if you don't have it, you can get this information by conducting an eligibility and benefits inquiry on the Availity Portal).

Enter the patient date of birth and service dates, then select the provider tax ID from the drop-down. Last select the identifier type. You have three options from which to choose, the NPI, the UMPI (unique MN Provider ID) or, if you are a facility, you have the option to enter the Medicare ID.

Here's a tip: If you conduct a search for a provider group that has one tax ID and more than one NPI, your results will only show the authorization affiliated with the NPI you select. You will have to do another search to find a case associated with another NPI.

The screenshot shows a search interface for member authorizations. At the top, there are four buttons: 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', and 'Check Case Status'. Below these are three tabs: 'Search By Member' (highlighted with a yellow circle), 'Search By Reference/Authorization Request Number', and 'Search By Date Range'. A note below the tabs says: 'Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.' The 'Search By Member' section contains fields for 'Subscriber ID *' (text input), 'Patient Birth Date *' (date input), 'Patient First Name' (text input), 'Request Type' (dropdown with 'All' selected), 'Service Start Date *' (date input), 'Service End Date *' (date input), and 'Provider Tax ID *' (text input, with a red error message 'This field is required'). Below these is a dropdown for 'Identifier Type *' with options: 'Select One' (highlighted with a yellow circle), 'NPI', 'Medicare Id(Facilities)', and 'UMPI (Waiver Only)'. At the bottom right are 'CLEAR' and 'SEARCH' buttons (the latter is highlighted with a yellow circle). A small note at the bottom right says: 'You are not currently treating individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.'

Your second option is to *Search by Reference Authorization Request Number*. Choosing this search option you will only get one result since you are using the authorization number. Type the authorization number in the allocated field, then select the provider tax ID from the drop-down menu.

The screenshot shows a search interface with four main tabs: 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', and 'Check Case Status'. The 'Search Submitted Requests' tab is active. Below the tabs, a message states: 'Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.' A yellow oval highlights the 'Search By Reference/Authorization Request Number' tab, which is selected. Below it, a red asterisk indicates 'Required Fields'. There are two input fields: 'Reference/Authorization Request Number' and 'Provider Tax ID'. A yellow circle highlights the 'SEARCH' button. At the bottom, a note reads: 'IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.'

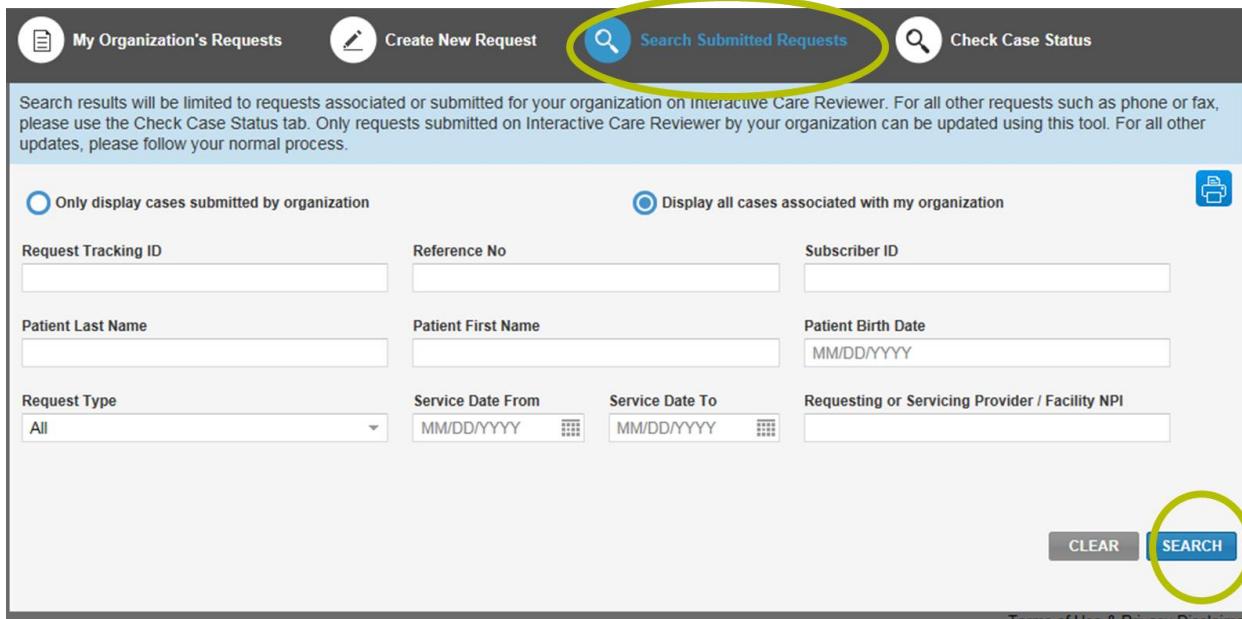
To search by date range, enter a 30 day or less date span. For example, your search can be January 1 to January 30, but you won't get a result if you search January 1 through February 3. You may pull up several results if there are multiple service agreements affiliated with your tax id within the date range you select.

After choosing the dates, select the tax id from the drop-down and select one of the identifier types: NPI, Medicare ID or UMPI.

The screenshot shows the same search interface as the previous one, but the 'Search By Date Range' tab is now selected, indicated by a yellow oval. Below it, a red asterisk indicates 'Required Fields'. There are four input fields: 'Service Start Date' (01/15/2019), 'Service End Date' (02/11/2019), 'Request Type' (All), and 'Provider Tax ID'. A yellow circle highlights the 'SEARCH' button. At the bottom, a note reads: 'IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.'

If you can't find an authorization using the check case status option, don't give up you may be able to find it within search submitted requests. You'll see this option on ICR's top navigation bar. Here you can locate a request that has been saved and not submitted, or locate a request that has been archived.

ICR will archive any submitted cases that were last updated more than 90 days in the past with the last date of service also being in the past. Additionally, cases in a *not submitted* status will be archived if the last update was made more than 30 days in the past.



My Organization's Requests Create New Request **Search Submitted Requests** Check Case Status

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.

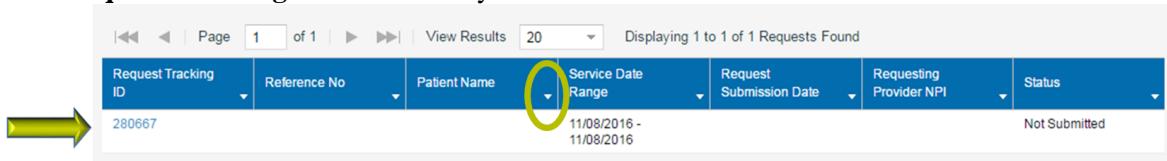
Only display cases submitted by organization Display all cases associated with my organization 

Request Tracking ID	Reference No	Subscriber ID	
Patient Last Name	Patient First Name	Patient Birth Date MM/DD/YYYY	
Request Type All	Service Date From MM/DD/YYYY	Service Date To MM/DD/YYYY	Requesting or Servicing Provider / Facility NPI

CLEAR **SEARCH**

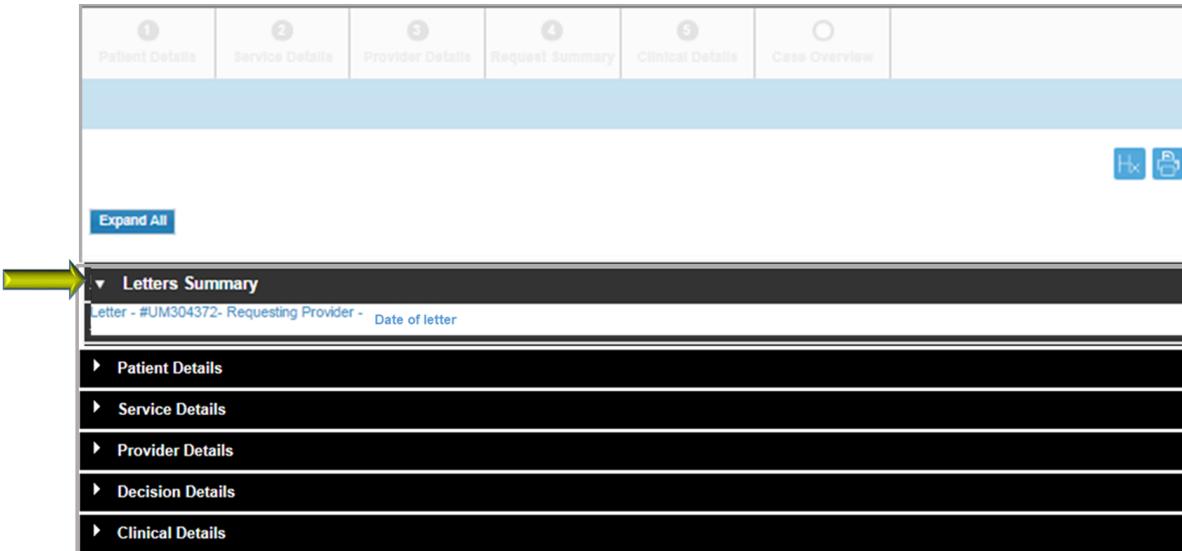
The results for any searches you conduct will appear on the lower half of your screen. Scroll down to ensure that you see all the search results. (If your search contains multiple results, you can find an authorization for a particular patient you can sort by the *Patient* column.)

Select the **Request Tracking ID** for the case you want to review.



Displaying 1 to 1 of 1 Requests Found						
Request Tracking ID	Reference No	Patient Name	Service Date Range	Request Submission Date	Requesting Provider NPI	Status
280667			11/08/2016 - 11/08/2016			Not Submitted

After selecting the **Request Tracking ID** number, ICR will take you to the *Case Overview* screen. This is where you will access the Service Agreements for Home and Community Based Care. Select the arrow on the *Letter Summary* row, as shown below to expand the section and select the link to open a PDF of the letter.



Helpful tips

To conclude, here are some additional tips that will assist you with accessing and navigating the ICR application.

- If you receive a system temporarily unavailable error on a consistent basis, your organization's firewalls may be blocking the site. Please contact your IT department and ask that they review your internet filters and add anthem.com as a trusted site to bypass the proxy.
- For optimal viewing, use Explorer 11, Chrome, Firefox or Safari.
- Be sure to allow pop-ups on the Availity Portal so the ICR Terms of Use and Disclaimer is available.
- If there seem to be missing fields or if you continue to have errors, clear your internet browser cache.

Contacts

Do you have questions about your Availity Portal registration or setting up your organization on Availity?

- Call Availity Client Services: **1-800-282-4548** (1-800-AVAILITY)

For additional assistance with ICR contact Amerigroup Provider Services:

- Phone: **1-866-518-8448** (Hours: Monday to Friday, 7:30 a.m. to 6 p.m. CST)

Now it's your turn!

Your Availity administrator can grant you access to **Auth Referral Inquiry**, and you can start using ICR right away.